efile GRAPHIC print Submission Date - 2019-10-04 DLN: 93493277000099 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 2018 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. Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
ASSOCIATION FOR UNMANNED VEHICLE D Employer identification number B Check if applicable: SYSTEMS INTERNATIONAL Address change Name change Doing business as Initial return Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 2700 S OUINCY ST NO 400 E Telephone number (703) 845-9671 Application pending City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22206 G Gross receipts \$ 11.580.494 Name and address of principal officer: Is this a group return for BRIAN P WYNNE Yes Vo 2700 S QUINCY ST NO 400 subordinates? ARLINGTON, VA 22206 Are all subordinates ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or 501(c)(3) \checkmark 501(c) (6) (insert no.) If "No," attach a list. (see instructions) H(c) Group exemption number WWW.AUVSI.ORG Website: M State of legal domicile: OH L Year of formation: 1973 Corporation Trust Association **K** Form of organization: Summary 1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1 Activities & Governance Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 43 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . 6 100 7a 454,892 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b 5,098 Prior Year Current Year 768,928 Contributions and grants (Part VIII, line 1h) 842.807 9.236.146 10.602.052 9 Program service revenue (Part VIII, line 2g) 10 300,019 95.848 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,43 19.966 12 10,311,530 11,560,673 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 66.915 54.075 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 4.325.464 4,598,540 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶0 6.957.168 17 6.348.234 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,740,613 11,609,783 -429 083 19 Revenue less expenses. Subtract line 18 from line 12 -49.110 Assets or d Balances Beginning of Current Year End of Year 20 5,248,379 5,371,453 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 3,992,170 4,367,656 22 Net assets or fund balances. Subtract line 21 from line 20 1,256,209 1,003,797 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. Signature of officer Sign Here BRIAN P WYNNE PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature P00288314 Check Paid self-employed ► GELMAN ROSENBERG & FREEDMAN Firm's EIN > 52-1392008 Preparer Use Only Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930 □ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat. No. 11282Y

	990 (2018)				Page 2
Par	t III Statement o	of Program Service Accomp	olishments		
	Check if Sche	dule O contains a response or no	te to any line in this Part III		•
1	Briefly describe the org	ganization's mission:			
TECH			OUGH ADVOCACY, EDUCATION AND MAIRS AND CONTRIBUTES TO THE SOCIET		
2	Did the organization u		services during the year which were not lis	ited on	
	the prior Form 990 or 9	990-EZ?			Yes No
	If "Yes," describe these	e new services on Schedule O.			
3	Did the organization co	ease conducting, or make signific	ant changes in how it conducts, any progra	am	
	services?				Yes No
4		e changes on Schedule O.			
4			nments for each of its three largest program mount of grants and allocations to others, t		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	GROUND, MARITIME,	COMMERCIAL, CIVIL, MILITARY), PL	RY'S LEADING TRADE SHOW AND ANNUAL CO US AN ARRAY OF TOPICAL CONFERENCES, W PORTUNITIES, POLICY DEVELOPMENT, AND R	VORKSHOPS AND WEBINARS. THESE	EVENTS FOSTER LEARNING,
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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Pai	Checklist of Required Schedules (continued)			r age 4
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			NI.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

No

Nο

15

16

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

▶ROBERT C THOMSON 2700 S QUINCY ST SUITE 400 ARLINGTON, VA 22206 (703) 845-9671

Part VII

DIRECTOR

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

compensated employees; and former such persons.

• 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) Estimated amount Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless person is compensation from compensation from of other both an officer and a compensation from week (list the organization related (W- 2/1099-MISC) any hours for director/trustee) organizations (Wthe organization related 2/1099-MISC) and related Former Individual trustee Highest compensat organizations organizations Institutional Trustee below dotted director line) 1.00 (1) DALLAS BROOKS Х Х CHAIRMAN 1.00 (2) MARK GORDON Χ Х EXECUTIVE VICE CHAIRMAN 1.00 (3) VIRGINIA YOUNG Х Х FIRST VICE CHAIRMAN 1.00 (4) WILLIAM IRBY Х Χ TREASURER 1.00 (5) JOHN BURKE IMMEDIATE PAST CHAIRMAN 1 00 (6) DAVID AGNEW Х DIRECTOR 1.00 (7) NEVIN CARR Х DIRECTOR 1.00 (8) BRIAN CHAPPEL DIRECTOR 1.00 (9) PETER CLEVELAND Х DIRECTOR 1.00 (10) JOHN COFFEY Х DIRECTOR 1.00 (11) JONATHAN DOWNEY Х DIRECTOR 1.00 (12) MARKE GIBSON Х DIRECTOR (BEG. 05/18) 1.00 (13) BENJAMIN GIELOW DIRECTOR 1.00 (14) ROBERT HESS Х DIRECTOR (BEG. 05/18) 1.00 (15) BRENT KLAVON DIRECTOR 1.00 (16) JEFFREY LOVIN DIRECTOR 0.05 1.00 (17) LAUREN MCCOLLUM

