#### TAX RETURN FILING INSTRUCTIONS

#### PUBLIC INSPECTION COPY

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|--|--|
| Prepared by                                    | Grant Thornton LLP<br>2010 Corporate Ridge, Suite 400<br>McLean, VA 22102  |
| Special<br>Instructions                        | Returns should be signed and dated by the appropriate officer(s).  Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations and Form 8886, Reportable Transaction Disclosure Statement ). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them. |
| Application for<br>Recognition of<br>Exemption | The copy of the Application for Recognition of Exemption must include any papers 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                        | In 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, the organization must respond within 30 days.   |
| Fees charged for copies                        | The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.   |
| What if we post<br>Form 990 on our<br>website? | The requirement to provide copies can be eliminated if the organization posts the relevant documents on its we site. 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<br>to comply with<br>requests? | The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.  |

| Cumulative e-File History 2014 |                                      |  |  |  |  |  |  |
|--------------------------------|--------------------------------------|--|--|--|--|--|--|
|                                | Federal                              |  |  |  |  |  |  |
| Locator:                       | 19883Z                               |  |  |  |  |  |  |
| Taxpayer Name:                 | Aircraft Owners & Pilots Association |  |  |  |  |  |  |
| Return Type:                   | 990, 990 & 990T (Corp)               |  |  |  |  |  |  |
|                                |                                      |  |  |  |  |  |  |
|                                |                                      |  |  |  |  |  |  |
| Submitted Date:                | 08/06/2015 09:42:10                  |  |  |  |  |  |  |
| Acknowledgement Date:          | 08/06/2015 09:56:26                  |  |  |  |  |  |  |
| Status:                        | Accepted                             |  |  |  |  |  |  |
| Submission ID:                 | 54681420152185000001                 |  |  |  |  |  |  |

## Form 8879-EO

# 

| OMB | No | 1545. | 1878 |
|-----|----|-------|------|

| Internal Revenue Service  | ► Information abou  | ut Form 8679-EO and its instruct  | lons is at www.irs.gov/formfil  | 7990.   |   |
|---|---|---|---|---|---|
| Name of exampt organization   |   |   |   | Employer ident  | ification number  |
| AIRCRAFT OWN  | ERS & PILOTS  | ASSOCIATION   |   | 52-063  | 6210  |
| Name and title of officer   |   |   |   |   | _   |
|   | A, SVP - FINAL  |   |   |   |   |
| Part I Type of R  | sturn and Return Info   | ormation (Whole Dollars Or  | ıly)  |   |   |
| check the box on line leave line 1b, 2b, 3b,  | 1a, 2a, 3a, 4a, or 5a, be<br>4b, or 5b, whichever is  | e using this Form 8879-EO an<br>elow, and the amount on that<br>s applicable, blank (do not en<br>more than 1 line in Part I.   | line for the return being fi  | led with this fo  | irm was blank, then   |
| 1a Form 990 check l   | ere ▶ <u>X b</u> Total  | revenue, if any (Form 990, Pa   | art VIII, column (A), line 12)  | 1b _  | 38769296.   |
| 2a Form 990-EZ ched   | k here ▶b 1   | Total revenue, if any (Form 99  | 0-EZ, line 9)   | 2b  |   |
| 3a Form 1120-POL c  | 1eck here   | b Total tax (Form 1120-POL  | ., line 22)   | 3b _  |   |
| 4a Form 990-PF cher   |   | x based on investment incon   |   |   |   |
| 5a Form 8868 check  | here 🕨 🛄 b Bala   | nce Due (Form 8868, Part I, II  | ine 3c or Part II, line 8c) 🚬   | ··· 5b —  |   |
| Partil Declaration  | n and Signature Aut   | horization of Officer   |   |   |   |
| to send the organization to send the transmission, (b) the authorize the U.S. Tree financial institution accordum, and the financial financial at 1-888-353-45 (involved in the processive issues related | en's return to the IRS and e reason for any delay asury and its designate out indicated in the tall institution to debit the 37 no later than 2 bushing of the electronic parto the payment. I have | llow my intermediate service pad to receive from the IRS (a) as in processing the return or refud Financial Agent to initiate an expreparation software for pay entry to this account. To revoness days prior to the payment of taxes to receive conselected a personal identifical zation's consent to electronic in | n acknowledgement of rec<br>und, and (c) the date of any<br>n electronic funds withdraw<br>ment of the organization's<br>ike a payment, I must cont<br>it (settlement) date. I also<br>fidential information neces<br>tion number (PIN) as my sig | eipt or reason<br>y refund. If app<br>al (direct debit)<br>federal taxes<br>act the U.S. Tre<br>authorize the f<br>sary to answer | for rejection of licable, I ontry to the opening to the owned on this easury Financial institutions in noutries and |
| Officer's PIN: check o  | ne box only   |   |   |   |   |
| X Lauthorize GI   | RANT THORNTON   |   | to enter my PIN 1   | 4 2 3 6   | as my signature   |
|   | ERO   | រីកោ name   |   | fivo numbers, but   |   |
| being filed with ERO to enter of As an officer of   | n a state agency(ies) remy PIN on the return's c<br>f the organization, I will  | ectronically filed return. If I ha<br>guiating charities as part of th<br>disclosure consent screen.<br>enter my PIN as my signature  | ve indicated within this ret<br>e IRS Fed/State program,<br>e on the organization's tax   | urn that a copy<br>I also authorize<br>year 2014 elec   | the aforementioned ctronically filed return   |
|   |   | at a copy of the return is being<br>ar my PIN on the return's disck   |   | ies) regulating   | charities as part of  |
| Officer's signature > &   | rua Sace  | ae  | Date >  | 8-6-15  |   |
|   | tion and Authenticat  |   |   |   |   |
|   | your six-digit electronic<br>d by your five-digit self-s  | -   | 5 4   | 6 8 1 4   | 3 6 6 0 5   |
| indicated above. I cont   | numeric entry is my PII<br>irm that I am submitting<br>zed IRS e-file Providers   |   | e 2014 electronically filed<br>h the requirements of Pub  | return for the d  | organization  |
| ERO's signature 🕨   | Mary &  | ) Toutle  | Date ▶8   | /6/15   |   |
|   |   | O Must Retain This Form -   |   | 50  |   |

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2014)

# 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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

| A F                     | or th               | e 2014 calendar year, or tax year beginning , 2014,   | and endir                        | ıg  |            | , 20                        |
|-------------------------|---------------------|---|----------------------------------|---|------------|-----------------------------|
| _                       |                     | C Name of organization  |                                  | D Employer                                  | dentific   | ation number                |
| Вс                      | heck if ap          | AIRCRAFT OWNERS & PILOTS ASSOCIATION  |                                  |   |            |                             |
|                         | Addre               |   |                                  | 52-06                                       | 36210      | )                           |
|                         | 7                   |   | Room/suite                       | E Telephone                                 | number     |                             |
| $\vdash$                | trutial             | return 421 AVIATION WAY   |                                  | (301) 6                                     | 95-2       | 000                         |
| $\vdash$                | Term                | City or town state or previous country and 7ID peterior contained   |                                  |   |            |                             |
| $\vdash$                | Amen                | frenerick, MD 21701   |                                  | G Gross rece                                | ipts \$    | 50,081,228.                 |
| -                       | Applic              | F Name and address of principal officer: MARK RAKER CEC/PRES  | IDENT                            | H(a) Is this a g                            | roup retui |                             |
| _                       | _ pendi             | 421 AVIATION WAY FREDERICK, MD 21701  |                                  | subordinal<br>H(b) Are all sub              |            | EALded? Yes No              |
| 1                       | Tax-ex              | empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) o   | r 52                             |   |            | . (see instructions)        |
| _                       |                     | ta: NWW.AOPA.ORG  | , , , , ,                        | H(c) Group exi                              |            |                             |
| _                       |                     | of organization: X Corporation Trust Association Other  | I. Year o                        | f formation: 1939                           |            |                             |
|                         | art I               | Summary   | E 100/0                          | remoter: 1303                               | Otato      | or regar donnoile.          |
|                         | 1                   | Briefly describe the organization's mission or most significant activities: PROTEC  | T YOUR                           | FREEDOM TO F                                | LY R       | γ.                          |
| a                       | ļ '                 | ADVOCATING, EDUCATING, SUPPORTING ACTIVITIES THAT   |                                  |   |            |                             |
| ğ                       |                     | SECURING SUFFICIENT RESOURCES TO ENSURE OUR SUCCE   |                                  | 011 11110111                                |            |                             |
| Ĕ                       | 2                   | Check this box ▶ ☐ if the organization discontinued its operations or disposed  |                                  | on 25% of its set ass                       | ote        |                             |
| Activitles & Governance | 3                   | Number of voting members of the governing body (Part VI, line 1a)   |                                  |   |            | 11.                         |
| -6                      | 4                   | Number of independent voting members of the governing body (Part VI, line 1b)   |                                  |   |            | 10.                         |
| e<br>S                  | 1 *                 |   |                                  |   |            | 206.                        |
| =                       | l _                 | Total number of individuals employed in calendar year 2014 (Part V, line 2a)  |                                  |   |            | 2.342.                      |
| Act                     | 6                   | Total number of volunteers (estimate if necessary)  |                                  |   | 70         | 9,702,693.                  |
|                         |                     | Total unrelated business revenue from Part VIII, column (C), line 12  |                                  |   |            | -356,894.                   |
| _                       | D                   | Net unrelated business taxable income from Form 990-T, line 34  |                                  | Prior Year                                  | _ 7b       | Current Year                |
|                         | ١.                  |   |                                  |   | 10         |                             |
| 95                      | 8                   | Contributions and grants (Part VIII, line 1h).  | FOR                              | 1,269,6                                     | _          | 1,868,238.                  |
| Revenue                 | 9                   | Program service revenue (Part VIII, line 2g).   | SPECTION                         | 17,757,3                                    |            | 15,442,998.                 |
| Re                      | 10                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                                  | 3,303,                                      | _          | 1,841,696.                  |
|                         | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                  | 15,290,4<br>37,907,1                        |            | 19,616,364.                 |
| _                       | 12                  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).   | _                                | 38,769,296.                                 |            |                             |
|                         | 13                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                                  | 35,0  | 00.        | 97,900.                     |
|                         | 14                  | Benefits paid to or for members (Part IX, column (A), line 4)   |                                  | 10.055.6                                    | -          | 10 570 701                  |
| e<br>S                  | 15                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  |                                  | 19,055,5                                    | _          | 18,578,701.                 |
| Expenses                | 16a                 | Professional fundraising fees (Part IX, column (A), line 11e)   |                                  | 132,0                                       | 100.       | 44,001.                     |
| 봈                       | þ                   | Total fundraising expenses (Part IX, column (D), line 25) ▶110,534.   |                                  | 00.100                                      |            |                             |
| _                       | 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                                  | 20,412,0                                    |            | 23,312,030.                 |
|                         | 18                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                                  | 39,634,5                                    | _          | 42,032,632.                 |
| - 10                    | 19                  | Revenue less expenses. Subtract line 18 from line 12  |                                  | -1,727,4                                    |            | -3,263,336.                 |
| 2000                    |                     | Total liabilities (Part X, line 26)   |                                  | Beginning of Curren                         |            | End of Year                 |
| 550<br>ala              | 20                  | Total assets (Part X, line 16)  |                                  | 100,731,0                                   |            | 101,223,691.                |
| Net Asse<br>Fund Balz   | 21                  | Total liabilities (Part X, line 26)   |                                  | 20,670,7                                    |            | 22,514,467.                 |
|                         |                     | Net assets or fund balances. Subtract line 21 from line 20  |                                  | 80,060,3                                    | 05.        | 78,709,224.                 |
|                         | irt II              | Signature Block   |                                  |   |            |                             |
| Un                      | der per<br>a. corre | nalties of perjury, I declare that I have examined this return, including accompanying schedul<br>act, and complete. Declaration of preparer (other than officer) is based on all information of whic | les and stater<br>:h preparer ha | ments, and to the best<br>as any knowledge. | of my k    | knowledge and belief, it is |
|                         | 1452                |   |                                  |   | _          | 6-15                        |
| Sig                     | 10                  | Signature of officer  |                                  | Date  | 0-0        | 9 13                        |
| He                      |                     | · ·   |                                  |   |            |                             |
| 110                     |                     |   | FINANCE                          |   |            |                             |
| _                       |                     | Type or print name and title  | T0-1-                            |   | 1 14       | TIM                         |
| Paid                    | 4                   | Print/Type preparer's name  MARY TORRETTA  Preparer's signature  Youtto   | Date                             | Check _                                     | ا است      | TIN                         |
|                         | parer               |   | 08/0                             | 6/2015 self-empl                            |            | P00847851                   |
|                         | Only                | Firm's name GRANT THORNTON  |                                  | Firm's EIN                                  |            | 6055558                     |
|                         |                     | Firm's address > 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102   |                                  | Phone no.                                   | 703        | -847-7500                   |
| May                     | the 1               | RS discuss this return with the preparer shown above? (see instructions)  |                                  |   |            | . X Yes No                  |
| For                     | Pape                | rwork Reduction Act Notice, see the separate instructions.  |                                  |   |            | Form 990 (2014)             |

