

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Α	For the	2024 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer ident	ification number
	Addres				
	Name change	Doing business as		52-063621	0
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 421 AVIATION WAY	E Telephone numb (301) 695-2		
	return/ termin- ated	141,072,908.			
	Ameno	City or town, state or province, country, and ZIP or foreign postal code FREDERICK MD 21701		G Gross receipts \$ H(a) Is this a group	
	Application	,		for subordinate	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	
$\overline{}$	Tax-exe	empt status: $501(c)(3)$ \times $501(c)(4)$ (insert no.) 4947(a)(1) of \times	or 527	1 ` ′	a list. See instructions
	Websit		51 021	H(c) Group exempt	
		organization: X Corporation Trust Association Other	I Year	of formation: 1939	M State of legal domicile; NJ
	art I	Summary	L 1001	or formation.	W Otato or logar dominono.
	_	Briefly describe the organization's mission or most significant activities: SEE SCE	HEDULE O		
ģ	3 '	briefly describe the organization a mission of most significant activities.			
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	esats
ē	3				1
يَ	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			*
		Total number of individuals employed in calendar year 2024 (Part V, line 1a)			
<u> </u>	6	Total number of volunteers (estimate if necessary)			
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12			
Ą	(' "	Net unrelated business taxable income from Form 990-T, Part I, line 11			
_	+ -	Net differenced business taxable fricome from 1 offit 990-1, 1 at 1, life 11		Prior Year	Current Year
	. 8	Contributions and grants (Part VIII, line 1h)		2,166,224	
9	9	-	22,462,457		
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,285,320	
B	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,745,052	
				41,659,053	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,436	
				0	
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,901,068	<u> </u>
Fxnenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0	
ğ	loa	Total fundraising expenses (Part IX, column (A), line 25) 376,			*,
ž	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,301,834	20,208,874.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		44,204,338	
	1	Revenue less expenses. Subtract line 18 from line 12		-2,545,285	
		nevertue less experises. Subtract line 16 front line 12	Re	ginning of Current Yea	
t Assets or	20 ·	Total assets (Part X, line 16)		140,777,160	
Asse Asse	20 21 21	Total liabilities (Part X, line 16)		23,329,044	
Net/		Net assets or fund balances. Subtract line 21 from line 20		117,448,116	
=	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of i	my knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ny knowioago ana bonoi, it io
truc	5, 001100	t, and complete. Declaration of proparor (early than emost) to bacod on an information of with	non propuror	That any knowledge.	
Sig	n	Signature of officer	1110	Date	
He		JILL BAKER, CHIEF FINANCIAL OFFICER			
110	16	Type or print name and title			
		Preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	MARY TORRETTA		if self-emp	500045051
	parer	Firm's name GRANT THORNTON ADVISORS LLC		Firm's EIN	99-1856619
	e Only	Firm's address 1000 WILSON BOULEVARD, SUITE 1500		I IIIII 3 LIIV	
550	y	ARLINGTON, VA 22209		Phone no (5	703) 847-7500
Ma	v the IC	S discuss this return with the preparer shown above? See instructions		I HOHE HU. V	X Yes No
1410	.,				100

Form **8868**

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request 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.

7004 10	request an extension of time to file income tax retui	ms.						
Part I	- Identification							
Type c Print	Nicola Communication of the co	other filer, see in		axpayer id 52-063621		cation number (TIN)		
File by th	Number, street, and room or suite no. If a P.							
due date								
filing you		e. For a foreign a	ddress, see instructions.					
return. S nstructio								
Enter t	he Return Code for the return that this applica	tion is for (file a	separate application for each ret	turn) .		0 1		
Appli	cation Is For	Return Code	Application Is For			Return Code		
Form	990 or Form 990-EZ	01	Form 4720 (other than individua	al)		09		
Form	4720 (individua l)	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		
	990-T (trust other than above)	06	Form 5330 (individual)			13		
	990-T (corporation)	07	Form 5330 (other than individua	al)		14		
	1041-A	08	Form 990-T (governmental entit			15		
Part II The tage Telep If the If this	Plan Year Ending (MM/DD/YYYY) — Automatic Extension of Time To File Dooks are in the care of Erica Saccoia, 421 Avia Dohone No. (301) 695-2000 Organization does not have an office or place is is for a Group Return, enter the organization's	e for Exempt ation Way, Fred Fax I of business in s four-digit Gro	t Organizations (see instructions) lerick, MD 21701 No. the United States, check this box up Exemption Number (GEN)	ons)				
	I request an automatic 6-month extension of the organization named above. The extension ☐ calendar year 20 24 or ☐ tax year beginning If the tax year entered in line 1 is for less than ☐ Initial return ☐ Final return ☐	is for the organ , 20 12 months, ch	nization's return for:, and ending					
	If this application is for Forms 990-PF, 990 nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990 estimated tax payments made. Include any present the second of the)-T, 4720, or 6	069, enter any refundable credi	•		\$ \$		
С	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EETPS (Flectronic Federal Tax Payment System). See instructions.							

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	Check if Schedule O contains a	response or note to any line in this Part III		X
1	Briefly describe the organization's mis			
	SEE SCHEDULE O			
2		gnificant program services during the year which v		
				Yes X No
•	If "Yes," describe these new services			Yes X No
3		g, or make significant changes in how it conducts	, any program services?	Yes A No
4	If "Yes," describe these changes on S	cnedule 0. service accomplishments for each of its three large	ant program consists as mass and b	
4		zations are required to report the amount of grant:		
	revenue, if any, for each program serv		s and anocations to others, the total	expenses, and
4a	(Code:) (Expenses \$	38,909,092. including grants of \$	675. \ (Revenue \$	20 409 718. \
Ta	(Code:) (Expenses \$	including grants of \$) (nevenue \$	
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S	Schedule ())		
	(Expenses \$) (Revenue \$)
4e	Total program service expenses	38,909,092.	, ,	,
	· · ·			Form 990 (2024)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
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	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		\vdash
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
-	\cdot	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	 		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	—
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		\vdash
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		X

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Form 990 (2024) AIRCRAFT OWNERS & PILOTS AS Part IV | Checklist of Required Schedules (continued)

	Continued)		V					
00	Did the averagination was at account from \$5,000 of average an other positions at an fauld average in dividuals an		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x				
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х					
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23						
24 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>							
		24a		x				
b								
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b						
·		24c						
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240						
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	, ,	25b		x				
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230						
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	and the state of t	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
_	"Yes," complete Schedule L, Part IV	28a		x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200						
·	"Yes," complete Schedule L, Part IV	28c		x				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
-	contributions? If "Yes," complete Schedule M	30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		x				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34	х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	1				
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		х				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L				
Pa		•						
	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	1						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					

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Form 990 (2024)

AIRCRAFT OWNERS & PILOTS ASSOCIATION

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

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 177								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	х						
За										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х						
b	b If "Yes," enter the name of the foreign country CAYMAN ISLANDS, BERMUDA									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a	Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		6b	Х						
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a							
			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required								
	to file Form 8282?	l I	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	,									
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.									
а	Didd a second		9a							
b	Did the area of the standard o		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	.	1							
а	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1								
	organization is licensed to issue qualified health plans	13b	4							
	Enter the amount of reserves on hand	13c								
			14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	-	-					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15	х						
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.				37					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х					
47	If "Yes," complete Form 4720, Schedule O.	that the								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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			Х							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 12										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b											
2											
_	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
, a	more members of the governing body?	7a	х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra									
b	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75									
		8a	Х								
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X								
9		OD									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	the section B requests information about policies not required by the internal nevenue code.)		Yes	No							
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125									
ŭ	on Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	Х								
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100									
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	.0.2									
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	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	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JILL BAKER - 301-695-2000										
	421 AVIATION WAY, FREDERICK, MD 21701										