0.05

(A) Name and Title	(B) Average hours per	Positi than o	ion (do	(C) o not	che	ck moi persor	·e	(D) Reportable compensation from	(E) Reportable compensation from	of o	d amount ther
	week (list any hours for related organizations		oth an direc	tor/tr	uste	e)	71	the organization (W- 2/1099-MISC)	related organizations (W- 2/1099-MISC)	compensa the organi rela organi	zation and ted
	below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organiz	.culons
(18) PAUL MCDUFFEE	1.00	.,				Ď					•
DIRECTOR		Х						0	C)	0
(19) HOUSTON MILLS	1.00	.,						0			0
DIRECTOR (BEG. 05/18)	0.05	Х						0	C		0
(20) SUSAN ROBERTS	1.00	.,									
DIRECTOR (BEG. 05/18)		Х						0	C)	0
(21) BRENDAN SCHULMAN	1.00	.,									
DIRECTOR		Х						0	C)	0
(22) ROBERT STURGELL	1.00										
DIRECTOR		Х						0	C)	0
(23) JAMES THOMSEN	1.00										
DIRECTOR		Х						0	C)	0
(24) BRIAN WYNNE	40.00										
PRESIDENT & CEO				Х				421,798	C)	51,763
(25) ROBERT THOMSON	40.00										
SENIOR VICE PRESIDENT, OPERATIONS				Х				162,772	C)	9,732
(26) HEATHER LEE	40.00										
EXEC. VP & CHIEF STRATEGY OFFICER					Х			288,523	C)	11,964
(27) THOMAS MCMAHON	40.00										
VP, ADVOCACY & PUBLIC AFFAIRS						Х		229,180	C)	25,278
(28) TRACY LAMB	40.00										
VP, REG. & SAFETY AFF. & CHIEF PILOT						Х		190,146	C)	17,003
(29) KATHLEEN BUTLER	40.00										
VP, MEETINGS & CONVENTIONS	40.00					Х		156,170	C)	13,615
(30) MICHAEL GREESON	40.00										
DIR., BUSINESS DEV'L & STRATEGY	40.00					Х		145,479	C)	13,010
(31) KAREN BLONDER	40.00										
DIRECTOR OF INFORMATION TECHNOLOGY	40.00					Х		135,323	C)	12,781
			<u> </u>		-	•					
c Total from continuation sheets to Part VII, S						▶					
d Total (add lines 1b and 1c)	<u></u>					•		1,729,391	0		155,146
2 Total number of individuals (including but not compensation from the organization ► 14	limited to those lis	ted abov	ve) wh	o red	ceive	d mor	e tha	ın \$100,000 of reportal	ole		
											1
										Yes	No
3 Did the organization list any former officer, d If "Yes," complete Schedule J for such individ					-				1a?	.	No
4 For any individual listed on line 1a, is the sur	n of reportable cor	npensati	on and	d oth	er co	mpen	satio	n from the organization	n and related		
organizations greater than \$150,000? If "Yes," complete Schedule J for such											
individual			•			•	•		4	Yes	
5 Did any person listed on line 1a receive or accrue compensation			ทุง เมทเ	elate	ed or	ganiza	tion	or individual for service	es rendered to		
the organization?If "Yes," complete Schedule	•		•			•			55 remacrea to		No
									3	<u> </u>	INU
Section B. Independent Contractors 1 Complete this table for your five highest com	noncotod index	dont co	tracto	n th	at ===	nois to c	mar	o than \$100 000 of	nnoncation from the	rannization	
1 Complete this table for your five highest com Report compensation for the calendar year e							more	c ulali \$100,000 01 COr	npensauon nom me o	ıyanıza(101).	
	(A)								(B)	(C)

Name and business address	Description of services	Compensation					
MDG	MARKETING SERVICES	357,721					
2445 5TH AVE STE 450 SAN FRANCISCO, CA 92101							
IISOLUTIONS	IT SERVICES	189,205					
4601 N FAIRFAX DR STE 1200 ARLINGTON, VA 22203							
CLS STRATEGIES	PUBLIC RELATIONS SERVICES	169,899					
1615 L ST NW STE 1000 WASHINGTON, DC 22036							
WILEY REIN LLP	LEGAL SERVICES	147,659					
1776 L ST NW WASHINGTON, DC 20006							
GRAVITATE	DATABASE DEVELOPMENT SERVICES	109,447					
625 N WASHINGTON ST STE 310 ALEXANDRIA, VA 22314							
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 > 5							

Part IX Statement of Functional Expenses

railin	Statement of Functional Expenses	
Section FO1/	a)(2) and E01(a)(4) arganizations must complete all columns	All other organizations must complete column (