Department of the Treasury

Internal Revenue Service

## Form 8868

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return ► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

| e if you are filing for an Additional (Not Automatid) 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part I surfaces you have already been granted an automatid 3-month extension on a previously filed Form 8868.  Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic a-tension of time to file (6 months for a corporation required to file Form 990-T), or an additional float automatic) 3-month extension of time. You can electronically file Form 8868 to requise an extension of time to file any of the forms lated in Part 1 or Part II with the exception of Form 870 information Return for Transfers Associated With Certain Parsonal Banefil Contracts, which must be sent to the IPS in paper formal (see Structions). For more details of time electronic filing of this form, visit wawwirs-goveline and citic on a red for Charila's a Nonprofits.  Part I Automatic 3-Month Extension of Time. Only submit original fino copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file is to file income tax returns.  Type or print File by has a comparation or other files, see instructions.  Tripe or a file of the form 990-T (and the partnerships and trust seed for the fire see instructions for seath return).  Application  Application  Return deposition for seath return.  Frace I AVIATION WAY  City, form or post office, state, and ZIP code, For a foreign eddress, see instructions  Fram 990 or Form 990-EZ  Out Form 990-T (corporation)  Or Form 990-T (corporation)  Or Form 990-T (corporation)  Partnership or post office, state, and ZIP code, For a foreign eddress, see instructions  Fram 120 (Individual)  Og 15 - Form 600-T (Individual)  Og 16 Form 990-T (corporation)  Fram 990-T (corporation)  Fram 990-T (corporation)  Fram 990-T (corporat  | <ul> <li>If you are</li> </ul> | filing for an Automatic 3-Month Extension, o       | complete c     | only Part I and check th              | is box                                     |               |          |             | K        |
|--|--------------------------------|--|----------------|---------------------------------------|--|---------------|----------|-------------|----------|
| Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990 of the forms stated in Part 1 or Part II with the exception of Form 970, more detailed not be electronically file Form 8868 for requests an extension of time to file any of the forms lasted in Part 1 or Part II with the exception of Form 970, information and part of the form with a way for part of the form state of the Part 1 or Part II with the exception of Form 970, informatic gas in the cardial part of the Part 1 or Part II with the exception of Form 990 and the electronic fling of this form, with way for gas part of the Part 1 or Part II with the Part I or Part II with the Part II with the Part I was a sent II with the Part I with the Part II  |                                |  |                |                                       |  |               |          | • •         | _        |
| a corporation required to file Form 990-T1, or an additional [not automatic) 3-month extension of time. You can electronically file Form 8886 to request an extension of time to file any of the forms listed in Part I or Part I with the exception of Form 870, Information Return for Transfers Associated With Certain Parsonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wist waw.irs.gov.effice and cited to file prome services on the electronic filing of this form, wist waw.irs.gov.effice and end of the Part I only.    Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   | Do not comp                    | ilete Part II unless you have already been gra     | nted an au     | tomatic 3-month extens                | sion on a previously file                  | d Fo          | ım 886   | 8.          |          |
| 8888 for request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 870n (Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/elife and click on e-file for Charilles & Nonprofits.  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tex returns.  Name of exampt organization or other filer, see instructions.  Type or print  Type or print  Relating your mitters, and orone or suite no. If a P.O. box, see instructions  Social security number (EN) or 741-741 (N) with the suite of the return that this application is for (file a separate application for each return).  Part University (Individual)  Application  Return Code  Return Application  Return Application  Return Application  Return Application  Return Application  Return Application  Return Bood Form 990-EZ  O1 Form 990-T (corporation)  O2 Form 990-BL  O2 Form 990-T (corporation)  O3 Form 990-File (Individual)  O3 Form 990-File (Individual)  O3 Form 990-File (Individual)  O4 Form 990-File (Individual)  O5 Form 990-File (Individual)  O6 Form 990-File (Individual)  O6 Form 990-File (Individual)  O7 Form 990-File (Individual)  O7 Form 990-File (Individual)  O8 Form 990-File (Individual)  O8 Form 990-File (Individual)  O8 Form 990-File (Individual)  O9 Form 990-File (Individual)  O8 Form 990-File (Individual)  O9 Form 990-File (Individual)  O8 Form 990-File (Individual)  O8 Form 990-File (Individual)  O8 Form 990-File (Individual)  O9 Form 990-File (Individual)  O9 Form 990-File (Individual)  O9 Form 990-File (Individual)  O9 Form 990-Fi  | Electronic fi                  | ling (e-file). You can electronically file Form    | 8868 if yo     | u need a 3-month auto                 | matic extension of time                    | e to          | file (6  | months      | for      |
| Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper formal (see instructions). Form profeed lable on the electronic fling of this form, wist waw.irs.gov/affile and click on e-file for Charities & Nonprofits.  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part lonly.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file increme tear strutms.  Form attractions including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file increme tear strutms.  Form 1120 to file increme tear strutms.  Type or print  File sy the date strutms.  Form 1221 Command of the strutm of the filer, see instructions.  Form 1221 Command of the strutm of the filer, see instructions.  FREDERICK, MD 21701  Form 2121 AUTATION WAY  Click, flow or parts filer, sinin, and ZIP code. For a foreign address, see instructions  FREDERICK, MD 21701  Form 990-EX  Code to Form 990-EX  O1 Form 990-FI (corporation)  O2 Form 990-FI (ext. 401(a) or 408(a) trust)  O3 Form 990-FI (ext. 401(a) or 408(a) trust)  O4 Form 990-FI (ext. 401(a) or 408(a) trust)  Form 990-FI (ext. 401(a) or 408(a) trust)  O5 Form 990-FI (ext. 401(a) or 408(a) trust)  O6 Form 990-FI (ext. 401(a) or 408(a) trust)  Form 990-FI (ext. 401(a) or 408(a) trust)  O6 Form 990-FI (ext. 401(a) or 408(a) trust)  O7 Form 990-FI (ext. 401(a) or 408(a) trust)  O7 Form 990-FI (ext. 401(a) or 408(a) trust)  O7 Form 990-FI (ext. 401(a) or 408(a) trust)  O8 Form 990-FI (ext. 4 |                                |  |                |                                       |  |               |          |             |          |
| Instructions). For more details on the electronic filing of this form, visit www.irs.gov/effile and click on e-file for Charilles & Nonprofits.  Fart I Automatic 3-Month Extension of Time. Only submit original (10 coopies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete folial income tax returns.  Name of exempt organization or other files, see instructions.  Name of exempt organization or other files, see instructions.  Name of exempt organization or other files, see instructions.  Name of exempt organization or other files, see instructions.  Name of exempt organization or other files, see instructions.  AIRCRAFT OWNERS & PILOTS ASSOCIATION  AIRC  |                                |  |                |                                       |  |               |          |             |          |
| Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   |                                |  |                |                                       |  |               |          |             | see      |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time  Critic income tax returns.  Type or  Print  File by the  AIRCRAFT OWNERS & PILOTS ASSOCIATION  AIRCRAFT OWNERS & PILOTS ASSOCIATION  AIRCRAFT OWNERS & PILOTS ASSOCIATION  Social security number (SN)  Number, streat, and room or suite no. If a P.O. box see instructions  City town or past office, state, and 2IP code. For a foreign eddress, see instructions  FREDBRICK, MD 21701  Enter the Return code for the return that this application is for (file a separate application for each return)  SFORM 990 or Form 990-EZ  O1 Form 990-T (corporation)  O7 Form 990-BL  O2 Form 990-T (corporation)  O7 Form 990-T (corporation)  O7 Form 990-T (corporation)  O8 Form 4720 (individual)  O9 Form 990-T (sec. 401(a) or 408(a) trust)  O6 Form 990-T (sec. 401(a) or 408(a) trust)  Telephone No. ▶ 301 695-2000  FAX No. ▶ 301 695-2200  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organizations for a corporation required to file Form 990-T extension of time  If this is for a Group Return, enter the organizations for a corporation required to file Form 990-T extension of time  If the size is not accounting certod  If the arganization does not have an office or place of business in the United States, check this box  If it is for a Group Return, enter the organizations four digil Group Exampton Number (GEN)  If this is for a Group Return, enter the organizations four digil Group Exampton Number (GEN)  If the is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group check this bo  |                                |  |                |                                       |  | ities         | & Non    | profits.    |          |
| Part I only .  | Part   Au                      | tomatic 3-Month Extension of Time. On              | ıly submit     | original (no copies ne                | eeded).                                    |               |          |             |          |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form T004 to request an extension of lime to file increme tax returns.  Type or print  ARCRAFT OWNERS & PILOTS ASSOCIATION  AIRCRAFT OWNERS & PILOTS ASSOCIATION  Social security number (SIN)  Social security number (SIN)  Mumber, sireet, and room or suite no. If a PC.0 box, see instructions  City, town or post office, state, and ZIP code. For a foreign address, see instructions  FREDERICK, MD 21701  Enter the Return code for the return that this application is for (file a separate application for each return).  Code  Return Application  Is For Code  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Return Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Return Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Return Application  Social security number (SIN)  FORM 990 or Form 990-EZ  01 Form 990-T (corporation)  O7  Form 990-T (corporation)  O7  Form 990-T (corporation)  O8  Form 990-T (corporation)  O8  Form 990-T (sec. 401(a) or 408(a) thist)  O9  Form 990-T (sec. 401(a) or 408(a) thist)  O9  Form 990-T (sec. 401(a) or 408(a) thist)  O1  Telephone No. 301 695-2000  FAX No. 301 695-2202  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization for GIN)  If this is for a Group Return, enter the organization for GIN)  If this is for a Group Return, enter the organization for GIN)  If the organization secure of the | A corporation                  | n required to file Form 990-T and requesting       | an automa      | atic 6-month extension                | <ul> <li>check this box and cor</li> </ul> | nple          | łe       |             |          |
| All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form T004 to request an extension of lime to file increme tax returns.  Type or print  ARCRAFT OWNERS & PILOTS ASSOCIATION  AIRCRAFT OWNERS & PILOTS ASSOCIATION  Social security number (SIN)  Social security number (SIN)  Mumber, sireet, and room or suite no. If a PC.0 box, see instructions  City, town or post office, state, and ZIP code. For a foreign address, see instructions  FREDERICK, MD 21701  Enter the Return code for the return that this application is for (file a separate application for each return).  Code  Return Application  Is For Code  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Return Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Return Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Social security number (SIN)  Application  Return Application  Return Application  Social security number (SIN)  FORM 990 or Form 990-EZ  01 Form 990-T (corporation)  O7  Form 990-T (corporation)  O7  Form 990-T (corporation)  O8  Form 990-T (corporation)  O8  Form 990-T (sec. 401(a) or 408(a) thist)  O9  Form 990-T (sec. 401(a) or 408(a) thist)  O9  Form 990-T (sec. 401(a) or 408(a) thist)  O1  Telephone No. 301 695-2000  FAX No. 301 695-2202  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization for GIN)  If this is for a Group Return, enter the organization for GIN)  If this is for a Group Return, enter the organization for GIN)  If the organization secure of the | Part I only .                  |  |                |                                       |  |               |          | ▶           |          |
| Name of exampt organization or other filer, see instructions.    Print   AIRCRAFT OWNERS 6 PILOTS ASSOCIATION   S2-0636210   | All other con                  | porations (including 1120-C filers), partnersh     | ips, REMIC     | S, and trusts must use I              | Form 7004 to request an                    | ext           | ension   | of time     | _        |
| Type or print File by the Fil  | to file income                 |  | <del></del>    |                                       | Enter filer's identifyld                   | <b>19 A</b> V | mber, se | e instructi | ons      |
| Print   AIRCRAFT OWNERS 6 PILOTS ASSOCIATION   52-0636210  | Type or                        | Name of exempt organization or other filer, see in | structions.    |                                       | Employer Identification nu                 | ımbe          | er (EIN) | or          |          |
| The by the Manuber (STR) National State (State (St  |                                | ATECDARE OWNERS ( DILOTE ACC                       | OCT R#TO       | NT.                                   | 52_063631                                  | 0             |          |             |          |
| due date for litting your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICK, MD 21701  Enter the Return code for the return that this application is for (file a separate application for each return)  | •                              |  |                |                                       |  |               |          |             |          |
| Telem Ses Instructions  FREDERICK, MD 21701  Enter the Return code for the return that this application is for (file a separate application for each return)   | due date for                   |  | x, see instruc | :00015                                | Social security number (S                  | 5N)           |          |             |          |
| Enter the Return code for the return that this application is for (file a separate application for each return)  |                                |  | a foreign ad   | describe to the local descriptions    |  | _             |          |             |          |
| Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Application   Is For   Application   Return   Code   |                                |  | a loreign au   | diess, see Histinchons                |  |               |          |             |          |
| Application   Return   Application   Return   Code   Is For   Code    |                                |  |                |                                       |  | _             |          |             | _        |
| ts For   Code   ts For   Sorm 990-EZ   0.1   Form 990-T (corporation)   0.7   Form 990-BL   0.2   Form 1041-A   0.8   Form 4720 (individual)   0.3   Form 4720 (other than individual)   0.9   Form 990-PF   0.4   Form 5227   1.0   Form 990-T (sec. 401(a) or 408(a) trust)   0.5   Form 6069   1.1   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   F  | Enter the Re                   | lurn code for the return that this application     | is for (file a | a separate application fo             | or each return)                            | • •           | • • • •  | . [0]       | _        |
| ts For   Code   ts For   Sorm 990-EZ   0.1   Form 990-T (corporation)   0.7   Form 990-BL   0.2   Form 1041-A   0.8   Form 4720 (individual)   0.3   Form 4720 (other than individual)   0.9   Form 990-PF   0.4   Form 5227   1.0   Form 990-T (sec. 401(a) or 408(a) trust)   0.5   Form 6069   1.1   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   0.6   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   Form 8870   1.2   Form 8870   1.2   Form 990-T (trust other than above)   1.2   Form 8870   1.2   F  | Application                    |  | Return         | Application                           |  |               |          | Retur       | _        |
| Form 990 or Form 990-EZ  O1 Form 990-T (corporation)  O2 Form 990-BL  O2 Form 1041-A  O8  Form 4720 (individual)  O3 Form 4720 (other than Individual)  O9  Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 Form 8870  12  The books are in the care of ▶ERICA SACCOIA, SVP-FINANCE, 421 AVIATION WAY FREDERICK, MD 21701  Telephone No. ▶ 301 695-2000  FAX No. ▶ 301 695-2202  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the organization of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 20 14 or  ▶ 1 tax year beginning  20 , and ending  20 , and ending  20 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | • •                            |  |                |                                       |  |               |          |             |          |
| Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12  • The books are in the care of ▶ERICA SACCOIA, SVF-FINANCE, 421 AVIATION WAY FREDERICK, MD 21701  • Telephone No. ▶301 695-2000 FAX No. ▶301 695-2202 • If the organization does not have an office or place of business in the United States, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  • I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  |                                | Form 990-F7  |                | Form 990-T (corporal                  | lani.                                      |               |          |             | _        |
| Form 4720 (individual)  O3 Form 4720 (other than individual)  O9 Form 990-PF  O4 Form 5227  10  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 Form 8870  12  • The books are in the care of ▶ERICA SACCOIA, SVP-FINANCE, 421 AVIATION WAY FREDERICK, MD 21701  Telephone No. ▶301_695-2000  FAX No. ▶ _301_695-2202  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for the whole group, check this box  • If this is for the whole group, check this box  • If this is for the whole group, check this box  • If this is for the whole group, check this box  • If the same and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  |                                |  |                |                                       | 1911)                                      |               |          | _           | _        |
| Form 990-PF  |                                |  |                |                                       | n Individual\                              |               |          |             | _        |
| Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  12  The books are in the care of ▶ERICA SACCOIA, SVP-FINANCE, 421 AVIATION WAY FREDERICK, MD 21701  Telephone No. ▶ 301 695-2000  FAX No. ▶ 301 695-2202  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  If this is with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 15 , to file the exempt organization return for the organization's return for:  ▼ X calendar year 20 14 or  ▼ It this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  D If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less and estimated tax payments made. Include any prior year overpayment allowed as a credit.  C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution, if you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.  |                                |  |                |                                       | ii iiidiaidaa)                             |               |          |             | <u> </u> |
| The books are in the care of ▶ERICA SACCOIA, SVP-FINANCE, 421 AVIATION WAY FREDERICK, MD 21701  Telephone No. ▶ 301 695-2000 FAX No. ▶ 301 695-2202  If the organization does not have an office or place of business in the United States, check this box ▶ If it his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group and attach and entities the group and attach and entitle the group and attach and entities the group and attach and entitle the group and atta  |                                |  |                |                                       | <del></del>                                |               |          | _           | —        |
| The books are in the care of ▶ERICA SACCOIA, SVP-FINANCE, 421 AVIATION WAY FREDERICK, MD 21701  Telephone No. ▶ 301 695-2000 FAX No. ▶ 301 695-2202  If the organization does not have an office or place of business in the United States, check this box   | ·                              |  |                |                                       |  |               |          | <del></del> | —        |
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| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ▶  | Telephone                      | No. ▶ 301 695-2000                                 |                | AX No. ▶ 301 695                      | 5-2202                                     |               |          |             | 7        |
| a list with the names and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 20 14 or  ▶ tax year beginning , 20 , and ending , 20 .  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0 if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0 is allowed. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.   | If the orga                    | inization does not have an onice or place of       | ousiness ii    | i ine Onited States, chet             | CK UNIS DOX                                | • •           |          |             | ۷,       |
| a list with the names and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 20 14 or  ▶ tax year beginning , 20 , and ending , 20 .  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0 if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0 is allowed. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.   | • It this is to                | or a Group Return, enter the organization's for    | ur aigit Gro   | oup Exemption Number (                | UEN)                                       | $\neg$        | _ satur  | NS IS       |          |
| 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  until   |                                |  |                | art of the group, check t             | nis dox                                    |               | and all  | lacn        |          |
| until  |                                |  | -              |                                       | TV4  | _             |          |             | _        |
| for the organization's return for:  X calendar year 20 14 or  tax year beginning   |                                |  |                |                                       |  | L             | - Th     |             | 1_       |
| X calendar year 20 14 or tax year beginning  |                                |  | exempt org     | ganization return for the             | e organization named a                     | DOVE          | 3. Ine e | extension   | 15       |
| tax year beginning   |                                |  |                |                                       |  |               |          |             |          |
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| Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.  | ▶∟_                            | tax year beginning                                 | , 20           | , and ending                          |  | 20_           |          |             |          |
| Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.  | 2 If the ta                    | ax year entered in line 1 is for less than 12 m    | onths, chec    | ck reason: Initial re                 | eturn Final return                         | n             |          |             |          |
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| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3b \$ 0  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.  |                                |  | 0-T, 4720      | , or 6069, enter the                  | tentative tax, less any                    |               |          |             | _        |
| estimated tax payments made. Include any prior year overpayment allowed as a credit.  Batance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS  (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment Instructions.   | nonrefu                        | undable credits. See instructions.                 |                |                                       |  | 3a            | <b>S</b> |             | 0        |
| c Batance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.   |                                | * *  |                |                                       |  |               |          |             | _        |
| (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.   |                                |  |                |                                       |  | _             | s        |             | 0        |
| Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.   |                                |  |                | ent with this form, if re             | quired, by using EFTPS                     | 1             |          |             | _        |
| Instructions.  |                                |  |                | it) with this Es- sees -              | no From 8452 50 4 5                        |               |          |             |          |
| <del></del>  |                                | ase Acrue to wave an electronic truck militarems   | a forest 060   | il) with this COM 6666, 50            | TIOT DIIB U3•CCP8 IIIIU7 85                | 1 00          | いみにいい    | or paymer   | 16       |
|  |                                | ct and Paperwork Reduction Act Notice, see instr   | uctions.       | · · · · · · · · · · · · · · · · · · · |  | For           | n 8868   | (Rev 1-20   | 1141     |