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

Name and title	(A)	(B)	J			C)	.,0 0	-	(D)	(E)	(F)
		_		Position							
NARK R. BAKER	Hame and the	1								•	
(1) MARK R. BAKER		week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
(1) MARK R. BAKER		(list any	ector						the	•	•
(1) MARK R. BAKER			or dir	ap.			ted			•	
(1) MARK R. BAKER		1	stee	truste		gy.	bens		,	1099-NEC)	•
(1) MARK R. BAKER		~	ual tru	ional		ploye	t com		1099-NEC)		
(1) MARK R. BAKER			divid	stitut	fficer	ey em	ighest	ormer			organizations
CEO/FRESIDENT	(1) MARK R. BAKER		드	드	Ò	3	工品	Ľ.			
ADMES W. COON			Х		х				1,802,112.	0.	245,068.
3	(2) JAMES W. COON	40.00							, ,		•
SVF - GEN. COUNSEL & BOARD SECRETARY	SVP - GOVERNMENT AFFAIRS & ADVOCACY	0.00					х		587,716.	0.	102,470.
CHIEF ADMIN. OFFICER (THRU 01/24)	(3) JUSTINE A. HARRISON	40.00									
CHIEF ADMIN. OFFICER (THRU 01/24)	SVP - GEN. COUNSEL & BOARD SECRETARY	10.00			Х				493,621.	0.	41,661.
COO (AS OF 01/2024)	(4) GREGORY L. COHEN	40.00									
COO (AS OF 01/2024)	CHIEF ADMIN. OFFICER (THRU 01/24)	0.00			Х				485,133.	0.	898.
Column C	(5) ELIZABETH A. TENNYSON	40.00									
SVP - MEDIA & MARKETING	COO (AS OF 01/2024)	10.00			Х				376,299.	0.	25,674.
CT	(6) KOLLIN STAGNITO	40.00									
SVP - FINANCE & ACCOUNTING 10.00	SVP - MEDIA & MARKETING	0.00					Х		358,410.	0.	36,851.
Reference	(7) ERICA J. SACCOIA	40.00									
SVP - AIR SAFETY INSTITUTE	SVP - FINANCE & ACCOUNTING	10.00			Х				340,817.	0.	40,717.
CFO (AS OF 05/2024)	(8) MICHAEL J. GINTER	40.00									
CFO (AS OF 05/2024)	SVP - AIR SAFETY INSTITUTE	0.00					Х		250,361.	0.	18,592.
Trustee Truster Trus	, , , , , , , , , , , , , , , , , , , ,	40.00									
VP - ADVERTISING	CFO (AS OF 05/2024)	10.00			Х				228,892.	0.	25,222.
Number Color Col	(10) CAROL L. DODDS	40.00									
VP - GOVERNMENT AFFAIRS, REGULATORY 0.00 X 222,291. 0. 16,449. (12) TIMOTHY J. FORTUNE 0.00 X 190,756. 0. 0. FORMER CHIEF ADMINISTRATIVE OFFICER 0.00 X 190,756. 0. 0. (13) WILLIAM C. TRIMBLE III 1.00 X X 0. 0. 0. CHAIRMAN 1.00 X X 0. 0. 0. VICE CHAIRMAN 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0.	VP - ADVERTISING	0.00					Х		215,716.	0.	29,476.
TRUSTEE 1.00 TRUSTEE T.00 T.00	(11) MURRAY D. HULING	40.00									
FORMER CHIEF ADMINISTRATIVE OFFICER 0.00 X 190,756. 0. 0. (13) WILLIAM C. TRIMBLE III 1.00 CHAIRMAN 1.00 X X 0. 0. 0. 0. (14) WILLIAM B. L. HUDSON 1.00 X X 0. 0. 0. 0. (15) JAMES N. HAUSLEIN 1.00 X X 0. 0. 0. 0. (15) JAMES N. HAUSLEIN 1.00 X X 0. 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. 0. (17) MATTHEW J. DESCH 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	VP - GOVERNMENT AFFAIRS, REGULATORY	0.00					Х		222,291.	0.	16,449.
(13) WILLIAM C. TRIMBLE III 1.00 X X 0. 0. 0. CHAIRMAN 1.00 X X 0. 0. 0. VICE CHAIRMAN 1.00 X X 0. 0. 0. (15) JAMES N. HAUSLEIN 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. (17) MATTHEW J. DESCH 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0.	(12) TIMOTHY J. FORTUNE	0.00									
CHAIRMAN 1.00 X X X 0. 0. 0. (14) WILLIAM B. L. HUDSON 1.00 X X 0. 0. 0. VICE CHAIRMAN 1.00 X X 0. 0. 0. (15) JAMES N. HAUSLEIN 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. 0.	FORMER CHIEF ADMINISTRATIVE OFFICER	0.00						Х	190,756.	0.	0.
(14) WILLIAM B. L. HUDSON 1.00 X X 0. 0. 0. VICE CHAIRMAN 1.00 X X 0. 0. 0. (15) JAMES N. HAUSLEIN 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. (17) MATTHEW J. DESCH 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0.	(13) WILLIAM C. TRIMBLE III	1.00									
VICE CHAIRMAN 1.00 X X X 0. 0. 0. (15) JAMES N. HAUSLEIN 1.00 X X X 0. 0. 0. TREASURER 1.00 X X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0.	CHAIRMAN	1.00	Х		Х				0.	0.	0.
(15) JAMES N. HAUSLEIN 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. (17) MATTHEW J. DESCH 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0.	(14) WILLIAM B. L. HUDSON	1.00									
TREASURER 1.00 X X X 0. 0. 0. (16) LAWRENCE D. BUHL III 1.00 X 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. (17) MATTHEW J. DESCH 1.00 X 0. 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. 0.	VICE CHAIRMAN		Х		Х				0.	0.	0.
(16) LAWRENCE D. BUHL III 1.00 TRUSTEE 1.00 (17) MATTHEW J. DESCH 1.00 TRUSTEE 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(15) JAMES N. HAUSLEIN	1.00									
TRUSTEE 1.00 X 0. 0. 0. (17) MATTHEW J. DESCH 1.00 X 0. 0. 0. 0. 0.	TREASURER	1.00	Х		Х				0.	0.	0.
(17) MATTHEW J. DESCH 1.00 TRUSTEE 1.00 X 0. 0. 0.											
TRUSTEE 1.00 X 0. 0. 0.			Х						0.	0.	0.
	TRUSTEE	1.00	Х						0.	0.	

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1 01111 000 (2027)	WNERS & PILOT	S A	SSO	CIA.	TTO	N			52-063621	0 Page c
Part VII Section A. Officers, Directors, T	rustees, Key Emp	loy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	erage Position (do not check more than one					nne	Reportable	Reportable	Estimated
	hours per	box, unless p		box, unless person is both an officer and a director/trustee)			an	compensation	compensation	amount of
	week		cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	99			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee ee	n be u		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na	_	nploy	st cor	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a55
(18) STEPHEN ELOP	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(19) AMANDA C. FARNSWORTH	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(20) DANIEL OTIS	1.00									
TRUSTEE (AS OF 05/2024)	1.00	Х						0.	0.	0.
(21) T. WILLIAMS ROBERTS III	1.00									
TRUSTEE (AS OF 02/2024)	1.00	Х						0.	0.	0.
(22) C. AUSTIN STEPHENS	1.00									
TRUSTEE (AS OF 02/2024)	1.00	Х						0.	0.	0.
(23) LUKE R. WIPPLER	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
1b Subtotal								5,552,124.	0.	583,078.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								5,552,124.	0.	583,078.

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
QUAD GRAPHICS INC.		
P.O. BOX 842858, BOSTON, MA 02284-2858	MAGAZINE PRINTING	1,539,688.
SALESFORCE.COM INC.		
P.O. BOX 203141, DALLAS, TX 75320-3141	SOFTWARE DEVELOPMENT	1,292,019.
KORN FERRY, 1900 AVENUE OF THE STARS,		
SUITE 1500, LOS ANGELES, CA 90067	ORGANIZATIONAL CONSULTING	657,508.
1888 WORKSHOP LLC		
230 MENDON CENTER ROAD, PITTSFORD, NY 14534	SHOW/CONVENTION PRODUCTION	603,087.
CAMBRIDGE ASSOCIATES, LLC		
P.O. BOX 412015, BOSTON, MA 02241-2015	INVESTMENT MANAGER	320,368.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	15	
	·	F QQQ (000.4)

Form **990** (2024)

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Form 990 (2024) AIRCRAFT OF Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
		Official in Confederate C Confederate	ano a response t	or mote to uny iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			1.1					360110113 3 12 - 3 14
nts		a Federated campaigns						
Sra Tou		b Membership dues						
is, (Arr		c Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations		1,500,000.				
JS,		e Government grants (contribution						
ţţ	1	f All other contributions, gifts, grant	s, and					
ig #		similar amounts not included abov	re 1f	436,279.				
a tr	9	g Noncash contributions included in lines 1	a-1f 1g \$					
<u>2</u> g		h Total. Add lines 1a-1f			1,936,279.			
				Business Code				
e	2 8	a MEMBERSHIP DUES		900099	19,320,802.	19,320,802.		
ξ	_	b EDUCATIONAL COURSES		900099	766,199.	766,199.		
S	(c AIRPORT DATA		900099	258,928.	258,928.		
an eve	(d EVENT REGISTRATION		900099	63,789.	63,789.		
Program Service Revenue	(e						
Ā	1	f All other program service rever	nue					
	9	g Total. Add lines 2a-2f			20,409,718.			
	3	Investment income (including						
					1,276,762.			1,276,762.
	4	Income from investment of tax						
	5	Royalties			2,549,447.			2,549,447.
			(i) Real	(ii) Personal				
	6 :	a Gross rents 6a	399,130.	. ,				
		b Less: rental expenses 6b	293,676.					
		c Rental income or (loss) 6c	105,454.					
		d Net rental income or (loss)	, -		105,454.			105,454.
		a Gross amount from sales of	(i) Securities	(ii) Other				
	′ ′		03,382,137.	250,130.				
		b Less: cost or other basis	, , , , , , , , , , , , , , , , , , , ,					
ø		and sales expenses 7b	95 941 434	54,825.				
her Revenue		c Gain or (loss) 7c		195,305.				
eve		d Net gain or (loss)		-	7,636,008.			7,636,008.
E					7,030,000.			7,000,000.
	8 6	a Gross income from fundraising evi						
δ		including \$	of					
		contributions reported on line	, I					
		Part IV, line 18						
			<u>8b</u>					
		c Net income or (loss) from fund						
	9 8	a Gross income from gaming ac						
		Part IV, line 19						
			<u>9b</u>					
		c Net income or (loss) from gami						
	10 a	a Gross sales of inventory, less r						
		and allowances						
		•	<u>10b</u>					
_	•	c Net income or (loss) from sales	of inventory					
ဟ္				Business Code	F 0=2 24=			5 050 015
e Je	11 a			900099	5,979,217.			5,979,217.
Miscellaneous Revenue		b ADVERTISING INCOME		511190	4,889,758.		4,889,758.	
Sel Sev		c OTHER		900099	330.			330.
Mis		d All other revenue						
		e Total. Add lines 11a-11d			10,869,305.			
	12	Total revenue. See instructions			44,782,973.	20,409,718.	4,889,758.	17,547,218.