7b, 8 1 2 3	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign	(A) Total expenses 54,075	(B) Program serviceexpenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 2 3	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22		1 2 33 13 13	general expenses	1 31 71 733
3 4 5	22				
4 5	Grants and other assistance to foreign organizations, foreign				
5	governments, and foreign individuals. See Part IV, line 15 and 16.				
5	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	946,552			
	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	3,028,031			
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,857			
9	Other employee benefits	277,353			
10	Payroll taxes	258,747			
11	Fees for services (non-employees):				
а	Management				
b	Legal	122,765			
	Accounting	32,737			
	Lobbying	261,782			
	Professional fundraising services. See Part IV, line 17	20.440			
	Investment management fees	30,416	-		
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	427,412			
	Advertising and promotion	606,441			
	Office expenses	564,995			
	Royalties	304,333			
	Occupancy	477,904	+		
	Travel	253,036			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	·			
19	Conferences, conventions, and meetings	3,801,836			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,106			
23	Insurance	88,957			
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEMBERSHIP DUES	42,106			
b	SUBSCRIPTIONS/PUBS.	20,695			
c	STAFF TRAINING	13,509			
d	I EQUIPMENT	13,084			
e	All other expenses	45,387			
25	Total functional expenses. Add lines 1 through 24e	11,609,783			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

Pa	art X	Balance Sheet						
		Check if Schedule O contains a response or note to any line in	this Part IX					
				(A) Beginning of year		(B) End of year		
	1	Cash–non-interest-bearing		561,811	1	855,795		
	2	Savings and temporary cash investments		135,727	2	131,674		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		152,468	4	156,380		
	5	Loans and other receivables from current and former officers, d employees, and highest compensated employees. Complete Pa			5			
	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and cor sponsoring organizations of section 501(c)(9) voluntary employed organizations (see instructions) Complete Part II of Schedule L	ntributing employers and		6			
ts	7	Notes and loans receivable, net	-		7			
ssets	8	Inventories for sale or use		8				
As	9	Prepaid expenses and deferred charges	<u> </u>	577.946	9	635,760		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	buildings, and equipment: cost or other basis.					
	b	Less: accumulated depreciation 10b	1,015,459	482,113	10c	354,590		
	11	Investments—publicly traded securities .		3,324,815	11	3,204,055		
	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		13,499	15	33,199		
	16	Total assets.Add lines 1 through 15 (must equal line 34)	_	5,248,379	16	5,371,453		
	17	Accounts payable and accrued expenses		242,633	17	348,941		
	18	Grants payable			18			
	19	Deferred revenue		3,438,131	19	3,765,440		
	20	Tax-exempt bond liabilities	. – –		20			
S	21	Escrow or custodial account liability. Complete Part IV of Sched	ule D		21			
Liabilities	22	Loans and other payables to current and former officers, directo employees, highest compensated employees, and disqualified	rs, trustees, key					
ap		persons. Complete Part II of Schedule L			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 relate liabilities not included on lines 17 - 24). Complete Part X of Sch		311,406	25	253,275		
	26	Total liabilities. Add lines 17 through 25		3,992,170	26	4,367,656		
50		Organizations that follow SFAS 117 (ASC 958), check here	and complete					
nce	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		1,256,209	27	1,003,797		
ala	28	Temporarily restricted net assets	-	1,230,203	28	1,000,737		
18	29	Permanently restricted net assets	· · · ·		29			
Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check	k here		23			
o	30	complete lines 30 through 34. Capital stock or trust principal, or current funds			30			
Ste	31	Paid-in or capital surplus, or land, building or equipment fund	<u> </u>		31			
556	32	Retained earnings, endowment, accumulated income, or other f	<u> </u>		32			
	33	Total net assets or fund balances	unus	1,256,209	33	1,003,797		
Net	33 34		· · · ·					
0.00	34	Total liabilities and net assets/fund balances		5,248,379	34	5,371,453		

efile GRAPHIC print Submission Date - 2019-10-04

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493277000099

OMB No. 1545-0047

Department of the Treasury

SCHEDULE C (Form 990 or 990-

EZ)