|     |                                       |   |                            | ny line in this Par | t III  |             |
|-----|---------------------------------------|---|----------------------------|---------------------|--|-------------|
|     | •                                     | e organization's m                      | ission:                    |                     |  |             |
| -   | SEE SCHEDULE                          | 0.                                      |                            |                     |  |             |
| -   |                                       |   | <del></del>                |                     |  |             |
|     |                                       |   |                            | ·                   |  |             |
| _   | Did the executes                      | ion undostaka anu                       | alanificant program comit  | an during the v     | ear which were not listed o                                | n the       |
| ı   | prior Form 990 or                     |   |                            |                     | ear which were not listed o                                |             |
| - 1 | Did the organiza                      | ation cease condu                       | ucting, or make significa  |                     | how it conducts, any pro                                   |             |
| i   | f "Yes," describe                     | these changes on t                      | Schedule O.                |                     |  |             |
| - 1 | Describe the org<br>expenses. Section | anization's progra<br>n 501(c)(3) and 5 | m service accomplishme     | required to re      | its three largest program :<br>port the amount of grants : |             |
|     |                                       |   | 37, 371, 798. including gr | ants of \$          | 97,900. ) (Revenue \$                                      | 15,442,998. |
|     | SEE SCHEDULE                          | 0                                       |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
| 4   | -                                     |   | = C (C)                    |                     |  |             |
| 2   |                                       |   |                            |                     |  |             |
| ď   |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     | - 5000   |             |
|     |                                       |   |                            |                     |  |             |
|     | TREAL                                 |   |                            |                     |  |             |
| h i | Code                                  | ) (Expenses \$                          | including ar               | ants of \$          | ) (Revenue \$  | 1           |
| _   |                                       |   |                            |                     |  |             |
| -   |                                       | 200                                     |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
| -   |                                       |   |                            |                     |  |             |
| -   |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
| -   |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       | -                                       |                            |                     |  | - 22.       |
|     |                                       |   |                            |                     |  |             |
| C   | (Code:                                | ) (Expenses \$                          | including gr               | ants of \$          | ) (Revenue \$  | )           |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
|     |                                       |   |                            |                     |  |             |
| -   |                                       |   |                            | 1000000             | 2                    |             |
|     |                                       |   |                            |                     |  | 35.2        |
|     | We                                    |   | _ * * *                    | 10000               | TWO ISSUES   |             |
|     |                                       |   |                            |                     |  |             |
|     | 3.6.8                                 |   |                            |                     |  |             |
|     | form.                                 |   |                            |                     | 290  |             |
|     | 3 13, 3                               |   |                            |                     |  |             |
|     |                                       | 3.                                      |                            | 1000000             |  |             |
|     |                                       |   | <u> </u>                   |                     |  |             |
| d   | Other program se                      | ervices (Describe in                    |                            |                     |  |             |
|     | (Expenses \$                          | includ                                  | ing grants of \$           | ) (Revenu           | ue \$)   |             |
|     | T-4-1                                 | nice evenence                           | 37,371,798.                |                     |  |             |
|     | Total program se                      | Ivice expenses                          | <u> </u>                   |                     |  |             |