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52-0636210

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).

D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	675.	675.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,106,115.	3,504,366.	601,749.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	190,756.		190,756.	
7	Other salaries and wages	14,811,928.	13,880,592.	931,336.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	880,275.	810,795.	69,480.	
9	Other employee benefits	1,603,234.	1,486,657.	116,577.	
0	Payroll taxes	1,211,352.	1,133,664.	77,688.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	113,581.	78,229.	35,352.	
С	Accounting	216,748.	200,802.	15,946.	
d	Lobbying	129,500.	129,500.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	456,976.		456,976.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,443,148.	3,299,866.	66,455.	76,827
12	Advertising and promotion	1,212,848.	1,068,070.		144,778
3	Office expenses	3,072,339.	2,801,042.	117,606.	153,691
4	Information technology	2,563,950.	2,404,957.	158,993.	
5	Royalties				
16	Occupancy	618,237.	207,490.	410,747.	
7	Travel	1,140,790.	1,135,698.	5,092.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,417,362.	1,416,833.	477.	52
0:	Interest	98,029.	90,817.	7,212.	
21	Payments to affiliates	1 282 485	1 000 051	150 104	
22	Depreciation, depletion, and amortization	1,373,175.	1,223,051.	150,124.	
3	Insurance	494,215.	469,793.	24,422.	
4	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.)				
а	MAGAZINE PRODUCTION	1,295,772.	1,295,772.		
b	RENTALS	555,346.	441,025.	114,321.	
С	DUES LICENSES & SUBS.	320,324.	303,916.	16,408.	
d	REPAIRS & MAINTENANCE	250,394.	246,384.	3,011.	999
е	All other expenses	1,436,140.	1,279,098.	157,042.	
5	Total functional expenses. Add lines 1 through 24e	43,013,209.	38,909,092.	3,727,770.	376,34
6	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)				

Form 990 (2024)
Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response or	note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			4,037,965.	1	5,288,077
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			797,603.	4	702,55
5	Loans and other receivables from any currer					
	trustee, key employee, creator or founder, so	ubstantial con	tributor, or 35%			
	controlled entity or family member of any of		5			
6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined					
	under section 4958(f)(1)), and persons descr	bed in section	n 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net			7		
Assets	Inventories for sale or use			36,230.	8	10,573
ž 9	D			1,317,545.	9	1,399,310
10a	a Land, buildings, and equipment: cost or other	er				
	basis. Complete Part VI of Schedule D	10a	31,282,099.			
k	b Less: accumulated depreciation	10b	23,336,229.	9,140,195.	10c	7,945,870
11	Investments - publicly traded securities			32,207,612.	11	38,414,379
12	Investments - other securities. See Part IV, li	ne 11		86,578,424.	12	87,739,058
13	Investments - program-related. See Part IV, I	ne 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			6,661,586.	15	6,737,18
16	Total assets. Add lines 1 through 15 (must	equal line 33)		140,777,160.	16	148,237,00
17	Accounts payable and accrued expenses	4,584,328.	17	4,242,550		
18	Grants payable				18	
19	Deferred revenue			10,829,425.	19	10,366,26
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple	ete Part IV of	Schedule D		21	
တ္က 22	Loans and other payables to any current or	ormer officer,	, director,			
≝	trustee, key employee, creator or founder, so	ubstantial con	tributor, or 35%			
Liabilities	controlled entity or family member of any of	these persons	s		22	
23	Secured mortgages and notes payable to ur	related third p	parties	2,047,700.	23	1,889,300
24	Unsecured notes and loans payable to unrel	ated third par	ties		24	
25	Other liabilities (including federal income tax	, payables to	related third			
	parties, and other liabilities not included on l	ines 17-24). C	Complete Part X			
	of Schedule D			5,867,591.	25	6,306,761
26	Total liabilities. Add lines 17 through 25			23,329,044.	26	22,804,884
,,	Organizations that follow FASB ASC 958,	check here	X			
<u> </u>	and complete lines 27, 28, 32, and 33.					
<u>E</u> 27				117,448,116.	27	125,432,123
<u>R</u> 28	Net assets with donor restrictions				28	
<u> </u>	Organizations that do not follow FASB AS	C 958, check	k here			
[and complete lines 29 through 33.					
ပ္က 29	Capital stock or trust principal, or current ful				29	
§ 30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 27 28 29 30 31 32	Retained earnings, endowment, accumulate			448 449 415	31	405 400 111
	Total net assets or fund balances			117,448,116.	32	125,432,123
33	Total liabilities and net assets/fund balances			140,777,160.	33	148,237,007 Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> </u>	973.
2	Total expenses (must equal Part IX, column (A), line 25)	2		43,	013,	209.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	769,	764.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		117,	448,	116.
5						
6	6 Donated services and use of facilities 6					
7						
8						
9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) 10				432,	123.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						1
review, or compilation of its financial statements and selection of an independent accountant?					Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I	3b		

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	Employer identification number
AIRCRAFT OWNERS & PILOTS ASSOCIATION	52-0636210

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(4) (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					
	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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 \$						
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 prequirements of Schedule B (Form 990).					

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

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

Name of organization

Employer identification number

AIRCRAFT OWNERS & PILOTS ASSOCIATION

52-0636210

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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Training additions, and Emily 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1001	Tunio, dudi vvo, dilu Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AIRCRAFT OWNERS & PILOTS ASSOCIATION

52-0636210

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			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Name of or	rganization		Employer identification number
AIRCRAFT	OWNERS & PILOTS ASSOCIATION		52-0636210
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line enthantable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	lift Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	l jift
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

2024

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		·		Emplo	yer identification number (EIN)
Do	rt I-A		NERS & PILOTS ASSOCIAT		or is a sostion 527 or	52-0636210
F	II L I-A	Complete if the org	anization is exempt und	der section 50 f(c)	or is a section 527 or	yanızatıon.
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities		\$	
Pa	rt I-B	Complete if the org	anization is exempt und	der section 501(c)(3).	
			incurred by the organization un			
			incurred by organization manag			
			n 4955 tax, did it file Form 4720			
						Yes No
	rt I-C	describe in Part IV.	anization is exempt und	der section 501(c)	except section 501(c	1/31
			by the filing organization for se			
			ization's funds contributed to o			
_			Editor o farido contributou to o	-		
3	•		. Add lines 1 and 2. Enter here			
		•			-	
4			1120-POL for this year?			Yes No
5	organiza promptly	tion listed, enter the amour	Ns of all section 527 political or the paid from the filing organizati separate political organization, de information in Part IV.	on's funds. Also enter th	ne amount of political contrib	outions received that were
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2024