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

	tment of the Treasury al Revenue Service	►Go to <u>www.irs.gov</u>	v/Form990 fo	or instructions and the la	test informati	on.	Inspe	ction
f the	section 501(c)(3) organization 501(c) (other than 501(c) (other than 501(c) (other than 501(c)(3) organization answered 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization answered (xy Tax) (see separate ins	"Yes" on Form 990, Part IV tions that have filed Form 57 tions that have NOT filed Fo "Yes" on Form 990, Part IV	J.B. Do not of the constant of	complete Part I-C. lete Parts I-A and C bel Form 990-EZ, Part VI n under section 501(h)) ection under section 50	ow. Do not c , line 47 (Lo : Complete P 11(h)): Comp	omplete Part I-B. bbying Activities), art II-A. Do not com lete Part II-B. Do not	then plete Part II-l complete Part	B. art II-A.
	ne of the organization OCIATION FOR UNMANNED VEHI	CLE				Employer identificati	on number	
SYS	TEMS INTERNATIONAL	CLE				31-0826117		
Pai	rt I-A Complete if the	organization is exempt und	der section	501(c) or is a section	527 organiz	ation.		
1	Provide a description of the activities")	organization's direct and indirect	t political cam	paign activities in Part IV (see instruction	s for definition of "politi	cal campaign	
2		kpenditures (see instructions)				\$_		
3		campaign activities (see instruct				-		
Pai	rt I-B Complete if the o	organization is exempt und	der section	501(c)(3).				
1	•	ise tax incurred by the organizat				\$_		
2	•	ise tax incurred by organization	•			\$ __		
3	If the organization incurred a		Yes	No No				
4a	Was a correction made?							
b	If "Yes," describe in Part IV.							
Pai	rt I-C Complete if the o	organization is exempt und	der section	501(c), except section	n 501(c)(3).			
1	•	pended by the filing organization		•		\$ __		
2		g organization's funds contribute			exempt function	on activities \$_		
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter	here and on	Form 1120-POL, line 17b.		* *		
4	Did the filing organization file	e Form 1120-POL for this year?				· -	☐ Yes	□ No
5	organization made payments contributions received that w	and employer identification nuns. For each organization listed, evere promptly and directly deliveral space is needed, provide info	enter the amo red to a sepa	unt paid from the filing org rate political organization,	anization's fun	ds. Also enter the amou	unt of political	
(a) N	lame	(b) Address	(0	e) EIN	,	1) Amount paid from filing organization's ids. If none, enter -0	contribution and promptly delivered to political org	t of political ns received y and directly a separate anization. If nter -0
1								
2								
3								
4								
5								
ŝ								

	Part II-A Complete if the organization is exemp	ot under	section 501(c)(3) and filed Forr	n 5768 (el	ection u	nder section	501(h)).	
Α	Check if the filing organization belongs to an affiliate expenses, and share of excess lobbying exp			each affiliated group	member's	name, ado	dress, EIN,		
В	Check if the filing organization checked box A and "	"limited co	ntrol" provisions a	pply.					
	Limits on Lobbying (The term "expenditures" means			.)		orgar	Filing nization's otals	(b) Affiliated g totals	roup
1a	Total lobbying expenditures to influence public opinion (grass	s roots lob	obying)						
b	Total lobbying expenditures to influence a legislative body (di								
С	Total lobbying expenditures (add lines 1a and 1b)								
d	Other exempt purpose expenditures								
е	Total exempt purpose expenditures (add lines 1c and 1d)								
f	Lobbying nontaxable amount. Enter the amount from the follocolumns.								
	If the amount on line 1e, column (a) or (b) is:								
	Not over \$500,000								
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the exces	s over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the exces	s over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225.000 i	plus 5% of the excess	over \$1.500.000.					
		\$1,000,000		, ,					
g h i j	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0 Subtract line 1f from line 1c. If zero or less, enter -0 If there is an amount other than zero on either line 1h or line section 4911 tax for this year?	1i, did the	e organization file I	er section 501(h) to comple			Yes No	D
	Lobbying F	- - - - -	turos During 4	Year Averaging I	Dariad				
	LODDYING L	-xperiur	tures During 4-	Teal Averaging i	eriou	1			
	Calendar year (or fiscal year beginning in)		(a) 2015	(b) 2016	(c) 20	17	(d) 2018	(e) Tota	al
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expanditures								

Sche	dule C (Form 990 or 990-EZ) 2018			Page 3
P	art II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (under section 501(h)).	election		<u> </u>
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
or c	den 163 response on mes 14 anough 11 below, provide in 1 at 17 a detailed description of the lobbying delivity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
D	Γ	01(0)(6)		

Yes No No

Were substantially all (90% or more) dues received nondeductible by members? 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Yes Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1.885.210 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which

the section 527(f) tax was paid). 850.069 2a Current year 2b 44.279 894,348 2c

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 942,605 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

5 -48,257 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B,

line 1. Also, complete this part for any additional information. Return Reference Explanation

Schedule C (Form 990 or 990EZ) 2018

efile GRAPHIC print Submission Date - 2019-10-04 DLN: 93493277000099 OMB No. 1545-0047 SCHEDULE D **Supplemental Financial Statements** (Form 990) ► 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. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** ASSOCIATION FOR UNMANNED VEHICLE SYSTEMS INTERNATIONAL 31-0826117 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b)Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 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? Yes No 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? Yes No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h) Yes 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