| Part | IV Checklist of Required Schedules  |          |             | -age J |
|------|---|----------|-------------|--------|
| rait | Officerist 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,"   |          | 133         |        |
| 2    | complete Schedule A   | 2        | Х           | Х      |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2        | _^          |        |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | ,        |             | x      |
| 4    | candidates for public office? If "Yes," complete Schedule C, Part I   | 3        | -           | ^      |
| 4    | 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,  | -        |             | -      |
| J    | assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,   |          |             |        |
|      | Part III  | 5        | x           |        |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   |          | <del></del> |        |
| •    | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   |          |             |        |
|      | "Yes," complete Schedule D, Part I,   | 6        |             | x      |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | <u> </u> |             |        |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7        |             | x      |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   |          |             |        |
|      | complete Schedule D, Part III   | 8        |             | Х      |
| 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 temporarily restricted   |          |             |        |
|      | endowments, permanent endowments, or 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,  |          | 11/8        | -      |
|      | VII, VIII, IX, or X as applicable.  |          |             |        |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |          |             |        |
|      | complete Schedule D, Part VI  | 11a      | X           |        |
| b    | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more  |          |             |        |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      | X           |        |
| С    | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more   | l        |             |        |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |             | X      |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets  |          | ١,,         |        |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d      | X           |        |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e      |             |        |
| т    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 11f      | X           |        |
| 120  | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," |          |             |        |
| 120  | complete Schedule D, Parts XI and XII.  | 12a      |             | x      |
| h    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if  | 120      |             |        |
| _    | 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       |             | Х      |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a      |             | Х      |
|      | 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      | Х           |        |
| 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," complete Schedule G, Part III   | 19_      |             | X      |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a      |             | Х      |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b      |             |        |

| Part   | Checklist of Required Schedules (continued)  |     |          |             |
|--------|--|-----|----------|-------------|
|        |  |     | Yes      | No          |
| 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  |          | Х           |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     |          |             |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | x        |             |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |     |          |             |
| 23     | organization's current and former officers, directors, trustees, key employees, and highest compensated  |     |          |             |
|        |  | 23  | x.       |             |
| 04-    | employees? If "Yes," complete Schedule J   | 23  | _ A      |             |
| 24 a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |     | '        |             |
|        | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |     |          | ٠,,         |
|        | through 24d and complete Schedule K. If "No," go to line 25a   | 24a |          | X           |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |          |             |
| C      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |     |          |             |
|        | to defease any tax-exempt bonds?   | 24c |          |             |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |          |             |
| 25 a   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |          |             |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |          | Х           |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |     |          |             |
|        | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |     |          |             |
|        | If "Yes," complete Schedule L, Part I  | 25b |          | Х           |
| 26     | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   |     |          |             |
|        | current or former officers, directors, trustees, key employees, highest compensated employees, or  |     |          |             |
|        | disqualified persons? If "Yes," complete Schedule L, Part II   | 26  |          | Х           |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,   |     |          |             |
|        | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |     |          |             |
|        | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |          | х           |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  |     |          |             |
| 20     | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |          |             |
|        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a |          | х           |
| a<br>b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   |     |          |             |
|        | Schedule L. Part IV  | 28b |          | x           |
| _      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |     |          | <del></del> |
| ¢      |  | 280 | х        |             |
|        | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c | X        |             |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |          |             |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |     |          | v           |
|        | 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  |          | Х           |
| 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  | <u> </u> | 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  | X        |             |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | <u> </u> |             |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |     |          |             |
|        | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b | X        |             |
| 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  |          | x           |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   |     |          |             |
| 30     | 19? Note. All Form 990 filers are required to complete Schedule O  |     | x        |             |
| -      | 10: Hotel Fair Count and India die required to complete deficition of the rest | ,   |          |             |

Form 990 (2014)

Part V Statements Regarding Other IRS Fillings and Tax Compliance Page 5

| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 246 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0 0 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 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 205 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b if Yes's has it fided a Form 990-T for this year? If *No' is line 3b, provide an explanation in Schedule O 3b if Yes's, has it fided a Form 990-T for this year? If *No' is line 3b, provide an explanation in Schedule O 3b if Yes's, enter the name of the foreign country; In a STACHMENT 1 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | Yes      | $\neg$        |
|--|----------|---------------|
| be Enter the number of Forms W-2G included in line 1s. Enter-O- if not applicable, 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary sear ending with or within the year covered by this return 2a 206 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3b If Yes, has it filed a Form 990-T for this year? If *No* to line 3b, provide an explanation in Schedule 0 3b at 1a year, a financial account, a financial account in a foreign country. ** ATTACHMENT 1**  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 3 was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Did any taxable party notify the organization file Form 8886-T? 5 a Did any taxable party notify the organization file Form 8886-T? 6 a Did any taxable party notify the organization file Form 8886-T? 6 a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 a Did the organization receive a payment in excess of \$75 made party as a contribution file a Form 1038-C? 7 a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to  | 12.11    | 200           |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return  b of at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  a 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 accounts of the firm of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' enter the name of the foreign country:  b if 'Yes,' did the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and services provided to the payor?  b if 'Yes,' did the organization make a distinution to during the year organization state and the party of th  | 1000     |               |
| seportable gaming (gambling) winnings to prize winners?  Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed a Form 990-T for this year?  Did the organization have unrelated business gross income of \$1,000 or more during the year?  Statements and a filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation in 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:  Part Yes," enter the name of the foreign country:  Part Yes, enter the name of the foreign     | 100      |               |
| a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 2 206  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3 bif the organization have unrelated business gross income of \$1,000 or more during the year?  3 bif 1 Yes,* has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  3 bif Yes,* has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  3 bif Yes,* enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3 bif Yes,* enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3 bif Yes,* to line 5a or 5b, did the organization file Form 8885-T?  3 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  4 bif Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  4 organizations that may receive deductible contributions under section 170(c).  5 bif Yes,* did the organization netity in expression and express provided?  5 bif Yes,* did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 bif Yes,* did the organization receive and contribution of cars, boats, airplanes, or other visic glospos of tangible personal property for which it was required to file Form 8282?  5 bid the organization receive a payment in excess of \$75 made partly as a contribution file Form 899 as required?  5 bif the organ  | l x      | 10            |
| Statements, filed for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year?  By the organization have unrelated business gross income of \$1,000 or more during the year?  By the 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; where the country is a management of the foreign country over, a financial account, securities account, or other financial accounts (FBAR).  If 'Yes,' enter the name of the foreign country:  See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization file Form 8886-T?  Did any taxable party notify the organization file Form 8866-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  To a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible acroes and services provided to the payor?  To a present the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization receive a contribution of qualified intellectual property, did the organization file Form 899 as required?  To bid the organization received a contributi |          | 10            |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  4th any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5th If "Yes," enter the name of the foreign country: In ATTACHMENT 1  5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  4a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization file Form 8886-T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  6c If "Yes," did the organization notify the donor of the value of the goods or services provided?  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  6c Did the organization onel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organi  |          |               |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a bif 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.  3b a 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 accountil?  bif 'Yes,' enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c if 'Yes' to line 5a or 5b, did the organization file Form 8886-T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c Did the organization office form 8282?  5c If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  6c Toganization for the payor?  6c Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract?  6c Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract?  6c Did the organization make any taxable did intellectual    | V        |               |
| a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a  | X        | 20            |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 account)?  b If "Yes," enter the name of the foreign country:   ATTACHMENT 1  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5c If "Yes," did the organization account include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  5c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  6c Did the organization received a contribution of qualified intellectual property, did the organization file after the payor?  8c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file after the sponsoring organization make a distribut    | ,,       |               |
| a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  ia Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Times 11 (Fig. 1) (and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Does the organization access that were not tax deductible as charitable contributions?  6a Did the organization accessed a payment in excess of \$75 made party as a contribution and party or goods and services provided to the payor?  7c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-7.  6 Sponsoring organizations maintaining donor advised funds.  6 Did the sponsoring organizations make any taxable distributions under section 4966?  8 Did the sponsoring organization make a distribution to donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  8 Did the sponsoring organization make a distribution t    | X        |               |
| over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 b if "Yes," did the organization notify the donor of the value of the goods or services provided?  5 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 c Jif "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  11 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make any taxable distributions under section 4966?  12 Did the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make     | X        | 3b            |
| account)?  b If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 8886-T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization of the value of the goods or services provided?  c Did the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make as usuable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor on dover death form the sponsoring organization make a distribution to a donor on dover related person?  Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  B Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amoun    |          | .             |
| b If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6b Dorganizations that may receive deductible contributions under section 170(c).  6c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827  6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6c Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-07  6c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  6c Did the organization malation sell and advised funds.  6c Did the organization    | l        | .             |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Tyes* to line 5a or 5b, did the organization file Form 8886-T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organization stat may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 fled during the year  a Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsori   | X        | 4a            |
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| Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5   | 10.55    |               |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b  Corganizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  c Gross income from members or shareholders  b Gross in   |          |               |
| c if "Yes" to line 5a or 5b, did the organization file Form 8886-T? a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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 services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor adviser, or related person?  9b Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from th   |          | 5a            |
| a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | <u> </u> | 5b            |
| organization solicit any contributions that were not tax deductible as charitable contributions?   | $\perp$  | 5c            |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  5 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make and distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations included on Part VIII, line 12  10 Did the sponsoring organizations. Enter:  9 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Dissection 501(c)(12) organizations. Enter:  110 Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Dissection 501(c)(12) organizations. Enter:  110 Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  111 Section 501(c)(29) qualified nonprofit health insurance issuers.                            |          | .             |
| gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.   | X        | 6a_           |
| gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |               |
| Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  b Cross receipts, included on Form 990, Part VIII, line 12  l Tida  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Ital  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | x        | 6b            |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |          |               |
| and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  |          |               |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.   |          | 7a            |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  | $\top$   | $\overline{}$ |
| required to file Form 8282?  | $\top$   |               |
| d If "Yes," indicate the number of Forms 8282 filed during the year  |          | 7c            |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  | ggg      |               |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |          | 70            |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10a  5 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  | +        | $\overline{}$ |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b   | +-       | _             |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b   | +-       |               |
| sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.   | 1000     |               |
| Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | -        |               |
| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          | 0             |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 100      | 0.0           |
| Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |          |               |
| a Initiation fees and capital contributions included on Part VIII, line 12   | -        | ae            |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 139      |               |
| Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  |          | T(\$2)        |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b 12a 15 Yes," enter the amount of tax-exempt interest received or accrued during the year   | live.    | i in the      |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).  11b  2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  12b  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  | 100      |               |
| against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |          |               |
| a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 31.3     |               |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 1        |               |
| Section 501(c)(29) qualified nonprofit health insurance issuers.   |          | 12a           |
|  |          |               |
|  | 280      |               |
| a Is the organization licensed to issue qualified health plans in more than one state?   | _        | 13a           |
| Note. See the instructions for additional information the organization must report on Schedule O.  |          |               |
| b Enter the amount of reserves the organization is required to maintain by the states in which   | 183      |               |
| the organization is licensed to issue qualified health plans   |          |               |
| c Enter the amount of reserves on hand   |          |               |
| a Did the organization receive any payments for indoor tanning services during the tax year?   |          | 14a           |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b  |          | $\overline{}$ |