	rt II-A Complete if the organ section 501(h)).	ization is exen	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply.					
В		n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
12	Total lobbying expenditures to influence	ce public opinion (arassroots Johhving)			
	Total lobbying expenditures to influence					
	Total lobbying expenditures (add lines	•	, , , , , ,			
	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (a					
f	Lobbying nontaxable amount. Enter th	e amount from the	following table in bot	h columns.		
	IF the amount on line 1e, column (a) or (b), is: THEN t	he lobbying nontaxal	ole amount is:		
	not over \$500,000	20% of	the amount on line 1e.			
	over \$500,000 but not over \$1,000,00	0 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,500,0	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000	,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	over \$17,000,000	\$1,000,	000.			
	Grassroots nontaxable amount (enter					
h	Subtract line 1g from line 1a. If zero or	less, enter -0				
i	Subtract line 1f from line 1c. If zero or			•		
j	If there is an amount other than zero of		line 1i, did the organiza	ation file Form 4720	,	
	reporting section 4911 tax for this yea					Yes No
	(Some organizations that	made a section 56 See the separa	ate instructions for li	have to complete all ones 2a through 2f.)	f the five columns b	elow.
		Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	: Total lobbying expenditures					
	I Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity.	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			o)
	Yes	No	Amo	ount
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e 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 not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c 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?				
art III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
	the prior year	? 3		х
Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)(5), or sec		e 3, is
art III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c)(I "No;" OR	5), or sec l (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members	on 501(c)(I "No;" OR	5), or sec l (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(c)(I "No;" OR	5), or sec l (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):	on 501(c)(I "No;" OR tical	5), or sec		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poliexpenses for which the section 527(f) tax was paid): a Current year	on 501(c)(I "No;" OR tical	5), or sec t (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): a Current year b Carryover from last year	on 501(c)(l I "No;" OR tical	5), or sec 1 (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poliexpenses for which the section 527(f) tax was paid): a Current year b Carryover from last year c Total	on 501(c)(I "No;" OR tical	5), or sec 1 (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c)(I "No;" OR tical	5), or sec 1 (b) Part		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poliexpenses for which the section 527(f) tax was paid): a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses in the section of the expense of the section 162(e) and the section of the expense of the section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section 162(e) dues	on 501(c)(d I "No;" OR tical	5), or sec 1 (b) Part		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	on 501(c)(del l'No;" OR	5), or sec 1 (b) Part 1 2a 2b 2c 3		e 3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poliexpenses for which the section 527(f) tax was paid): a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses in the section of the expense of the section 162(e) and the section of the expense of the section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section 162(e) dues	on 501(c)(del l'	5), or sec 1 (b) Part 1 2a 2b 2c 3		e 3, is

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

ATRCRAFT OWNERS & PILOTS ASSOCIATION

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	vriting that the assets held in donor advi-	sed funds				
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor ac	dvisors 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				
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	of a historically important land area				
	Protection of natural habitat	Preservation of	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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				
а	Total number of conservation easements		2a				
b	- · · · · · · · · · · · · · · · · · · ·		a.				
С	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included on line 2c acquir						
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele						
	year	,	3				
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the peri	•	•				
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
			,				
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year				
			•				
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	nents that describes the				
	organization's accounting for conservation easements.						
Pai	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	3, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iter	ns.				
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance of public service,				
	provide the following amounts relating to these items.	•	•				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1		\$				
	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)

Pai	rt III Organizations Maintainir	ng Collections of A	rt, Histo	orical Tre	asures, or	Other	Similar <i>A</i>	\ssets ₍	contir	nued)	
3	Using the organization's acquisition, acc	cession, and other record	ds, check	any of the f	ollowing that	make sig	nificant use	of its			
	collection items (check all that apply).										
а	Public exhibition		d 🔲	Loan or exc	hange progra	m					
b	Scholarly research		е 🔲	Other							
С	Preservation for future generation	S									
4	Provide a description of the organization	n's collections and explai	in how th	ey further th	ne organizatio	n's exem	ot purpose	in Part XIII	l.		
5	During the year, did the organization so	licit or receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to l								⁄es		No
Pai	rt IV Escrow and Custodial A	rangements Comple	ete if the	organization	answered "Y	es" on Fo	orm 990, Pa	art IV, line	9, or		
	reported an amount on Form 990), Part X, line 21.									
1a	Is the organization an agent, trustee, cu	stodian, or other interme	diary for	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?							🔲 ነ	′ es		No
b	If "Yes," explain the arrangement in Par										
								A	mount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount	on Form 990, Part X, line	21, for e	escrow or cu	ıstodial accou	ınt liability	y?	🔲 ነ	′ es		No
	If "Yes," explain the arrangement in Par										
Pai	rt V Endowment Funds Comp	ete if the organization an									
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three yea	rs back (e	e) Four	years	back
1a	0 0 ,										
b	Contributions										
С	Net investment earnings, gains, and los										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	•	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2d	should equal 100%.									
3а	Are there endowment funds not in the p	ossession of the organiz	ation that	t are held ar	nd administer	ed for the			r		
	organization by:							_		Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related org							L	3b		
4	Describe in Part XIII the intended uses of		owment for	unds.							
Pai	Land, Buildings, and Equ	-	0 D-+ 1)	/ 15 44- O	F 000	Dest V. E	10				
	Complete if the organization ans				T I						
	Description of property	(a) Cost or			or other	` '	cumulated	(d) Bool	k valu	е
		basis (invest	ment)		(other)	depi	reciation		- 4	225	400
_	Land				,225,480.		0 010 02	_		225,	
b	9			12	,157,808.		9,918,23	٥.	2,	239,	5/3.
C	1				000 000		2 505 22			212	000
d					,908,898.		2,595,00	_		313,	
	Other				,989,913.		0,822,99			166,	
Tota	al. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, Part	X, line 10	0c. column	<u>(B))</u>		chedule D			945,	
						-	r-nemile I)	I - Orm 441	HILL	v 1フ-	ノロンムト

(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
4) Financial desirations	(b) Book value	(b) Mothed of Valdation. Cost of Gra	or your market value
N. Classic hald assist interests			
(A) ALTERNATIVE INVESTMENTS	87,739,058.	END-OF-YEAR MARKET VALUE	
	07,733,030.	IND OF THE MERCH VINCE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	07 700 050		
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	87,739,058.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. 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)			
Part IX Other Assets Complete if the organization answered "Yes" of the complete if the organization and the complete if the complete if the complete if the complete if the organization and the complete if the complete i		1d. See Form 990, Part X, line 15.	
(4))escription		(b) Book value
(4)	Description		(b) Book value
(1)	Description		(b) Book value
(2)	Description		(b) Book value
(2)	Description		(b) Book value
(2) (3) (4)	Description		(b) Book value
(2) (3) (4) (5)	Description		(b) Book value
(2) (3) (4) (5) (6)	Description		(b) Book value
(2) (3) (4) (5) (6) (7)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability.	(B))		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability.	(B))		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability	(B))		
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	(B))		(b) Book value 3,212,99
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT LIABILITY	(B))		(b) Book value 3,212,99 2,047,4
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED RENT LIABILITY (3) LIFETIME MEMBERSHIP LIABILITY (4) 457F PLAN LIABILITY	(B))		(b) Book value 3,212,9 2,047,4
(2) (3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT LIABILITY (3) LIFETIME MEMBERSHIP LIABILITY (4) 457F PLAN LIABILITY (5)	(B))		(b) Book value 3,212,9 2,047,4
(2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT LIABILITY (3) LIFETIME MEMBERSHIP LIABILITY (4) 457F PLAN LIABILITY (5) (6)	(B))		(b) Book value 3,212,99 2,047,4
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the income taxes (2) Description of liability (1) Federal income taxes (2) DEFERRED RENT LIABILITY (3) LIFETIME MEMBERSHIP LIABILITY (4) 457F PLAN LIABILITY (5) (6) (7)	(B))		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED RENT LIABILITY (3) LIFETIME MEMBERSHIP LIABILITY (4) 457F PLAN LIABILITY (5) (6)	(B))		(b) Book value 3,212,9 2,047,4

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

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

	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Reve	nue per Return	r ago -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	·	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	I I		
c	Other losses	1 4 1		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	A 118 4 141		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	t XIII Supplemental Information			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b and 2b	o: Part V. line 4: Part X. line 2: Part X	l.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			-,
	'X, LINE 2:			
FIN	48 FOOTNOTE			
THE	ASSOCIATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN	IN TAX		
POSI	TIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL			
STAT	PEMENTS.			

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** AIRCRAFT OWNERS & PILOTS ASSOCIATION 52-0636210 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? 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.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN INVESTMENTS 23,630,635. 0 0 23,630,635. 3 a Subtotal **b** Total from continuation 0 sheets to Part I

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

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

23,630,635.

and 3b)

c Totals (add lines 3a

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(a) Number of		(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other	

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)	X 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	X 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)	X 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	X 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)	X 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	X No

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

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.