Pa	ırt II	Organizations Mair	ntaining Collecti	ons of Art,	Historical 1	reas	ures,	or Oth	ner Sim	nilar As:	sets (contin	ued)			
3		sing the organization's acquisit oply):	tion, accession, and	other records	s, check any c	of the	followir	ng that a	are a sig	gnificant ι	se of its col	lection ite	ms (chec	k all that	
а		Public exhibition				d		Loan o	or excha	ınge prog	rams				
b		Scholarly research				е		Other							
С		Preservation for future ge	nerations												
4		rovide a description of the orga art XIII.	anization's collection	s and explain	how they furt	ther th	ne orga	nizatior	n's exem	npt purpo	se in				
5		uring the year, did the organiza ssets to be sold to raise funds i											Yes	□ No	
Pa	art I	V Escrow and Custod Complete if the organ			orm 990, Pa	art IV,	line 9	, or rei	ported	an amoı	unt on Forr	n 990, P	art X, lin	e 21.	
1a	Is	the organization an agent, trus										•	,		
		cluded on Form 990, Part X?.											Yes	□ No	1
b	If	"Yes," explain the arrangemen	t in Part XIII and co	mplete the fol	lowing table:							Amou	ınt		<u> </u>
С	В	eginning balance								1c					_
d		dditions during the year								1d					_
e f		istributions during the year								1e 1f					_
		nding balance													_
2a		id the organization include an a								•			Yes	□ No	1
b		"Yes," explain the arrangemen													
P	art \	Endowment Funds.	Complete if the c	rganization (a)Curre			on ⊢o Prior yea		-	IV, line 1 years bac		ee years ba	ok (a)	Four year	ra haak
1a	Bed	ginning of year balance		(a)Curre	ili yeai	(U)F	riioi yea	·	(C) TWO	years bac	k (u)Tille	ee years ba	ck (e)	roui yeai	S Dack
b	•	ntributions													
С		investment earnings, gains, a	nd losses												
d	Gra	ants or scholarships													
е		ner expenditures for facilities													
		l programs													
f		ministrative expenses													
g	End	d of year balance													
2		rovide the estimated percentag		r end balance	e (line 1g, colu	ımn (a	a)) held	l as:							
a		oard designated or quasi-endo ermanent endowment	wment -												
b		emporarily restricted endowme	nt la												
С		he percentages on lines 2a, 2b		al 100%.											
3a	Α	re there endowment funds not			tion that are h	neld a	nd adm	ninistere	ed for the	е					
		rganization by:											20/i\	Yes	No
		unrelated organizations .				•							3a(i) 3a(ii)		
b	•	i) related organizations "Yes" on 3a(ii), are the related			on Schedule F	· · · · · · · · · · · · · · · · · · ·							3b		
4	D	escribe in Part XIII the intende	d uses of the organi	zation's endo	wment funds.										
Pá	art \														
	_	Complete if the organ Description of property	nization answered (a) Cost or other		orm 990, Pa (b) Cost or						art X, line 1 d depreciation		(d) B	ook value	
		Description of property	(investme		(b) Cost of	ouilei i	Jasis (Ui	ner)	(6) A	ccumulate	u depreciation		(u) b	Jok value	
1a	Lar	nd													
b	Bui	ldings													
С	Lea	asehold improvements						65,886			339,	708			126,178
d	Equ	uipment					7	31,853			600,	474			131,379
		ner						.72,310		-	75,	277			97,033
Tota	I. Ac	dd lines 1a through 1e. <i>(Column</i>	n (d) must equal For	m 990, Part X	(, column (B),	line 1	0(c).)		•						354,590

Part VII	Investments Other Securities. Complete if the organise Form 990, Part X, line 12.	anization answe	ered "Yes" o	n Form 990, Pa	art IV, line 11b.	. age
	(a) Description of security or category		(b) Book value		(c) Method of voor	
(1) Financial ((including name of security)		value		Cost or end-of-year	market value
	eld equity interests	<u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
-						
(H)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) Investments □ Program Related.	l	•			
Part VIII	Complete if the organization answered 'Yes' on Forn	n 990, Part IV, li	ne 11c. See	e Form 990, Pa	rt X, line 13.	
	(a) Description of investment	(b) E	Book value	C	(c) Method of v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes	s' on Form 000. De	art IV line 11	d Soo Form 000	Dort V. lino 15	
FaitiA	(a) Description		ait iv, iiile 11	u. See Foiii 990,	, Pait X, lille 15.	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
-	nn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities. Complete if the organization answer	ered 'Yes' on Fo	rm 990, Pa	rt IV, line 11e o		
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) Bo	ok value		
(1) Federal in	come taxes					
DEFERRED I	RENT			143,040		
	FROM LESSOR			57,389		
(4)	COMPENSATION			52,846		
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col.(B) line 25.)	•		253,275		
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the ergani	zation's finan	icial statements th	nat reports the org	anization's liability for

Prior year adjustments

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2018

1

2

-203.302

Schedule D (Form 990) 2018

-203.302

Page 4

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Total revenue, gains, and other support per audited financial statements	1	1
Amounts included on line 1 but not on Form 990. Part VIII. line 12:		

2a

2h

2h

Donated services and use of facilities 2с Recoveries of prior year grants 2d Other (Describe in Part XIII.)