| Part  | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.        |       |          |              |
|-------|--|-------|----------|--------------|
|       | Check if Schedule O contains a response or note to any line in this Part VI  |       |          | X            |
| Sect  | ion A. Governing Body and Management   |       |          |              |
| 0000  | ion / Coverning Dody and management  |       | Yes      | No           |
| 10    | Enter the number of voting members of the governing body at the end of the tax year   1a   |       |          |              |
| Id    | If there are material differences in voting rights among members of the governing body, or if the governing  |       |          |              |
|       | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |       |          |              |
| ь     | Enter the number of voting members included in line 1a, above, who are independent 1b 10   |       |          | 100          |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |       |          |              |
| ~     | any other officer, director, trustee, or key employee?   | 2     | Х        |              |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct  |       |          |              |
| 3     | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3     |          | x            |
| 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     |          | x            |
| 6     | Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?   | 6     | Х        | $\vdash$     |
|       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |       |          | $\vdash$     |
| 7a    |  | 7a    | х        |              |
|       | one or more members of the governing body?   |       |          | _            |
| D     | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | 7b    |          | x            |
|       | stockholders, or persons other than the governing body?  |       |          | **           |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during   |       |          |              |
|       | the year by the following:   | 8a    | х        |              |
| a .   | The governing body?  | 8b    | X        | $\vdash$     |
| b     | Each committee with authority to act on behalf of the governing body?  | .00_  |          | _            |
| 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 in Schedule O | 9     |          | x            |
| Soci  | on B. Policies (This Section B requests information about policies not required by the Internal Revenue  |       | a 1      | 112          |
| Secti | on B. Policies Triis Section B requests information about policies not required by the internal Nevende  | 0000  | Yes      | No           |
|       |  | 10a   |          | X            |
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 104   |          | -            |
| Ь     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   | 406   |          |              |
|       | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b   | X        | <del> </del> |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a   | Λ        |              |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 42-   | Х        |              |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a   |          |              |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give   | 401   | х        |              |
|       | rise to conflicts?   | 12b   |          | <del> </del> |
| C     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |       |          |              |
|       | describe in Schedule O how this was done   | 12c   | X        | -            |
| 13    | Did the organization have a written whistleblower policy?  | 13    | X        | $\vdash$     |
| 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   | X        | ļ            |
| b     | Other officers or key employees of the organization  | 15b   | Х        |              |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |       |          |              |
| 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   |          | X            |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |       |          |              |
|       | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |       |          |              |
| _     | organization's exempt status with respect to such arrangements?  | 16b   | <u> </u> | <u> </u>     |
| Sect  | ion C. Disclosure  |       |          |              |
| 17    | List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_2  |       |          |              |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section  | 501(  | c)(3)s   | only)        |
|       | available for public inspection. Indicate how you made these available. Check all that apply.  |       |          |              |
|       | X Own website Another's website X Upon request Other (explain in Schedule O)   |       |          |              |
| 19    | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int   | erest | policy   | y, and       |
|       | financial statements available to the public during the tax year.  |       |          |              |
| 20    | State the name, address, and telephone number of the person who possesses the organization's books and record  | s: ►  |          |              |
|       | ERICA SACCOIA, SVP-FINANCE 421 AVIATION WAY FREDERICK, MD 21701 301-695-2000   |       |          |              |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization nor      | any related   | orga | niza  | tion | cor                            | npen  | sate | d any current offic   | er, director, or trus  | itee.  |
|---|---|------|-------|------|--------------------------------|---|------|---|--|--|
| (A)<br>Name and Title                               | (B) Average hours per week (list any hours for related organizations below dotted line) | bax, | unles | s pe | ition<br>more<br>rson<br>irect | than of the state | an   | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|   |   |      |       |      |                                | <u> </u>  |      |   |  |  |
| (1)WILLIAM C. TRIMBLE III CHAIRMAN                  | 1.00  | x    |       | Х    |                                |   |      | 0   | 0  | C  |
| (2) PAUL C. HEINTZ<br>TRUSTEE                       | 1.00  | х    |       |      |                                |   |      | 0   | 0  | C  |
| (3)HERMAN NEEL HIPP, JR. TRUSTEE                    | 1.00  | х    |       |      |                                |   |      | 0   | 0  | C  |
| (4)MATTHEW J. DESCH<br>TRUSTEE                      | 1.00  | х    |       |      |                                |   |      | 0   | 0  | 0  |
| (5)BURGESS H. HAMLET III TRUSTEE                    | 1.00  | Х    |       |      |                                |   |      | 0   | 0  |  |
| (6)DARRELL W. CRATE VICE CHAIRMAN                   | 1.00  | X    |       | х    |                                |   |      | 0   | 0  |  |
| (7)LAWRENCE D. BUHL III TRUSTEE                     | 1.00  | Х    |       |      |                                |   |      | 0   | 0  |  |
| (8) JAMES G. TUTHILL, JR. TRUSTEE                   | 1.00  | х    |       |      |                                |   |      |   | 0  | (  |
| (9)MARK BAKER PRESIDENT/CEO                         | 40.00   | Х    |       | Х    |                                |   |      | 742,002.  | 0  | 40,700.  |
| (10) AMANDA C. FARNSWORTH TRUSTEE                   | 1.00  | Х    |       |      |                                |   |      | 0   | 0  | (  |
| (11) JAMES N. HAUSLEIN TREASURER                    | 1.00  | Х    |       | Х    |                                |   |      | C   | 0  |  |
| (12)KENNETH M. MEAD<br>EVP/GENERAL COUNSEL          | 40.00   |      |       | Х    |                                |   |      | 489,719.  | 0  | 22,152.  |
| (13)ERICA J. SACCOIA<br>SVP-FINANCE                 | 40.00<br>10.00  |      |       | х    |                                |   |      | 225,028.  | 0  | 17,222.  |
| (14)TIMOTHY J. FORTUNE CHIEF ADMINISTRATIVE OFFICER | 40.00   |      |       | Х    |                                |   |      | 293,994.  | 0  | 29,916.  |

Form 990 (2014)

Form 990 (2014)

|   | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  |   |                                   |                       |                      |                |                               |              |  |  |   |                |   |      |
|---|--|---|-----------------------------------|-----------------------|----------------------|----------------|-------------------------------|--------------|--|--|---|----------------|---|------|
|   | (A)<br>Name and title  | (B) Average hours per week (list any hours for    | box,<br>office                    | unle:                 | Pos<br>heck<br>ss pe | rson<br>lirect | than c<br>is both<br>or/trust | an<br>ee)    | (D) Reportable compensation from the   | (E)<br>Reportabl<br>compensation<br>related<br>organizatio | leportable<br>ensation from<br>related<br>janizations |                | (F)<br>stimated<br>nount of<br>other<br>pensation | f    |
|   |  | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer              | Key employee   | Highest compensated employee  | Former       | organization<br>(W-2/1099-MISC)        | (W-2/1099-N  | IISC)   | org:           | om the<br>anizatio<br>d related<br>anization      | d    |
| ( | 15) MELISSA K. RUDINGER VP GOVERNMENT AFFAIRS  | 40.00   |                                   |                       |                      |                | х                             |              | 216,486.                               |  | 0   |                | 29,3  | 307. |
| [ | 16) THOMAS HAINES<br>SVP - MEDIA   | 40.00   |                                   |                       |                      |                | Х                             |              | 248,407.                               |  | 0   |                | 32,0  |      |
| [ | 17) DOUGLAS N. SHORTER  VP-I&T/CIO   | 40.00   |                                   |                       |                      |                | х                             |              | 231,913.                               |  | 0   |                | 31,3  | 313. |
|   | 18) JAMES COON SVP-GOVERNMENT AFFAIRS  | 40.00   |                                   |                       |                      |                | х                             |              | 355,687.                               |  | 0   |                | 22,1  | 114. |
|   | 19) CRAIG SPENCE  VP-OPERATIONS/INTN'L AFFAIRS   | 40.00   |                                   |                       |                      |                | х                             |              | 197,516.                               |  | 0   |                | 28,7  | 797. |
| , | 20) CRAIG L. FULLER FORMER PRESIDENT   | 0   |                                   |                       |                      |                |                               | х            | 469,401.                               |  | 0   |                |   | C    |
|   |  |   |                                   |                       |                      |                |                               |              |  |  |   |                |   |      |
|   |  |   |                                   |                       |                      |                |                               |              |  |  |   |                |   |      |
|   |  |   |                                   |                       | _                    | _              |                               |              |  |  |   | 1              |   |      |
|   |  |   |                                   |                       |                      |                |                               |              |  |  |   |                |   |      |
|   |  |   |                                   |                       |                      |                |                               |              | 1 750 742                              |  | 0   | 1              | .09,9   | 100  |
|   | 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)   | ection A  | • • •                             |                       | • •                  |                | • • •                         | <b>A A A</b> | 1,750,743.<br>1,719,410.<br>3,470,153. |  | 0   | 1              | 43,6  | 07.  |
|   | 2 Total number of individuals (including but not reportable compensation from the organization)  | limited to t                                      |                                   | liste                 |                      |                |                               | э ге         | eceived more than                      | \$100,000 of   |   |                |   |      |
|   | 3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler and th |   |                                   |                       |                      |                |                               |              |  |  |   | 3              | Yes   | No   |
|   | 4 For any individual listed on line 1a, is the organization and related organizations graindividual  | eater than  | \$15                              | 0,0                   | 00?                  | 11             | "Yes                          | 3, "         | complete Schedu                        | le J for su  | ıch   | 4              | Х   |      |
|   | 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y   |   |                                   |                       |                      |                |                               |              |  |  |   | 5              |   | х    |
|   | Complete this table for your five highest com-<br>compensation from the organization. Report of<br>year.   |   |                                   |                       |                      |                |                               |              |  |  |   |                |   |      |
|   | (A)<br>Name and business add   | dress   |                                   |                       |                      |                |                               |              | (B)<br>Description of se               | rvices   | С   | (C)<br>Compens |   |      |
|   | ATTACHMENT 3   |   |                                   |                       |                      |                |                               |              |  |  |   |                |   |      |
|   |  |   |                                   |                       |                      |                |                               | T            |  |  |   |                |   |      |
|   | 2 Total number of independent contractors (i   | ncluding b  | ut no                             | t lin                 | nite                 | d to           | thos                          | se I         | isted above) who                       | received   | Sim <sup>2</sup>                                      | 4774           |   |      |
|   | more than \$100,000 in compensation from the   |   |                                   |                       |                      |                | 9                             |              | ,                                      | 0  |   |                |   |      |