SCHEDULE J (Form 990)

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

Name of the organization

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

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Part I Questions Regarding Compensation

Employer identification number 52-0636210

1 a	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.					
	X First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account 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	1b	Х			
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?	2	Х			
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.					
	X Compensation committee X Written employment contract					
	X Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X 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:					
а	Receive a severance payment or change-of-control payment?	4a	Х			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
	The organization?	6a		X		
b	Any related organization?	6b		X		
	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	7	Х			
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	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

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

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK R. BAKER	(i)	962,288.	780,000.	59,824.	226,048.	19,020.	2,047,180.	0.
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES W. COON	(i)	440,846.	138,706.	8,164.	101,048.	1,422.	690,186.	0.
SVP - GOVERNMENT AFFAIRS & ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUSTINE A. HARRISON	(i)	379,983.	111,951.	1,687.	26,048.	15,613.	535,282.	0.
SVP - GEN. COUNSEL & BOARD SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GREGORY L. COHEN	(i)	109,525.	93,900.	281,708.	0.	898.	486,031.	455,923.
CHIEF ADMIN. OFFICER (THRU 01/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH A. TENNYSON	(i)	289,466.	85,482.	1,351.	23,556.	2,118.	401,973.	0.
COO (AS OF 01/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KOLLIN STAGNITO	(i)	271,713.	83,975.	2,722.	23,010.	13,841.	395,261.	0.
SVP - MEDIA & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERICA J. SACCOIA	(i)	253,848.	82,730.	4,239.	22,639.	18,078.	381,534.	0.
SVP - FINANCE & ACCOUNTING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL J. GINTER	(i)	220,287.	27,189.	2,885.	17,538.	1,054.	268,953.	0.
SVP - AIR SAFETY INSTITUTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JILL D. BAKER	(i)	203,075.	25,000.	817.	17,641.	7,581.	254,114.	0.
CFO (AS OF 05/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAROL L. DODDS	(i)	182,424.	30,503.	2,789.	15,333.	14,143.	245,192.	0.
VP - ADVERTISING	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MURRAY D. HULING	(i)	196,142.	23,641.	2,508.	15,518.	931.	238,740.	0.
VP - GOVERNMENT AFFAIRS, REGULATORY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TIMOTHY J. FORTUNE	(i)	0.	0.	190,756.	0.	0.	190,756.	0.
FORMER CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 1A:

FIRST-CLASS TRAVEL AND TRAVEL FOR COMPANIONS

CERTAIN DIRECTORS AND OFFICERS RECEIVED FIRST CLASS AIR TRAVEL AND TRAVEL

FOR COMPANIONS. IT IS THE ORGANIZATION'S POLICY TO TREAT THE ABOVE ITEMS AS

TAXABLE COMPENSATION AND REPORT THE APPLICABLE AMOUNTS TO THE IRS ON FORM

W-2 OR FORM 1099-NEC FOR THE APPLICABLE TAX YEAR.

PART I, LINE 3:

ESTABLISHED COMPENSATION

THE COMPENSATION LEVELS AND SALARY RANGES FOR OFFICERS AND CERTAIN

EMPLOYEES OF THE ORGANIZATION ARE ESTABLISHED BASED ON COMPETITIVE MARKET

DATA OBTAINED THROUGH PERIODIC SALARY SURVEYS PERFORMED BY OUTSIDE

COMPENSATION EXPERTS ENGAGED BY THE ORGANIZATION. THESE INDEPENDENT SURVEYS

PROVIDE GUIDANCE FOR ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED

TO COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS OF

SIMILAR SCOPE OF RESPONSIBILITY. ALL POSITIONS ARE EVALUATED AND PLACED IN

THE APPROPRIATE GRADES/SALARY RANGES. AN INDIVIDUAL EMPLOYEE'S SALARY

WITHIN THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND

PERFORMANCE. THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE"

PHILOSOPHY ALLOWING MANAGERS TO AWARD MERIT INCREASES BASED ON AN

INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS. THE ORGANIZATION'S

ANNUAL MERIT INCREASE BUDGET IS APPROVED BY THE BOARD OF TRUSTEES BASED ON

MARKET SURVEYS. OFFICERS AND CERTAIN EMPLOYEES ALSO PARTICIPATE IN THE

ORGANIZATION'S INCENTIVE PAY PROGRAM.

PART I LINES 4A-B:

SEVERANCE PAYMENT

GREGORY L. COHEN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$281 683

FROM THE ORGANIZATION DURING THE YEAR. THIS AMOUNT IS INCLUDED IN PART II

COLUMN B(III).

NONOUALIFIED RETIREMENT PLAN

MARK BAKER AND JAMES COON BOTH PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

457(F) PLAN, WHICH IS INCLUDED IN PART II, COLUMN C. THE 2024 CONTRIBUTION

TO THIS PLAN WAS \$200,000 FOR MARK BAKER AND \$75,000 FOR JAMES COON.

PART I, LINE 7:

NONFIXED PAYMENTS

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

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. TARGET INCENTIVE AMOUNTS, AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED
BASED ON THE PARTICIPANT'S POSITION. THE ACTUAL BONUS PAID IS PROPOSED BY
THE EXECUTIVE MANAGEMENT TEAM AND THE PRESIDENT BASED ON THEIR ASSESSMENT
OF THE PARTICIPANT'S INDIVIDUAL PERFORMANCE AND THAT OF THE ORGANIZATION
AGAINST PRE-ESTABLISHED GOALS. THE BOARD OF TRUSTEES AND COMPENSATION
COMMITTEE REVIEW AND MAKE A FINAL DETERMINATION AS TO THE ACTUAL BONUS
AMOUNT PAID TO PARTICIPANTS. NONE OF THE PERSONS MENTIONED ABOVE
PARTICIPATE IN THE DELIBERATION OF THEIR COMPENSATION ARRANGEMENT. THE
DELIBERATIONS AND DECISIONS OF THESE COMPENSATION ARRANGEMENTS ARE
MAINTAINED IN CONTEMPORANEOUS DOCUMENTATION WITH OUR HUMAN RESOURCES
DEPARTMENT.

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

Employer identification number Name of the organization 52-0636210 AIRCRAFT OWNERS & PILOTS ASSOCIATION FORM 990. PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION: PROTECT YOUR FREEDOM TO FLY BY: ADVOCATING, EDUCATING SUPPORTING ACTIVITIES THAT ENSURE GA FLIGHT AND SECURING SUFFICIENT RESOURCES TO ENSURE OUR SUCCESS FORM 990 PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AIRCRAFT OWNERS & PILOTS ASSOCIATION (AOPA), A NOT-FOR-PROFIT INDIVIDUAL MEMBERSHIP ORGANIZATION, EFFECTIVELY SERVES THE INTERESTS AND NEEDS OF ITS MEMBERS AND ESTABLISHES, MAINTAINS, AND ARTICULATES POSITION OF LEADERSHIP TO PROMOTE THE ECONOMY. SAFETY, UTILITY AND POPULARITY OF FLIGHT IN GENERAL AVIATION AIRCRAFT. AOPA PRESERVES THE FREEDOM TO FLY BY ADVOCATING ON BEHALF OF OUR MEMBERS; EDUCATING NONPILOTS, AND POLICY MAKERS ALIKE; SUPPORTING ACTIVITIES THAT ENSURE THE LONG-TERM HEALTH OF GENERAL AVIATION; FIGHTING TO KEEP GENERAL AVIATION ACCESSIBLE TO ALL; AND SECURING SUFFICIENT RESOURCES TO ENSURE OUR SUCCESS FORM 990 PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: THE AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AOPA) HAS WORKED TO PROTECT THE FREEDOM TO FLY FOR GENERAL AVIATION (GA) PILOTS IN THE UNITED STATES. NEARLY 300,000 MEMBERS RELY ON AOPA, WORLD'S LARGEST AVIATION MEMBERSHIP ASSOCIATION. TO ADVOCATE FOR GA INTERESTS AND KEEP FLYING SAFE, FUN, AND AFFORDABLE. AOPA WORKS WITH MEMBERS OF CONGRESS AND AT ALL LEVELS OF GOVERNMENT TO ENHANCE SAFETY PROVIDE TOOLS AND RESOURCES FOR PILOTS, AND ENSURE THEY GET THE MOST OUT OF THEIR FLYING BEYOND JUST THE PILOT COMMUNITY. AOPA WORKS TO EDUCATE DECISION MAKERS AND THE PUBLIC ABOUT THE BENEFITS AND VALUE OF GENERAL AVIATION FLYING ONE OF THE ASSOCIATION'S MAIN PRIORITIES IS TO ENSURE GA REMAINS A VIABLE FORM OF TRANSPORTATION AND RECREATION FOR FUTURE GENERATIONS AOPA PROVIDES ITS MEMBERS WITH AN EXTENSIVE PORTFOLIO OF BENEFITS THAT CAN BE GROUPED INTO FIVE AREAS: ADVOCACY. EDUCATION, EVENTS, AND THE AIR SAFETY INSTITUTE AND SERVICES ADVOCACY AOPA'S ADVOCACY EFFORTS ENCOMPASS A BROAD RANGE OF GENERAL AVIATION ACTIVITIES IN THE FEDERAL STATE AND LOCAL ARENAS ON THE FEDERAL LEVEL THESE ACTIVITIES INCLUDE SUCCESSFULLY ADVOCATING FOR POLICIES IN THE FIVE-YEAR FAA REAUTHORIZATION ACT OF 2024 PL118-63, WHICH INCLUDED THE FIRST EVER GENERAL AVIATION TITLE. AOPA'S ADVOCACY EFFORTS INCLUDED, AMONG SEVERAL OTHER PROVISIONS. EXPANSION OF BASICMED FOR GENERAL AVIATION PILOTS. ENSURING THE AVAILABILITY OF 100 LOW LEAD FUEL AT AIRPORTS DURING A TRANSITION TO INCREASING FUNDING TO SUPPORT AND PROTECT OUR NATION'S UNLEADED AVGAS GENERAL AVIATION AIRPORTS, ADVANCING THE ADOPTION OF STANDARDIZED GENERAL AVIATION PARKING LABELS TO BE USED ON AIRPORT DIAGRAMS WHILE WORKING TOWARD FBO PRICING AND FEE TRANSPARENCY, AND MODERNIZING FAA SYSTEMS SUCH AS NOTAMS, ON THE STATE AND LOCAL LEVEL, AOPA'S ADVOCACY EFFORTS INCLUDED SUCCESSFULLY OPPOSING INCREASES IN AIRCRAFT

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

STOPPING THE IMPOSITION OF AIRPORT LANDING FEES ON

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

REGISTRATION FEES

Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer identification number
52-0636210

GENERAL AVIATION PILOTS, AND SUPPORTING EFFORTS TO KEEP GENERAL

AVIATION AIRPORTS OPERATIONAL AND VIABLE.