Add lines 2a through 2d . . 2e 3 3 Subtract line 2e from line 1 .

11.530.257 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 30.416 Investment expenses not included on Form 990, Part VIII, line 7b. 4a

Other (Describe in Part XIII.) 4b Add lines 4a and 4b . . 4c 5

30.416 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 11.560.673

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 11.579.367

1 1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a

2c Other losses . . Other (Describe in Part XIII.) . 2d

Add lines 2a through 2d . 2e 3 Subtract line 2e from line 1 . 11.579.367

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 30.416 4a

Other (Describe in Part XIII.) 4b

Add lines **4a** and **4b** 30.416

5 11.609.783 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.

Return Reference Explanation

FOR THE YEAR ENDED DECEMBER 31, 2018, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF PART X, LINE 2: FINANCIAL ACCOUNTING STANDARDS BOARD ASC 740-10, INCOME TAXES AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS OUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

efile GRAPHIC print Sub	mission Date - 2019	-10-04					DLN: 93493277000099
Note: To capture the full con			ape mode (11" x 8.5") w	hen printing.			
Schedule I		0	N41 A!-4	4 - 0 :	- 4	<u> </u>	OMB No. 1545-0047
(Form 990)			Other Assistan	_	•		2018
	(Governments	and Individual	s in the Unite	d States		2010
Department of the Treasury		Complete if the orga	nization answered "Yes," o Attach to Form		21 or 22.		Open to Public Inspection
Internal Revenue Service		► Go to	www.irs.gov/Form990 for t				поресион
Name of the organization ASSOCIATION FOR UNMANNED	VELUCI E					Employer ide	ntification number
SYSTEMS INTERNATIONAL	VEHICLE					31-0826117	
Part I General Informa	tion on Grants and A	Assistance					
			or assistance, the grantees'				
	ğ.						Yes No
2 Describe in Part IV the orga	· ·	0 0					
Part II Grants and Other A that received more t	han \$5,000. Part II can b	Organizations and Domes e duplicated if additional spa	itic Governments. Complete ace is needed.	e if the organization answer	ed "Yes" on Form 990, Part I	V, line 21, for any recipie	nt
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	
(1) ROBONATION INC 2700 S QUINCY STREET SUITE 400 ARLINGTON, VA 22206	52-1797483	501(C)(3)	22,500				TO SUPPORT OPERATIONS OF ROBONATION
2 Enter total number of section	n 501(c)(3) and governme	ent organizations listed in th	e line 1 table			•	1
3 Enter total number of other	organizations listed in the	e line 1 table				. ▶	0
For Paperwork Reduction Act Notice,	see the Instructions for For	m 990.		Cat. No. 50055P		·	Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Part III

(3)

(4)

(5)

(7)

Part IV Return Reference

PART I. LINE 2:

Explanation

(c) Amount of

cash grant

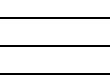
(d) Amount of

noncash assistance

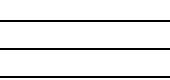
FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE GRANT WAS MADE TO AN ORGANIZATION WITH OVERLAPPING PURPOSES. OPERATIONS AND EMPLOYEES. ALLOWING OVERSIGHT OF EXPENDITURES.

(e) Method of valuation (book,

(f) Description of noncash assistance



Page 2



Schedule I (Form 990) 2018

efile GRAPHIC print **Submission Date - 2019-10-04** DLN: 93493277000099 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2018 **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. Department of the Treasury Open to Public Internal Revenue Service Inspection Name of the organization **Employer identification number** ASSOCIATION FOR UNMANNED VEHICLE SYSTEMS INTERNATIONAL 31-0826117 Part I Questions Regarding Compensation Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 . Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 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. Compensation committee Written employment contract \checkmark Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . 4h Nο 4c Participate in, or receive payment from, an equity-based compensation arrangement? . No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a The organization?. Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . 6a Any related organization? . 6h If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 Cat. No. 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2018 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