| Fal  | τνιι     | Check if Schedule O co                            |                    | nse or note to any | line in this Part VII | 1  |   |  |
|--|----------|---|--------------------|--------------------|-----------------------|--|---|--|
|  |          |   |                    |                    | (A)<br>Total revenue  | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| s s  | 1a       | Federated campaigns                               | 1a                 |                    |                       |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b        | Membership dues                                   |                    |                    |                       |  |   |  |
| Am   | С        | Fundraising events                                | 1.4                |                    |                       |  |   | 7  |
| Gif  | d        | Related organizations                             |                    | 1,505,000.         |                       |  |   |  |
| Sim.   | e        | Government grants (contrib                        | 30 L               |                    |                       |  |   |  |
| utio   | f        | All other contributions, gifts,                   | grants             |                    |                       |  |   |  |
| e E  |          | and similar amounts not included                  | l above . 1f       | 363,238.           |                       |  |   |  |
| ng pu  | 9        | Noncash contributions included                    | in lines 1a-1f: \$ | 67,000.            |                       | MILE STATE OF THE STATE OF   |   |  |
|  | h        | Total. Add lines 1a-1f                            |                    | 1                  | 1,868,238.            |  |   |  |
| Service Revenue  |          |   |                    | Business Code      |                       | PARKED AND DESCRIPTION OF THE PARKET OF THE  |   |  |
| eve  | 2a       | MEMBERSHIP DUES                                   |                    | 900099             | 15,001,108.           | 15,001,100.  |   |  |
| 9  | Ь        | AIRPORT DIRECTORY                                 |                    | 900099             | 170,000.              | 170,000.   |   |  |
| Š  | С        | AOPA FLY-IN'S                                     |                    | 900099             | 266,741.              | 266,741.   |   |  |
| S  | d        | MAGAZINE ARTICLE SALES                            |                    | 900099             | 5,069.                | 5,069.   |   |  |
| Program  | e        |   |                    | $\vdash$           |                       |  |   |  |
| 00   | f        | All other program service rev                     |                    |                    |                       |  |   |  |
|  | 9        | Total. Add lines 2a-2f                            |                    |                    | 15,442,998.           |  |   |  |
|  | 3        | 1   | luding divider     | 20.0               |                       |  |   |  |
|  |          | and other similar amounts).                       |                    |                    | 927, 725.             |  |   | 927,725  |
|  | 4        | Income from investment of                         |                    |                    | 0                     |  |   |  |
|  | 5        | Royalties   |                    |                    | 5,105,737.            |  |   | 5,105,737  |
|  |          |   | (i) Real           | (ii) Personal      |                       |  |   |  |
|  | 6a       | Gross rents                                       | 599,342.           |                    |                       |  |   | 0=1,1110   |
|  | b        | Less: rental expenses                             | 396,676.           | ļ                  | V_91 /499             |  |   |  |
|  | С        | Rental income or (loss)                           | 202,666.           | 1                  |                       |  |   |  |
|  | _ d      | Net rental income or (loss                        |                    | 1                  | 202,666.              |  |   | 202,666  |
|  | 7a       | Gross amount from sales of                        | (i) Securities     | (ii) Other         |                       |  |   |  |
|  |          | assets other than inventory                       | 9,985,072.         | 1,844,155.         |                       |  |   |  |
|  | b        | Less: cost or other basis                         | 97.                |                    |                       |  |   |  |
|  |          | and sales expenses                                |                    |                    |                       |  |   |  |
|  | c        | Gain or (loss)                                    |                    | ·                  |                       |  |   | Programme and the second                             |
|  | d        | Net gain or (loss)                                |                    |                    | 913,971.              |  |   | 913, 971   |
| enne   | 8a       | Gross income from fundra                          | ising              |                    |                       | THE RESERVE TO SERVE THE PARTY OF THE PARTY  |   | Service City   |
| ē  |          | events (not including \$                          |                    |                    |                       |  |   |  |
| é  |          | of contributions reported on                      | line 1c)           |                    |                       |  |   |  |
| Other Rev  |          | See Part IV, line 18                              |                    | 1 11               |                       |  |   |  |
| ŧ  |          | Less: direct expenses                             |                    |                    |                       |  |   |  |
| 0  | С        | Net income or (loss) from fu                      |                    |                    |                       | The state of the s |   |  |
|  | 9a       | Gross income from gaming                          |                    |                    |                       |  |   |  |
|  | ١.       | See Part IV, line 19                              |                    | 1 1                |                       |  |   |  |
|  | b        | Less: direct expenses Net income or (loss) from g |                    | _                  |                       |  |   |  |
|  | C        |   |                    |                    |                       |  |   |  |
|  | 10a      | Gross sales of inventor returns and allowances    |                    | 527.               |                       |  |   | J. ž. Y. Y.  |
|  | ь        | Less: cost of goods sold                          |                    |                    |                       |  |   |  |
|  | С        | , ,   |                    | 7                  | 527.                  |  | 527.                                    |  |
|  | <u> </u> | Miscellaneous Rever                               |                    | Business Code      |                       |  |   |  |
|  | 11a      | AD&D STABILIZATION RESERV                         | /E DISTRIBUTION    | r                  | 9,947.                |  |   | 9,947  |
|  | ь        | COST SHARING                                      |                    | 900099             | 3,656,427.            |  | ÇQ:SES                                  | 3,656,427  |
|  | C        | ADVERTISING INCOME                                |                    | 511190             | 9,702,166.            |  | 9,702,166.                              | 224,404  |
|  | d        | All other revenue                                 |                    | 900099             | 938, 894.             |  |   | 938,894  |
|  | . e      | Total. Add lines 11a-11d -                        |                    |                    | 14,307,434.           | 229 225  | man appropriate the second              |  |
|  | 12       | Total revenue. See instruction                    | )ΠS                | 🗩 📗                | 30,769,296.           | 15,442,998.  | 9 702 693                               | 11, 755, 367   |

## Part IX Statement of Functional Expenses

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

|     | Check if Schedule O contains a resp   | onse or note to any line | e in this Part IX                  |   | X                              |
|-----|---|--------------------------|------------------------------------|---|--------------------------------|
|     | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.  | (A)<br>Total expenses    | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 0                        |                                    |   |                                |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22   | 97,900.                  | 97,900.                            |   |                                |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 0                        |                                    |   |                                |
| 4   | Benefits paid to or for members   | 0                        |                                    |   |                                |
|     | Compensation of current officers, directors,  |                          |                                    |   |                                |
| •   | trustees, and key employees   | 3,254,319.               | 3,157,615.                         | 96,704.                                   |                                |
| 6   | Compensation not included above, to disqualified  |                          |                                    |   |                                |
| ·   | persons (as defined under section 4958(f)(1)) and   |                          |                                    |   |                                |
|     | persons described in section 4958(c)(3)(B)  | 0                        |                                    |   |                                |
| 7   | Other salaries and wages  | 11,840,953.              | 10,380,095.                        | 1,460,338.                                | 520.                           |
|     | Pension plan accruals and contributions (include  |                          |                                    |   |                                |
|     | section 401(k) and 403(b) employer contributions)   | 1,178,076.               | 1,178,076.                         |   |                                |
| 9   | Other employee benefits   | 631,971.                 | 617,477.                           | 14,494.                                   |                                |
| 10  | Payroll taxes   | 1,673,382.               | 1,294,212.                         | 379,089.                                  | 81.                            |
| 11  | Fees for services (non-employees):  |                          |                                    |   |                                |
| а   | Management  | 0                        |                                    |   |                                |
| ь   | Legal   | 713,255.                 | 649,562.                           | 63,693.                                   |                                |
| c   | : Accounting  | 327,402.                 | 306,642.                           | 20,760.                                   |                                |
| d   | Lobbying  | 167,446.                 | 167,446.                           |   |                                |
| е   | Professional fundraising services. See Part IV, line 17,  | 44,001.                  |                                    |   | 44,001.                        |
| - 1 | f Investment management fees  | 138,955.                 | 138,955.                           |   |                                |
| 9   | Other. (If line 11g amount exceeds 10% of line 25, column   |                          |                                    | 155 350                                   | 1 500                          |
|     | (A) amount, list line 11g expenses on Schedule O.)  | 2,480,488.               | 2,323,226.                         | 155,762.                                  | 1,500.                         |
| 12  | Advertising and promotion   | 242,006.                 | 242,006.                           | 46 242                                    |                                |
| 13  | Office expenses   | 119,141.                 | 72,898.                            | 46,243.                                   |                                |
| 14  | Information technology  | <u> </u>                 |                                    |   |                                |
| 15  | Royalties   | 924,530.                 | 171,592.                           | 752,938.                                  |                                |
| 16  | Occupancy   | 2,032,753.               | 1,988,320.                         | 44,433.                                   |                                |
| 17  | Travel  | 2,032,133.               | 1,000,020.                         | 44,433.                                   |                                |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                        |                                    |   |                                |
| 10  | Conferences, conventions, and meetings  | 727,973.                 | 726,010.                           | 1,963.                                    |                                |
| 20  |   | 130,498.                 | 118,792.                           | 11,706.                                   |                                |
| 21  | Payments to affiliates  | 0                        |                                    |   |                                |
| 22  | Depreciation, depletion, and amortization   | 1,882,161.               | 1,398,844.                         | 483,317.                                  |                                |
| 23  | Insurance   | 349,135.                 | 321,815.                           | 27,320.                                   |                                |
| 24  | Other expenses. Itemize expenses not covered  |                          |                                    |   |                                |
|     | above (List miscellaneous expenses in line 24e. If  |                          |                                    |   |                                |
|     | line 24e amount exceeds 10% of line 25, column  | A                        |                                    |   |                                |
|     | (A) amount, list line 24e expenses on Schedule O.)  |                          |                                    |   |                                |
| 8   | PRINT/MAIL/POSTAGE/PREMIUM  | 4,199,134.               | 4,116,329.                         | 18,373.                                   | 64,432.                        |
| ŀ   | MAGAZINE PRODUCTION   | 1,653,570.               | 1,653,570.                         |   |                                |
|     | RENTALS   | 1,383,400.               | 1,257,695.                         | 125,705.                                  |                                |
|     | BANK & CREDIT CARD FEES   | 370,056.                 | 367,470.                           | 2,586.                                    |                                |
|     | All other expenses _ATCH_4  | 5,470,127.               | 4,625,251.                         | 844,876.                                  | 111                            |
|     | Total functional expenses. Add lines 1 through 24e  | 42,032,632.              | 37,371,798.                        | 4,550,300.                                | 110,534.                       |
| 26  | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here |                          |                                    |   |                                |
|     | following SOP 98-2 (ASC 958-720)  | 0                        |                                    |   |                                |
| JSA |   |                          | ,                                  | ,   | Form 990 (2014)                |

JSA 4E1052 1.000

| art X                                  | Balance Sheet  |                          |              |                    |
|--|--|--------------------------|--------------|--------------------|
|  | Check if Schedule O contains a response or note to any line in this Pa   | rt X                     |              |                    |
|  |  | (A)<br>Beginning of year |              | (B)<br>End of year |
| 1                                      | Cash - non-interest-bearing  | 838,209.                 | 1            | 3,012,475          |
| 2                                      | Savings and temporary cash investments   | 0                        | 2            |                    |
| 3                                      | Pledges and grants receivable, net   | 0                        | 3            |                    |
| 4                                      | Accounts receivable, net   | 2,090,153.               | 4            | 2,096,580          |
| 5                                      | Loans and other receivables from current and former officers, directors,   |                          |              |                    |
|  | trustees, key employees, and highest compensated employees.  |                          |              |                    |
|  | Complete Part II of Schedule L<br>Loans and other receivables from other disqualified persons (as defined under section  | 0                        | 5            |                    |
| 6                                      | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary |                          |              |                    |
|  | organizations (see instructions). Complete Part II of Schedule L   | 0                        | 6            |                    |
| 7 8                                    | Notes and loans receivable, net  | 0                        | 7            |                    |
| 8   8                                  | Inventories for sale or use  | 0                        | 8            |                    |
| `  9                                   | Prepaid expenses and deferred charges  | 1,340,782.               | 9            | 1,497,787          |
| 10 a                                   | Land, buildings, and equipment: cost or  |                          |              |                    |
|  | other basis. Complete Part VI of Schedule D 22, 922, 698.  |                          |              |                    |
| 1 6                                    | Less: accumulated depreciation   | 10,698,971.              | 10c          | 10,709,209         |
| 11                                     | Investments - publicly traded securities   | 51,135,902.              | 11           | 45,945,630         |
| 12                                     | Investments - other securities. See Part IV, line 11   | 21,779,270.              | 12           | 23,318,188         |
| 13                                     | Investments - program-related. See Part IV, line 11  | 0                        | 13           |                    |
| 14                                     | Intangible assets  | 5,280,835.               | 14           | 5,280,835          |
| 15                                     | Other assets. See Part IV, line 11   | 7,566,920.               |              | 9,362,987          |
| 16                                     | Total assets. Add lines 1 through 15 (must equal line 34)  | 100,731,042.             |              | 101,223,691        |
| 17                                     | Accounts payable and accrued expenses  | 3,358,748.               | _            | 3,648,767          |
| 18                                     | Grants payable   |                          | 18           | •                  |
| 19                                     | Deferred revenue   | 11,099,839.              |              | 13,593,259         |
| 20                                     | Tax-exempt bond liabilities  |                          | 20           |                    |
| 1                                      | Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | 21           |                    |
| 21 22                                  | Loans and other payables to current and former officers, directors,  |                          |              |                    |
|  | trustees, key employees, highest compensated employees, and  |                          |              |                    |
| i                                      | disqualified persons. Complete Part II of Schedule L   | 0                        | 22           |                    |
| 23                                     | Secured mortgages and notes payable to unrelated third parties   | 4,868,197.               |              | 3,261,948          |
| 24                                     | Unsecured notes and loans payable to unrelated third parties   | 0                        | <del> </del> | 3,202,310          |
| 25                                     | Other liabilities (including federal income tax, payables to related third   |                          |              |                    |
| 23                                     | parties, and other liabilities not included on lines 17-24). Complete Part X   |                          |              |                    |
|  | of Schedule D  | 1,343,953.               | 25           | 2,010,493          |
| 26                                     | Total liabilities. Add lines 17 through 25   | 20,670,737.              |              | 22,514,467         |
|  | Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  | 20,0.0,.5.               | 20           | 22,021,107         |
| 27                                     | Unrestricted net assets  | 80,060,305.              | 27           | 78,709,224         |
| 28                                     | Temporarily restricted net assets  | 00,000,000               | 28           | ,,                 |
| 29                                     | Permanently restricted net assets  | 0                        | 29           |                    |
| 27<br>28<br>29<br>30<br>31<br>32<br>33 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.  | Ч т Т                    |              |                    |
| 30                                     | Capital stock or trust principal, or current funds   |                          | 30           |                    |
| 31                                     | Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31           |                    |
| 32                                     | Retained earnings, endowment, accumulated income, or other funds   |                          | 32           |                    |
| 5 I 🚡                                  | Total net assets or fund balances  | 80,060,305.              | 33           | 78,709,224         |
| 33                                     |  |                          |              |                    |