AOPA'S ADVOCACY TEAM ALSO INCLUDES SEVEN REGIONAL MANAGERS ACROSS THE

COUNTRY AND OVER 2,300 ACTIVE AIRPORT SUPPORT NETWORK VOLUNTEERS WHO

HELP KEEP AOPA INFORMED ABOUT GENERAL AVIATION ISSUES IMPORTANT TO

PILOTS AND AIRCRAFT OWNERS. AOPA PROMOTES, PROTECTS, AND PARTNERS WITH

COMMUNITY AIRPORTS ADVOCATING TO MAINTAIN APPROPRIATE FEDERAL, STATE,

AND LOCAL FUNDING. AOPA ALSO WORKS ON BEHALF OF GENERAL AVIATION PILOTS

TO ENSURE A SAFE AVIATION SYSTEM, THWART UNNECESSARY AND COSTLY

REGULATIONS, PREVENT EXCESS TAXATION ON FLYING, AND PROTECT OUR

NATION'S FREEDOM TO FLY.

EDUCATION

EDUCATING AOPA MEMBERS, AND THE GENERAL AVIATION COMMUNITY, ABOUT AOPA'S WORK TO PROTECT THEIR FREEDOM TO FLY IS CENTRAL TO AOPA'S MISSION. PILOTS, AIRCRAFT OWNERS, AND AVIATION ENTHUSIASTS COUNT ON AOPA TO PROVIDE INFORMATION THAT IS VITAL TO THEIR FLYING INTERESTS. AOPA OFFERS A VARIETY OF RESOURCES AND CONTENT THAT KEEP MEMBERS EDUCATED AND ENGAGED ABOUT ISSUES AND DEVELOPMENTS IN GENERAL AVIATION.

AMONG THESE ARE TWO REGULARLY PUBLISHED MAGAZINES, DAILY NEWS CONTENT,
SIX DIGITAL NEWSLETTERS, A REGULAR CADENCE OF VIDEOS POSTED ON YOUTUBE,
SOCIAL MEDIA POSTS, FIVE PODCASTS, AOPA'S PILOT INFORMATION CENTER,
AOPA'S WEBSITE, PRESS RELEASES AND EVENTS; ALL WITH THE GOAL OF
EDUCATING AND INFORMING AOPA MEMBERS, THE LARGER AVIATION COMMUNITY,
AND THE PUBLIC.

AOPA ALSO ENSURES THAT ITS WIDE BREADTH OF CONTENT AND RESOURCES ARE AVAILABLE TO THE AVIATION COMMUNITY IN THE MYRIAD WAYS THEY CONSUME NEWS AND INFORMATION IN PRINT, IN PERSON, ONLINE AND THROUGH VIDEO, SOCIAL MEDIA, APPS AND PODCASTS.

AOPA'S WIDE RANGE OF CONTENT CATERS TO BOTH VETERAN AVIATORS AND THOSE NEW TO THE FLIGHT DECK. AOPA MEDIA OFFERS DETAILED INFORMATION ABOUT THE PROCESS AND REQUIREMENTS FOR LEARNING TO FLY, AID IN FINDING A FLIGHT INSTRUCTOR AND AVIATION MEDICAL EXAMINER, AN INDEPTH GUIDE TO CHOOSING A TRAINING AIRCRAFT, AND INFORMATION ABOUT AVIATION CAREERS. AOPA'S ANNUAL YOU CAN FLY PUBLICATION IS ALSO SHARED WITH FLIGHT SCHOOLS AS AN EDUCATIONAL TOOL FOR STUDENT PILOTS.

PILOTS WITH MORE EXPERIENCE CAN TAKE ADVANTAGE OF INFORMATION ABOUT EARNING ADVANCED RATINGS AND CERTIFICATES, TRANSITIONING TO HIGH PERFORMANCE AIRCRAFT. AND BUYING AN AIRCRAFT.

OVER THE PAST YEAR, AOPA EDUCATED PILOTS, AVIATION ENTHUSIASTS AND THE PUBLIC ABOUT GENERAL AVIATION'S NUMEROUS CONTRIBUTIONS TO OUR NATION DURING THE NATIONAL CELEBRATION OF GENERAL AVIATION D.C. FLYOVER, WHICH WAS STREAMED LIVE ON YOUTUBE; WARNED PILOTS ABOUT EGREGIOUS CUSTOMS FEES CHARGED BY THE BAHAMAS AND LANDING FEES INCREASINGLY CHARGED AT U.S. AIRPORTS; PROVIDED INSIGHTFUL DETAILS ABOUT THE PRO-GENERAL AVIATION FAA REAUTHORIZATION ACT OF 2024; GAVE UPDATES ON THE PENDING EXPANSION OF LIGHT SPORT AIRCRAFT THAT WILL INCREASE PILOT ACCESS TO A WIDER RANGE OF AIRCRAFT; PROVIDED VALUABLE INFORMATION AND CAUTIONS ABOUT THE COMING SWITCH FROM LEADED AVIATION FUEL TO UNLEADED AVIATION FUEL; AND DETAILED THE PROCESS OF RESTORING AND IMPROVING AN AIRPLANE

Schedule O (Form 990) 2024

Name of the organization Employer identification number

BY WRITING ABOUT THE AOPA SWEEPSTAKES AIRCRAFT.

EVENTS

IN 2024, THE OUTREACH DEPARTMENT CONTINUED TO BUILD ON THE SUCCESS OF

OUR NEW EVENT STRATEGY INTRODUCED THE PREVIOUS YEAR BRINGING AN AOPA

FLY-IN TO EXISTING AIR SHOWS. NOW IN ITS SECOND YEAR, THE AOPA FLY-IN

AT THE BUCKEYE AIR FAIR IN BUCKEYE, AZ PROVED TO BE ANOTHER OUTSTANDING

SUCCESS, REINFORCING THE VALUE OF THIS EVENT MODEL WITH ROBUST

ATTENDANCE, STRONG AIRCRAFT TURNOUT, AND CONTINUED MEMBER ENTHUSIASM.

OUR PRESENCE AT THE TWO MAJOR AIR SHOW EVENTS SUN 'N FUN AND EAA
AIRVENTURE WAS AGAIN A HIGH POINT OF THE YEAR. BOTH SHOWS GENERATED
STRONG TRAFFIC THROUGH OUR TENTS AND OFFERED EXCELLENT OPPORTUNITIES TO
CONNECT WITH MEMBERS AND PROSPECTIVE MEMBERS ALIKE. NOTABLY, AT EAA
AIRVENTURE, WE DEBUTED OUR MEMBERS-ONLY DECK, WHICH WAS MET WITH
OVERWHELMINGLY POSITIVE FEEDBACK.

AIRCRAFT OWNERS & PILOTS ASSOCIATION

BEYOND AIR SHOWS, AOPA SUCCESSFULLY EXECUTED THE IAOPA WORLD ASSEMBLY IN WASHINGTON, D.C., BRINGING TOGETHER DELEGATES FROM AROUND THE GLOBE TO DISCUSS THE FUTURE OF GENERAL AVIATION AND FOSTER INTERNATIONAL COLLABORATION.

WE ALSO MAINTAINED OUR PRESENCE AT KEY INDUSTRY EVENTS, INCLUDING WOMEN
IN AVIATION, AND CONCLUDED THE YEAR WITH ANOTHER MEMORABLE HOOVER
TROPHY AWARD CEREMONY.

PRODUCTS AND SERVICES

AOPA MEMBERS HAVE ACCESS TO A WIDE RANGE OF PRODUCTS AND SERVICES FROM THE ASSOCIATION'S AFFILIATES AND PARTNERS. WITH A TEAM OF DEDICATED SERVICE SPECIALISTS, AOPA HAS THE RESOURCES TO ANSWER VIRTUALLY ANY AVIATION-RELATED QUESTION MEMBERS MAY HAVE.