				· /	(E) amounts for that			
(A) Name and Title		` '	W-2 and/or 1099-M		(C) Retirement and		(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
1BRIAN WYNNE PRESIDENT & CEO	(i)	343,048	78,750	0	29,500	22,263	473,561	0
TRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2ROBERT THOMSON SENIOR VICE PRESIDENT, OPERATIONS	(i)	152,772	10,000	0	6,120	3,612	172,504	0
SENIOR VICE PRESIDENT, OPERATIONS	(ii)	0	0	0	0	0	0	0
3HEATHER LEE EXEC. VP & CHIEF STRATEGY OFFICER	(i)	248,523	40,000	0	10,000	1,964	300,487	0
EALS. VI & STILL STRATEST STRICEN	(ii)	0	0	0	0	0	0	0
4THOMAS MCMAHON VP, ADVOCACY & PUBLIC AFFAIRS	(i)	217,180	12,000	0	8,823	16,455	254,458	0
VI, ADVOCACI & I OBLIC ALL'AING	(ii)	0	0	0	0	0	0	0
5TRACY LAMB VP, REG. & SAFETY AFF. & CHIEF PILOT	(i)	158,146	32,000	0	6,133	10,870	207,149	0
VI, NEO. WOW ETT ANT. WOMEN FIEOT	(ii)	0	0	0	0	0	0	0
6KATHLEEN BUTLER VP, MEETINGS & CONVENTIONS	(i)	146,170	10,000	0	5,880	7,735	169,785	0
,	(ii)	0	0	0	0	0	0	0
7MICHAEL GREESON DIR., BUSINESS DEV'L & STRATEGY	(i)	135,979	9,500	0	5,500	7,510	158,489	0
5.11, 555.11, 255.11, 11, 251.	(ii)	0	0	0	0	0	0	0
Schedule J (Form 990) 2018							Schedule J	(Form 990) 2018 Page 3

Supplemental Information Part III

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

PART I, LINE 1A A HEALTH CLUB MEMBERSHIP IS AVAILABLE TO ALL EMPLOYEES.

Schedule J (Form 990) 2018

Software ID:

Software Version:

efile GRAPHIC print Submission Date - 2019-10-04 DLN: 93493277000099 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) Attach to Form 990 or 990-EZ. Open to Public ► Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Internal Revenue Service Name of the organization Employer identification number ASSOCIATION FOR UNMANNED VEHICLE SYSTEMS INTERNATIONAL 31-0826117 **Explanation** Return Reference FORM 990. AUVSI BEGAN THE TRUSTED OPERATOR PROGRAM (TOP) IN 2018. PART III. LINE 2 FORM 990. THE ORGANIZATION HAS CORPORATE AND INDIVIDUAL MEMBERS. PART VI. SECTION A. LINE 6 FORM 990. THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT AND THE PART VI. FINANCE COMMITTEE. THE DRAFT WAS THEN MADE AVAILABLE FOR REVIEW BY THE GOVERNING BODY VIA A WEB SECTION B. LINK PRIOR TO FILING WITH THE IRS. LINE 11B FORM 990. AN ANNUAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE REPORT IS REQUIRED FROM EACH MEMBER OF PART VI. THE GOVERNING BODY AND SENIOR STAFF, ANY REPORTED CONFLICTS AND ANY APPARENT CONFLICTS. WHICH SECTION B. MAY ARISE AT ANY TIME. ARE REFERRED TO THE GOVERNING BODY FOR ACTION IN ACCORDANCE WITH AUVSI'S LINE 12C ESTABLISHED WRITTEN POLICY. FORM 990. THE PRESIDENT & CEO'S COMPENSATION WAS ESTABLISHED BY A BOARD COMMITTEE. IN CONSULTATION WITH AN INDEPENDENT CONSULTANT, WITH SUBSEQUENT ANNUAL ADJUSTMENTS BASED ON PUBLISHED COMPENSATION PART VI. SECTION B. SURVEYS AND APPROVED BY THE CHAIRMAN OF THE BOARD. THE LAST SALARY REVIEW TOOK PLACE IN APRIL LINE 15A 2018, COMPENSATION FOR KEY EMPLOYEES IS BASED ON A COMPENSATION STUDY AND REFERENCE TO PUBLISHED COMPENSATION BENCHMARK REPORTS. THE PRESIDENT & CEO APPROVES THE KEY EMPLOYEE COMPENSATION. FORM 990. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A CASE-BY-CASE BASIS BASED UPON MERITS OF THE REQUEST. PART VI. SECTION C. LINE 19 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2018