Form **990** (2014)

Form 990 (2014) Page 12 Reconciliation of Net Assets Part XI Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 38,769,296. 42,032,632. 2 -3,263,336.3 3 80,060,305. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 4 1,912,255. 5 6 6 7 0 7 0 8 0 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 78,709,224. Financial Statements and Reporting Part XII Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Other 1 Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a 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 2b X 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: X Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight X 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2014)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### **Schedule of Contributors**

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990,

Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer identification number

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   |  |  |  |  |  |  |
| Note. Only a section 501(c)(7), instructions.  | overed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See  |  |  |  |  |  |  |
| General Rule   |  |  |  |  |  |  |  |
| -  | ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions. |  |  |  |  |  |  |
| Special Rules  |  |  |  |  |  |  |  |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.   |  |  |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.   |  |  |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on 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. Do not 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 |  |  |  |  |  |  |  |
| <del>-</del>   | not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its        |  |  |  |  |  |  |

Form 990-PF, Part I, line 2, to certify that it does not meet the fiting requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer Identification number 52-0636210

| Part I     | Contributors (see instructions). Use duplicate copies of Par | rt I if additional space is nee | ded.   |
|------------|--|---------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 1_         |  | \$1,505,000.                    | Person Payroli Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c) Total contributions         | (d)<br>Type of contribution  |
| 2_         |  | \$67,000.                       | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c) Total contributions         | (d)<br>Type of contribution  |
| 7.7.7.     |  | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |  | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |  | s                               | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| • •        |  | \$                              | Person Payroli Noncash (Complete Part II for noncash contributions.) |

Employer identification number

52-0636210

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is nee               | ded.                 |
|---------------------------|---|--|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given                       | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| 2                         | REDBIRD FLIGHT SIMULATOR  | <b>\$</b> 67,000.                              | 10/03/2014           |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | s  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |   | \$   |                      |

Name of organization AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer identification number 52-0636210

|                           | following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additional additional copies of the copies of Part III if additional copies of the copies of Part III if additional copies of the copies of Part III if additional copies of the cop | e year. (Enter this in | formation once. S |                                     |  |  |  |  |
|---------------------------|---|------------------------|-------------------|-------------------------------------|--|--|--|--|
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                |                   | (d) Description of how gift is held |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   | (e) Transf             | er of gift        |                                     |  |  |  |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4             | Relatio           | nship of transferor to transferee   |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                | of gift           | (d) Description of how gift is held |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           | (e) Transfer of gift  |                        |                   |                                     |  |  |  |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4             | Relatio           | nship of transferor to transferee   |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                | of gift           | (d) Description of how gift is held |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   | (e) Transf             | er of nift        |                                     |  |  |  |  |
|                           |   |                        | _                 |                                     |  |  |  |  |
|                           | Transferee's name, address, ar  | nd ZIP + 4             | Relatio           | nship of transferor to transferee   |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use                | of gift           | (d) Description of how gift is held |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   | (e) Transf             | ar of alft        |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4             | Relatio           | nship of transferor to transferee   |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |
|                           |   |                        |                   |                                     |  |  |  |  |

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, Ilne 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.

| Tax) | (see separate instructions), ther   |                                       | Tax) (see separate in | structions) or Form 990-E   | Z, Part V, line 35c (Prox)   |  |  |  |  |
|------|-------------------------------------|---------------------------------------|-----------------------|---|--|--|--|--|--|
|      | Section 501(c)(4), (5), or (6) orga | anizations: Complete Part III.        |                       | F114-   | ntification number   |  |  |  |  |
|      | e of organization                   |                                       |                       | ' '   |  |  |  |  |  |
|      | CRAFT OWNERS & PILOT                |                                       |                       | 52-06   |  |  |  |  |  |
| Pa   |                                     | rganization is exempt under           |                       |   | nization.  |  |  |  |  |
| 1    |                                     | organization's direct and indirect    |                       |   |  |  |  |  |  |
| 2    | Political expenditures              |                                       |                       | ▶\$   |  |  |  |  |  |
| 3    | Volunteer hours                     |                                       |                       |   |  |  |  |  |  |
| Par  |                                     | rganization is exempt under           |                       |   |  |  |  |  |  |
| 1    | Enter the amount of any exc         | ise tax incurred by the organization  | n under section 495   | 5, , , , , , . ▶ \$   |  |  |  |  |  |
| 2    | Enter the amount of any exc         | ise tax incurred by organization m    | anagers under secti   | on 4955 ▶ \$  |  |  |  |  |  |
| 3    | If the organization incurred a      | a section 4955 tax, did it file Form  | 4720 for this year?   |   | Yes No   |  |  |  |  |
|      |                                     |                                       |                       |   |  |  |  |  |  |
|      | If "Yes," describe in Part IV.      |                                       |                       |   |  |  |  |  |  |
|      |                                     | rganization is exempt under           | section 501(c), ex    | cept section 501(c)(3   | ).   |  |  |  |  |
| 1    |                                     | xpended by the filing organizatio     |                       |   |  |  |  |  |  |
|      |                                     |                                       |                       |   |  |  |  |  |  |
| 2    | 527 exempt function activiti        | ng organization's funds contributedes |                       |   |  |  |  |  |  |
| 3    |                                     | enditures. Add lines 1 and 2. Er      |                       |   |  |  |  |  |  |
| 5    |                                     |                                       |                       |   |  |  |  |  |  |
|      | (a) Name                            | (b) Address                           | (c) EIN               | (d) Amount paid from<br>filing organization's<br>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 |  |  |  |  |
| (1)  |                                     |                                       |                       |   |  |  |  |  |  |
| (2)  |                                     |                                       |                       |   |  |  |  |  |  |
| (3)  |                                     |                                       |                       |   |  |  |  |  |  |
|      |                                     |                                       |                       |   |  |  |  |  |  |
| (4)  |                                     |                                       |                       |   |  |  |  |  |  |
| (5)  |                                     |                                       | -                     |   |  |  |  |  |  |
| (6)  |                                     |                                       |                       |   |  |  |  |  |  |

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

Schedule C (Form 990 or 990-EZ) 2014

| Sch        | edule C (Form 990 or 990-EZ) 2014                          | AIRCRA       | FT OWNE       | RS & PILOTS AS          | SOCIATION            | 52-0                      | 636210 <b>P</b> | age 2 |
|------------|--|--------------|---------------|-------------------------|----------------------|---------------------------|-----------------|-------|
| Pa         | art II-A Complete if the org                               | anizati      | on is exer    | mpt under section       | 501(c)(3) and        | filed Form 5768 (elec     | ction under     |       |
| A          | Check ▶ if the filing organ                                | nization     | belongs t     | o an affiliated grou    | p (and list in Pa    | rt IV each affiliated gr  | oup member's    | S     |
| _          |  |              |               | d share of excess I     |                      | *                         |                 |       |
| В          |  |              |               | box A and "limited      | control" provisi     |                           |                 |       |
|            |  |              | ying Expen    |                         | ,                    | (a) Filing                | (b) Affiliated  |       |
|            | (The term "expendite                                       |              |               |                         | •                    | organization's totals     | group totals    |       |
|            | Total lobbying expenditures to in                          |              |               | 14                      | , F                  |                           |                 |       |
|            | Total lobbying expenditures to it                          |              | _             |                         | -,                   |                           |                 |       |
|            | : Total lobbying expenditures (ad                          |              |               |                         |                      |                           |                 |       |
|            | Other exempt purpose expendit                              |              |               |                         |                      |                           |                 |       |
|            | Total exempt purpose expenditu                             |              |               |                         |                      |                           |                 |       |
| f          | Lobbying nontaxable amount.                                | Enter the    | e amount      | from the following      | table in both        |                           |                 |       |
|            | columns.   |              |               |                         |                      |                           |                 |       |
|            | If the amount on line 1e, column (a                        | ) or (b) is: | The lobbyi    | ng nontaxable amount    | ls:                  |                           |                 |       |
|            | Not over \$500,000   |              | 20% of the    | amount on line 1e.      |                      |                           |                 |       |
|            | Over \$500,000 but not over \$1,000                        | .000         | \$100,000 p   | lus 15% of the excess   | over \$500,000.      |                           |                 |       |
|            | Over \$1,000,000 but not over \$1,50                       | 00,000       | \$175,000 p   | lus 10% of the excess   | over \$1,000,000.    | . 2                       |                 |       |
|            | Over \$1,500,000 but not over \$17,0                       | 000,000      | \$225,000 p   | lus 5% of the excess of | ver \$1,500,000.     |                           |                 |       |
|            | Over \$17,000,000  |              | \$1,000,000   | ).                      | 2.01                 |                           |                 |       |
| g          | Grassroots nontaxable amount                               | (enter 2     | 5% of line 11 | 7                       |                      |                           |                 |       |
| h          | Subtract line 1g from line 1a. If                          | zero or le   | ess, enter -C | )                       |                      |                           |                 |       |
|            | Subtract line 1f from line 1c. If a                        |              |               |                         |                      |                           |                 |       |
| i          | If there is an amount other th                             | an zero      | on either     | line 1h or line 1i, d   | did the organization | tion file Form 4720       |                 |       |
| -          | reporting section 4911 tax for the                         |              |               |                         |                      |                           | Yes             | No    |
|            |  |              | 4-Year Ave    | raging Period Unde      |                      | ·                         |                 |       |
|            | (Some organizations that                                   |              |               |                         |                      | ete all of the five colum | ins below.      |       |
|            | , -  | See          | the separa    | te instructions for l   | ines 2a through      | 2f.)                      |                 |       |
|            |  | Lobi         | ying Expe     | nditures During 4-Y     | ear Averaging Pe     | riod                      |                 |       |
|            |  |              |               |                         |                      |                           |                 |       |
|            | Calendar year (or fiscal year<br>beginning in)             | (a)          | 2011          | (b) 2012                | (c) 2013             | (d) 2014                  | (e) Total       |       |
| <b>2</b> a | Lobbying nontaxable amount                                 |              |               |                         |                      |                           |                 |       |
| ь          | Lobbying ceiling amount<br>(150% of line 2a, column (e))   |              |               |                         |                      |                           |                 |       |
| C          | : Total lobbying expenditures                              |              |               |                         |                      |                           |                 |       |
| d          | Grassroots nontaxable amount                               |              |               |                         |                      |                           |                 |       |
| 6          | Grassroots ceiling amount<br>(150% of line 2d, column (e)) | 10           |               |                         | 11                   | n II II                   |                 |       |
| f          | Grassroots lobbying expenditures                           |              |               |                         |                      |                           | !               |       |