WHEN A MEMBER HAS AN AVIATION-RELATED QUESTION, THEY CAN CALL THE AOPA PILOT INFORMATION CENTER TO GET FAST AND ACCURATE ANSWERS. WITH A TEAM OF FLIGHT INSTRUCTORS, AIRLINE TRANSPORT-RATED PILOTS, AVIATION MECHANICS, DIGITAL PRODUCT SPECIALISTS, AVIATION MEDICAL SPECIALISTS, AND OTHER AVIATION EXPERTS ON CALL, THE PILOT INFORMATION CENTER TAKES PRIDE IN ASSISTING AOPA MEMBERS WITH ANY AVIATION QUERY.

AIR SAFETY INSTITUTE

THROUGH A COMPREHENSIVE SUITE OF RESOURCES, INSIGHTFUL RESEARCH, AND TARGETED INITIATIVES PROVIDED FREE OF CHARGE AND ACCESSED OVER 10.4 MILLION TIMES IN 2024, THE AOPA AIR SAFETY INSTITUTE (ASI) EQUIPS PILOTS WITH THE KNOWLEDGE AND SKILLS THEY NEED TO FLY SAFELY WITH CONFIDENCE. THIS EFFORT CONTINUES TO FOSTER A SAFER, MORE ENJOYABLE FLYING EXPERIENCE FOR EVERYONE.

FOR NEARLY 75 YEARS, ASI HAS BEEN LEADING THE GENERAL AVIATION INDUSTRY IN CREATING AND SHAPING NEW SAFETY INITIATIVES THROUGH ENGAGING EDUCATION, INDUSTRY COLLABORATION, RESEARCH AND ANALYSIS, AND COMMUNITY OUTREACH.

IN 2024, GENERAL AVIATION SAW A SLIGHT UPTICK IN THE NUMBER OF FATAL ACCIDENTS COMPARED TO THE HISTORIC LOW OF 2021. HOWEVER, ACCIDENT RATE PROJECTIONS SUGGEST 2024 COULD BE ONE OF THE SAFEST YEARS ON RECORD, WITH A POTENTIAL RANKING OF THE SAFEST YEAR, BASED ON EARLY PROJECTIONS

Schedule O (Form 990) 2024

52-0636210

Name of the organization **Employer identification number** AIRCRAFT OWNERS & PILOTS ASSOCIATION 52-0636210 OF FLIGHT-ACTIVITY NUMBERS. WITH 2023 SHOWING AN INCREASE OF 1.5 MILLION HOURS AND 2024 INDICATING GREATER ACTIVITY THAN 2023, ANY INCREASE IN THE NUMBER OF ACCIDENTS WILL BE OFFSET BY THE INCREASE IN ACTIVITY HOURS, WHICH ARE EXPECTED TO BE PUBLISHED IN JANUARY 2026 GENERAL AVIATION FLIGHT ACTIVITY AND PARTICIPATION IS GROWING ACROSS MOST SEGMENTS, SURPASSING PRE-PANDEMIC LEVELS, THIS POSITIVE TREND HIGHLIGHTS THE IMPORTANCE OF ASI'S ONGOING SAFETY EFFORTS, WHICH CONTINUE TO PLAY A PIVOTAL ROLE IN KEEPING AVIATION SAFE AND ENCOURAGING BROADER PARTICIPATION. IN 2024, ASI'S PROGRAMS REACHED IMPRESSIVE ENGAGEMENT LEVELS: 6.3 MILLION VIDEO VIEWS 280,000 PODCAST DOWNLOADS 500,000 PUBLICATION AND REPORT DOWNLOADS 3.2 MILLION SOCIAL MEDIA IMPRESSIONS 3,400 ATTENDEES AT SEMINARS, WEBINARS, AND KEYNOTE PRESENTATIONS 6,131 CFI CERTIFICATE RENEWALS 11,000 FOCUSED FLIGHT REVIEW PROFILE DOWNLOADS ASI PRODUCED A WEALTH OF NEW CONTENT TO SUPPORT PILOT SAFETY AND EDUCATION IN 2024: 13 NEW VIDEOS 12 "THERE I WAS " PODCAST EPISODES 28 IN-PERSON SEMINARS WEEKLY "TRAINING AND SAFETY TIP" ONLINE ARTICLES QUARTERLY "WHAT WENT WRONG?" COLUMNS FOR AOPA PILOT MAGAZINE ADDITIONALLY, ASI RELEASED ITS 34TH RICHARD G. MCSPADDEN ACCIDENT REPORT. THE REPORT UNDERWENT A MODERNIZATION EFFORT TO ALIGN WITH INDUSTRY STANDARDS. THESE CHANGES LARGELY AFFECT NON-COMMERCIAL FIXED-WING AIRCRAFT. ACCIDENTS ARE BROKEN INTO DISTINCT PHASES OF FLIGHT WITH NTSB STANDARD ACCIDENT CAUSES LISTED UNDER EACH PHASE. INDIVIDUAL CAUSE CATEGORIES MECHANICAL, FUEL, AND WEATHER WERE CREATED FOR THOSE SPECIFIC ACCIDENT CAUSES CRITICAL TO ONGOING SAFETY EFFORTS. THE AOPA AIR SAFETY INSTITUTE'S EXECUTIVE SUMMARIES FOR A GIVEN PERIOD PROVIDE INSIGHT AND COMPARISONS OF SELECTED DATES VERSUS PREVIOUS YEARS. THE EXECUTIVE SUMMARIES NOTE A DECREASE IN OVERALL ACCIDENT RATES. AN INCREASE IN TOTAL AND FATAL ACCIDENTS WAS MITIGATED BY AN INCREASE IN FLIGHT ACTIVITY FOLLOWING 2021 ACCIDENT RATES IN NON-COMMERCIAL FIXED-WING AND NON-COMMERCIAL HELICOPTER DECREASED. WHILE COMMERCIAL FIXED-WING AND COMMERCIAL HELICOPTER RATES INCREASED. LOSS OF CONTROL EVENTS CONTINUE TO BE THE LEADING CAUSAL FACTOR. AND WEATHER-RELATED ACCIDENTS REMAIN HIGHLY LETHAL. THESE ACCIDENT CAUSES RELATED TO PILOT DECISION-MAKING AND PROFICIENCY HELP INFORM THE INDUSTRY, INCLUDING THE AOPA AIR SAFETY INSTITUTE, WHERE FURTHER EDUCATION AND TRAINING ARE NEEDED TO IMPROVE AVIATION SAFETY,

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

MEMBERS OR STOCKHOLDERS

AOPA IS THE WORLD'S LARGEST CIVIL AVIATION ORGANIZATION WITH NEARLY 300,000

Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer identification number
52-0636210

MEMBERS.

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

MEMBERS OR STOCKHOLDERS WHO MAY ELECT

AT THE ANNUAL MEETING OF MEMBERS, AOPA MEMBERS IN GOOD STANDING ARE

ENTITLED TO VOTE FOR THE AOPA BOARD OF TRUSTEES. AOPA MEMBERS ARE ENTITLED

TO ONE VOTE, EACH MEMBER ENTITLED TO VOTE MAY DO SO EITHER IN PERSON OR BY PROXY.

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

FORM 990 REVIEW PROCESS

IN CONJUNCTION WITH GRANT THORNTON ADVISORS LLC TAX SPECIALISTS, AOPA

MANAGEMENT REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE PRIOR TO

PRESENTING THE RETURN TO OUR BOARD OF TRUSTEES FOR REVIEW.

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

CONFLICT OF INTEREST POLICY

THE AIRCRAFT OWNERS & PILOTS ASSOCIATION'S BOARD IS PROVIDED A WRITTEN

"CODE OF ETHICS, CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE FORM"

("FORM"). THE FORM REQUIRES PERSONS COVERED (OFFICERS, DIRECTORS, TRUSTEES

AND KEY EMPLOYEES) TO ANNUALLY DISCLOSE AND UPDATE THE FORM AND PROVIDE TO LEGAL COUNSEL INTERESTS THAT COULD GIVE RISE TO CONFLICT(S). LEGAL COUNSEL

REVIEWS THE ANNUAL DISCLOSURES BY ALL COVERED PERSONS. DISCLOSURES ARE

REGULARY MONITORED BY COUNSEL, ANY POTENTIALLY CONFLICTING OR OTHERWISE

QUESTIONABLE RESPONSES ARE FLAGGED AND THE ETHICS POLICY IS ENFORCED.