Part I Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 34, 35b, 36, or 37. Part I 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. 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. 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. 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. 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. 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. 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. 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. Part II Identification of Related Tax-Exempt Organizations Complete if the organization or foreign country Part IV, line 34 because it	efile GRAPHIC print Sul	bmission Date - 2019-10-04									DLN: 93493	277000099
Department of the Treasury Internal Reviews Service Part	SCHEDULE R	Related	Organiz	ations an	d Un	related I	Partne	erships	6			
Manual color Manual Manu			-	Attach to Fo	rm 990.				7.		Open to P	ublic
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 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. Name, address, and ENV (if applicable) of disorganizations 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. Name, address, and ENV or leaded organizations Pinnay activity Lengt deplications 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. Name, address, and ENV or leaded organizations Pinnay activity Lengt deplications of Selan country Lengt deplications during the tax year. Name, address, and ENV or leaded organization Pinnay activity Lengt deplications of Selan country Lengt deplications during the tax year. Name, address, and ENV or leaded organization Pinnay activity Lengt deplications during the tax year. Name, address, and ENV or leaded 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. Name, address, and ENV or leaded 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. Name, address, and ENV or leaded tax-Exempt Organizations organizations during the tax year. Name, address, and ENV or leaded tax-Exempt Organizations organizations during the tax-exempt organizations during the ta	Internal Revenue Service										Inspect	ion
Name, address, and EN (if agricative) of disregarded cristly Personally actively Legal dentification 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. Part III 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. Part III 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. Part III 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. Part III 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 organization organizations during the tax year. Part III 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 organization in the part of the organization of the part of the pa	Name of the organization ASSOCIATION FOR UNMANNED VEHIC SYSTEMS INTERNATIONAL	CLE							_	-	umber	
Name, address, and EIN (if applicable) of disregarded entry Primary activity 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. (b) In the primary activity Name, address, and EIN (if applicable) of disregarded entry Primary activity Name, address, and EIN (if applicable) of disregarded entry Primary activity Primar	Part I Identification o	f Disregarded Entities Complete if the org	janization ansv	vered "Yes" on F	orm 990	, Part IV, line 3	33.					
Organizations during the tax year. (b) (c) (d) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Name, address, a				rity	Legal domicile	e (state untry)		me	(e) End-of-year assets	Direct contro	lling
Organizations during the tax year. (b) (c) Legal domicile (state of foreign country) Name, address, and EIN of related organization (d) (e) Primary activity Legal domicile (state of foreign country) (d) Exempt Code section Public charity status (if section 531(c)(3)) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f												
Organizations during the tax year. (b) (c) Legal domicile (state of foreign country) Name, address, and EIN of related organization (d) (e) Primary activity Legal domicile (state of foreign country) (d) Exempt Code section Public charity status (if section 531(c)(3)) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f												
Organizations during the tax year. (b) (c) (d) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f												
Organizations during the tax year. Name, address, and EIN of related organization Primary activity Legal domicile (state of foreign country) Legal domicile (state of foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 501(c)(3) Primary activity Section 501(c)(3) Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)(3) Public charity status (if section 501(c) Public charity status (if												
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Leg		ing the tax year.	olete if the orga		ed "Yes"		Part IV, li		use it l			
(1)ASSOCIATION FOR UNMANNED VEHICLE SYSTEMS INTERNATIONAL PAC 2700 S QUINCY STREET ST 400 WASHINGTON, DC 22206 47-5184921 AUVSI Yes VA 527 AUVSI Yes VA 527 AUVSI Yes	Name, address,		F			domicile (state	Exempt			ublic charity status	Direct controlling	Section 512(b)(13 controlled entity?
47-5184921	(1)ASSOCIATION FOR UNMANNED VI 2700 S QUINCY STREET ST 400	EHICLE SYSTEMS INTERNATIONAL PAC	POLITICA	AL ACTIVITY		VA	527				AUVSI	
For Paparated Reduction Act Notice, see the Instructions for Form 900	WASHINGTON, DC 22206 47-5184921											
For Paparavork Padjustion Act Notice see the Instructions for Form 900												
For Panaguark Paduction Act Notice, see the Instructions for Form 900												
For Panaguark Paduction Act Notice, see the Instructions for Form 900												
For Panaguark Paduction Act Notice, see the Instructions for Form 900												
For Panamurk Paduction Act Notice, see the Instructions for Form 900												
	For Panarwork Poduction Act No	atica coa the Instructions for Form 900			C	No 50125V					Schodulo D /Form	900) 2019

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	Disprop	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or	(k) Percentage ownership
						Yes	No		Yes	No	
					•			•			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.													
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		i) n 512(b) ontrolled ity?				
		country)						Yes	No				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) n 512(b) ontrolled ity?
		country)		1				Yes	No

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.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	I in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
$\textbf{c} \text{Gift, grant, or capital contribution from related organization}(s) \ . \ . \ . \ . \ . \ . \ . \ . \ . \ $				1c		No
d Loans or loan guarantees to or for related organization(s) 				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
j Lease of facilities, equipment, or other assets to related organization(s) 				1j		No
$\textbf{k} \text{Lease of facilities, equipment, or other assets from related organization}(s) \;\; . \;\; . \;\; . \;\; . \;\; . \;\; . \;\; . \;\;$				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$\textbf{m} \ \ \text{Performance of services or membership or fundraising solicitations by related organization} (s) \ \ . \ \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ . \ \ \ \ . \ \ \$				1m		No
$ n \ \ \text{Sharing of facilities, equipment, mailing lists, or other assets with related organization} (s) \ . \ . \ . \ . \ . \ . \ . \ . \ . \ $				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1р		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1 r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	ed relationships and tran	saction thresholds.				
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amou	nt invol	lvod	
	type (a-s)		-	in invo	iveu	
(1)ASSOCIATION FOR UNMANNED VEHICLE SYSTEMS INTERNATIONAL PAC	Q	1,493	ACTUAL AMOUNT			

Part VI

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	o	501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			J14)	Yes	No	<u> </u>		Yes	No		Yes	No	
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