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

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION FOR THE PRESIDENT IS SET BY THE BOARD OF TRUSTEES AND

COMPENSATION COMMITTEE AND CONTRACTUALLY CONFIRMED THROUGH AN EMPLOYMENT

AGREEMENT BETWEEN THE BOARD AND THE INCUMBENT. THE BASE SALARY FOR THIS

POSITION MAY BE ADJUSTED BY THE BOARD FROM TIME TO TIME AT ITS SOLE

DISCRETION. THE PRESIDENT IS ALSO CONSIDERED ANNUALLY BY THE BOARD FOR AN

INCENTIVE BONUS WHICH IS A PERCENT OF BASE SALARY. THE ACTUAL BONUS PAID IS

DETERMINED BY THE BOARD BASED ON ITS ASSESSMENT OF THE PRESIDENT'S

PERFORMANCE AND THAT OF THE ORGANIZATION AGAINST APPROPRIATE GOALS SET BY

THE COMPENSATION COMMITTEE AND THE PRESIDENT. PERIODIC INDEPENDENT REVIEWS

OF THE PRESIDENT'S COMPENSATION ARE CONDUCTED BY OUTSIDE COMPENSATION

EXPERTS TO ENSURE THAT THE COMPENSATION PAID IS REASONABLE BASED ON

APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PAID BY SIMILAR

ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY. THE

COMPENSATION LEVELS AND SALARY RANGES FOR OFFICERS AND CERTAIN EMPLOYEES OF

THE ORGANIZATION ARE ESTABLISHED BASED ON COMPETITIVE MARKET DATA OBTAINED

THROUGH PERIODIC SALARY SURVEYS PERFORMED BY OUTSIDE COMPENSATION EXPERTS

ENGAGED BY THE ORGANIZATION. THESE SURVEYS PROVIDE GUIDANCE FOR

ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID

BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF

RESPONSIBILITY. ALL POSITIONS ARE EVALUATED AND PLACED IN THE APPROPRIATE

GRADES/SALARY RANGES. AN INDIVIDUAL EMPLOYEE'S SALARY, WITHIN THEIR

ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND PERFORMANCE.

THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE" PHILOSOPHY ALLOWING

MANAGERS TO AWARD MERIT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE

AGAINST PRE-ESTABLISHED GOALS. THE ORGANIZATION'S ANNUAL MERIT INCREASE BUDGET IS APPROVED BY THE BOARD OF TRUSTEES BASED ON MARKET SURVEYS.

OFFICERS AND CERTAIN EMPLOYEES ALSO PARTICIPATE IN THE ORGANIZATION'S

INCENTIVE PAY PROGRAM. TARGET INCENTIVE AMOUNTS, AS A PERCENTAGE OF BASE

1-29-25 Schedule O (Form 990) 2024

Name of the organization AIRCRAFT OWNERS & PILOTS ASSOCIATION	Employer identification number 52-0636210
SALARY, ARE ESTABLISHED BASED ON THE PARTICIPANT'S POSITION. THE ACTUAL	31 0000110
BONUS PAID IS PROPOSED BY THE EXECUTIVE MANAGEMENT TEAM AND THE PRESIDENT	
BASED ON THEIR ASSESSMENT OF THE PARTICIPANT'S INDIVIDUAL PERFORMANCE AND	
THAT OF THE ORGANIZATION AGAINST PRE-ESTABLISHED GOALS. THE BOARD OF	
TRUSTEES AND COMPENSATION COMMITTEE REVIEW AND MAKE A FINAL DETERMINATION	
AS TO THE ACTUAL BONUS AMOUNT PAID TO PARTICIPANTS. NONE OF THE PERSONS	
MENTIONED ABOVE PARTICIPATE IN THE DELIBERATION OF THEIR COMPENSATION	
ARRANGEMENT AND RECUSE THEMSELVES FROM ALL OTHER DELIBERATIONS AND	
DISCUSSIONS RELATED TO A MATTER IN WHICH THEY MAY HAVE AN INTEREST. THE	
DELIBERATIONS AND DECISIONS OF THESE COMPENSATION ARRANGEMENTS ARE	
MAINTAINED IN CONTEMPORANEOUS DOCUMENTATION WITH OUR HUMAN RESOURCES	
DEPARTMENT.	
FORM 990, PART VI, SECTION B, LINES 16A AND 16B:	
JOINT VENTURES	
THE ORGANIZATION DOES HAVE A WRITTEN MANAGEMENT POLICY TO EVALUATE ALL	
CONTRACTS AND AGREEMENTS TO ENSURE THAT ALL CONTRACT AND JOINT VENTURE	
ARRANGEMENTS ARE IN ACCORDANCE WITH FEDERAL, STATE, AND LOCAL LAWS AND	
RELATED REGULATIONS. IN ADDITION, ALL JOINT VENTURE AGREEMENTS ARE REQUIRED	
TO BE REVIEWED BY THE ORGANIZATION'S GENERAL COUNSEL. THERE WERE NO JOINT	
VENTURE AGREEMENTS DURING THE YEAR.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MN, MS, MO, NH, NJ, NY, NC, PA, RI, SC, TN, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	
THE ORGANIZATION DOES MAKE AVAILABLE ITS CONFLICT OF INTEREST POLICY,	
FINANCIAL STATEMENTS, FORM 990 RETURNS, AND FORM 1024 TO THE GENERAL	
PUBLIC. THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS TO THE	
EXTENT REQUIRED BY LAW. THE PUBLIC CAN RECEIVE COPIES BY CONTACTING THE	
ORGANIZATION'S HEADQUARTERS. COPIES OF THE RETURNS CAN BE OBTAINED AT	
WWW.AOPA.ORG/ABOUT-AOPA/GOVERNANCE AND OTHER PUBLIC SITES.	
FORM 990, PART VII, SECTION A, LINE 1:	
HOURS WORKED FOR THE AOPA FOUNDATION, INC.	
MARK BAKER, JUSTINE HARRISON, ERICA SACCOIA, ELIZABETH A. TENNYSON, AND	
JILL BAKER ARE FULL-TIME EMPLOYEES OF AIRCRAFT OWNERS & PILOTS	
ASSOCIATION (AOPA), ALTHOUGH THEY DEVOTE APPROXIMATELY TEN HOURS PER	
WEEK TO THE RELATED 501(C)(3) PUBLIC CHARITY ORGANIZATION: THE AOPA	
FOUNDATION, INC.	

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

52-0636210

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	l l					g
GENERAL AVIATION STAKEHOLDERS UNLIMITED -								
88-3921187, 421 AVIATION WAY, FREDERICK, MD								
21701	GENERAL AVIATION	DELAWARE		0.	0.	AOPA		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	I tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	Decause it had one	e or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
THE AOPA FOUNDATION, INC 20-8817225	1							
421 AVIATION WAY	4							
FREDERICK, MD 21701	CHARITABLE	MARYLAND	501(C)(3)	LINE 7	AOPA		Х	
AOPA POLITICAL ACTION COMMITTEE - 56-3014117	4				1			
421 AVIATION WAY	4		507					
FREDERICK, MD 21701	PAC	DISTRICT OF COLUMBIA	52/	N/A	AOPA		Х	
	-							
	_							
	7		1				1	
	4							

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

Part III 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)																			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity	Legal omicile state or entity	Predominant income (related, unrelated, excluded from tax under	ling Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	ng Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income		Share of total income	Share of end-of-year assets	end-of-year	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or F ging er?	Percentage ownership							
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No																				
										Ш																					
	_																														

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	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	ent	tion b)(13) rolled tity?
46.402605		country)						Yes	No
AOPA HOLDINGS CORPORATION - 46-1036265	4								İ
421 AVIATION WAY									İ
FREDERICK, MD 21701	HOLDINGS CORP	DE	AOPA	C CORP	8,430,339.	3,517,619.	100%	Х	

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

Not	e: 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 in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	Х	
	Other transfer of cash or property from related organization(s)	1s		Х
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) THE AOPA FOUNDATION, INC	С	1,500,000.	FMV
(2) THE AOPA FOUNDATION, INC	L	1,199,235.	FMV
(3) AOPA HOLDINGS CORPORATION	L	1,635,598.	FMV
(4) AOPA HOLDINGS CORPORATION	М	737,000.	FMV
(5) THE AOPA FOUNDATION, INC	N	1,487,251.	FMV
(6) AOPA HOLDINGS CORPORATION	N	1,431,127.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE AOPA FOUNDATION, INC	Q	3,334,859.	FMV
(8) AOPA HOLDINGS CORPORATION	Q	2,647,555.	FMV
(9) AOPA HOLDINGS CORPORATION	R	5,934,813.	FMV
(10) THE AOPA FOUNDATION, INC	R	68,503.	FMV
(11)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
_(21)			
(22)			
(23)			
(24)			

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.

(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)	(e) Are all partners sec 501(c)(3) orgs.?		(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		(j) Genera manag partne	(k) Percentage ownership
		ocumiyy	Sections 512-514)	Yes No	intestine	assess	Yes	No	(FOITH 1003)	Yes I	IO
											_
											_
									hadab D./Farr		