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014

Page 4

Part IV Supplemental Information (continued)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

| Nam | e of the organization   |                                  |                 | Employer identification number                 |
|-----|---|----------------------------------|-----------------|--|
| AII | RCRAFT OWNERS & PILOTS ASSOCIATION  |                                  |                 | 52-063621 <b>0</b>                             |
|     | organizations Maintaining Donor Adv   | sed Funds or Other Similar       | Funds or A      | Accounts.                                      |
|     | Complete if the organization answered   |                                  |                 |  |
| _   | 3   | (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  |                                  |                 | 1  |
| 5   | Did the organization inform all donors and donor  | advisors in writing that the a   | eeste hald ir   | Adopor advised                                 |
| 5   | funds are the organization's property, subject to the   | <del>-</del>                     |                 |  |
| 6   | Did the organization inform all grantees, donors, a   |                                  |                 |  |
| 0   | only for charitable purposes and not for the bene   |                                  |                 |  |
|     | conferring impermissible private benefit?   |                                  |                 |  |
| D:  | art II Conservation Easements.  |                                  |                 |  |
|     | Complete if the organization answered   | "Yes" to Form 990, Part IV.      | line 7.         |  |
| 1   | Purpose(s) of conservation easements held by the  |                                  |                 |  |
| •   | Preservation of land for public use (e.g., rec  |                                  |                 | f a historically important land area           |
|     | Protection of natural habitat   |                                  |                 | f a certified historic structure               |
|     | Preservation of open space  |                                  |                 |  |
| 2   | Complete lines 2a through 2d if the organization he   | eld a qualified conservation cor | ntribution in t | he 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  |                                  | T T             | 2a   |
| b   | Total acreage restricted by conservation easements  |                                  |                 | 2b   |
| C   | Number of conservation easements on a certified   |                                  |                 | 2c   |
| d   | Number of conservation easements included in (c   | , ,                              | [-              | -  |
| u   | historic structure listed in the National Register.   |                                  |                 | 2d   |
| 3   | Number of conservation easements modified, tran   |                                  |                 |  |
| 3   | tax year  | siened, released, extinguished   | i, or termina   | ted by the organization during the             |
| 4   | Number of states where property subject to conse  | ryation easement is located .    |                 |  |
| 5   | Does the organization have a written policy re-   |                                  |                 |  |
| •   | violations, and enforcement of the conservation ea  |                                  |                 |  |
| 6   | Staff and volunteer hours devoted to monitoring, in   |                                  |                 |  |
| •   | Land volunteer nound devoted to monitoring, in  | apecting, and emorang conse      | 1 4411011 0430  | ments during the year                          |
| 7   | Amount of expenses incurred in monitoring, inspec   | ting and enforcing conservation  | on easement     | e during the year                              |
| •   | S   | and emorting conservation        | on casemen      | s during the year                              |
| 8   | Does each conservation easement reported on line  | 2(d) above satisfy the require   | ments of sec    | tion 170/b\/4\/B\(i)                           |
|     | and section 170(h)(4)(B)(ii)?   |                                  |                 |  |
| 9   | In Part XIII, describe how the organization reports   |                                  |                 |  |
| 3   | balance sheet, and include, if applicable, the text of  |                                  |                 |  |
|     | organization's accounting for conservation easeme   |                                  |                 |  |
| Pa  | art III Organizations Maintaining Collections   |                                  | s, or Other     | Similar Assets.                                |
|     | Complete if the organization answered   |                                  |                 |  |
| 1a  | If the organization elected, as permitted under SI  | AS 116 (ASC 958), not to re      | port in its re  | venue statement and balance sheet              |
|     | If the organization elected, as permitted under Si<br>works of art, historical treasures, or other similar<br>public service, provide, in Part XIII, the text of the fo | er assets held for public exhi   | bition, educa   | ation, or research in furtherance of           |
|     |   |                                  |                 |  |
| b   | If the organization elected, as permitted under sworks of art, historical treasures, or other similar   | oras 116 (ASC 958), to repo      | ort in its rev  | venue statement and balance sheel              |
|     | public service, provide the following amounts relati  | na to these items:               | DIGOTI, EUUC    | adon, or research in luttilefailte of          |
|     | (i) Revenue included in Form 990, Part VIII, line 1   |                                  |                 | > Serior e e e e e e e e e e e e e e e e e e e |
|     | (ii) Assets included in Form 990, Part X  |                                  |                 |  |
| 2   | If the organization received or held works of a   |                                  |                 |  |
| -   | following amounts required to be reported under S   |                                  |                 |  |
| а   | Revenue included in Form 990, Part VIII, line 1   |                                  |                 |  |
| Ь   | Assets included in Form 990, Part X   |                                  |                 | <b>&gt;</b> \$                                 |

| Page 2 |
|--------|
|--------|

| Par      | t III Organizations Maintaining Colle                                    | ctions of Art, His      | torical Tre   | easure                                  | s, or   | Other Simila       | ır Asse   | ts (conti      | nued)     |
|----------|--|-------------------------|---------------|---|---|--------------------|-----------|----------------|-----------|
|          |  |                         |               |   |   |                    |           |                |           |
| 3        | Using the organization's acquisition, acces                              | sion, and other reco    | ds, check     | any of                                  | the fe  | ollowing that a    | re a sign | nificant us    | e of its  |
|          | collection items (check all that apply):                                 |                         | ٦.            |   |   |                    |           |                |           |
| a        | Public exhibition  | ď  -                    | Loan or       |   | _   | -                  |           |                |           |
| Ь        | Scholarly research   | 9                       | _ Other _     |   |   |                    |           |                |           |
| C        | Preservation for future generations                                      |                         |               |   |   |                    |           |                |           |
| 4        | Provide a description of the organization's                              | collections and expl    | ain how the   | ey furth                                | ner th  | e organization's   | s exempl  | t purpose      | in Part   |
| _        | XIII.  |                         |               |   |   |                    |           |                |           |
| 5        | During the year, did the organization solicit of                         |                         |               |   |   |                    |           | ¬ <sub>V</sub> |           |
| D        | assets to be sold to raise funds rather than to                          |                         |               |   |   |                    |           |                |           |
| Par      | t IV Escrow and Custodial Arrangeme<br>or reported an amount on Form 9   |                         |               | auon a                                  | пswe  | ered tes lor       | om 990    | u, Part IV     | , line 9, |
|          | or reported arramount on Form 9  | 30, Fait A, lifte 21.   |               |   |   |                    |           |                |           |
| 4-       | Is the organization an agent, trustee, custoo                            | dian or other intermed  | liant for cou | nteibutio                               | ne or   | other accete no    |           |                |           |
| 16       | included on Form 990, Part X?  |                         |               |   |   |                    |           | Yes            | □ No      |
| <b>h</b> | If "Yes," explain the arrangement in Part XII                            |                         |               |   |   |                    | ∟         |                | 140       |
|          | ii res, explain the arrangement arr arr XII                              | i and complete the lo   | nothing table | <u>.</u> _                              |   | Δι                 | mount     |                |           |
|          | Beginning balance  |                         |               | - 1                                     | 10  |                    |           |                |           |
|          | Additions during the year  |                         |               | _                                       |   |                    |           |                |           |
|          | Distributions during the year  |                         |               |   |   |                    |           |                |           |
| f        | Ending balance   |                         |               |   |   |                    |           |                |           |
| 2a       | Did the organization include an amount on f                              |                         |               |   |   | odial account lial | hility?   | Yes            | No        |
|          | If "Yes," explain the arrangement in Part XII                            |                         |               |   |   |                    |           |                | H'''      |
| Par      |  |                         |               |   |   |                    |           |                |           |
| 1 61     |  | rrent year (b) Pric     |               | (c) Two                                 |   | 1                  |           | (e) Four y     | Bars back |
| 1a       | Beginning of year balance  | · · · · ·               |               | • |   | 1,                 |           |                |           |
|          | Contributions  |                         |               |   |   |                    | -         |                |           |
|          | Net investment earnings, gains,  |                         |               |   |   |                    | -         |                |           |
|          | and losses   |                         |               |   |   |                    |           |                |           |
| d        | Grants or scholarships   |                         |               |   |   |                    |           |                |           |
|          | Other expenditures for facilities  |                         |               |   |   |                    |           |                |           |
|          | and programs   |                         | İ             |   |   |                    |           |                |           |
| f        | Administrative expenses  |                         |               |   |   |                    |           |                |           |
|          | End of year balance  |                         |               |   |   |                    |           |                |           |
| 2        | Provide the estimated percentage of the cur                              | rent year end balance   | e (line 1g, c | olumn (a                                | a)) he  | eld as:            |           |                |           |
| а        | Board designated or quasi-endowment                                      | %                       |               |   |   |                    |           |                |           |
|          | Permanent endowment ▶ %  |                         |               |   |   |                    |           |                |           |
| C        | Temporarily restricted endowment ▶                                       | %                       |               |   |   |                    |           |                |           |
|          | The percentages in lines 2a, 2b, and 2c sho                              | ould equal 100%.        |               |   |   |                    |           |                |           |
| 3a       | Are there endowment funds not in the posse                               | ession of the organiza  | ation that a  | re held                                 | and a   | administered for   | the       | _              |           |
|          | organization by:   |                         |               |   |   |                    |           |                | es No     |
|          | (i) unrelated organizations  |                         |               |   |   |                    |           | 3a(i)          |           |
|          | (ii) related organizations   |                         |               |   |   |                    |           | 3a(ii)         |           |
| Ь        | If "Yes" to 3a(ii), are the related organization                         |                         |               |   |   |                    |           | 3b             |           |
| 4        | Describe in Part XIII the intended uses of the                           | e organization's endo   | wment fund    | ls.                                     |   |                    |           |                |           |
| Par      | t VI Land, Buildings, and Equipment.<br>Complete if the organization ans | wered "Yes" to Forr     | n 990. Par    | rt IV. lin                              | ne 11   | a. See Form 9      | 90. Part  | X. line 1      | 0.        |
|          | Description of property  | (a) Cost or other basis | (b) Cost or   | other basi                              |   | c) Accumulated     |           | I) Book value  |           |
| 1a       | Land   | (investment)            | (oth          | er)<br>34,609                           | 1   | depreciation       |           | 50.            | 1,609.    |
| b        | Land   |                         |               | 29,073                                  | _   | 5,336,950.         |           |                | 2,123.    |
| _        | Leasehold improvements   |                         | 0,02          | , 0 / 3                                 | <del>'                                     </del> | 3,330,330.         |           | 1,23           | -, 120.   |
| d        | Equipment  | <u> </u>                | 1 5/          | 15,830                                  | +   | 1,254,415.         |           | 20             | 1,415.    |
|          | Other  |                         |               | 3,186                                   |   | 5,622,124.         |           |                | 1,062.    |
|          | I. Add lines 1a through 1e. (Column (d) must                             | equal Form 990 Part     |               |   |   |                    |           |                | 3,209.    |
| · Vid    | m / tog mice to through te. (Colonia (b) must                            | quarrolli 330, 1 all    | -4 colama     | -), mio                                 | .0(0)   | ·/····             | 0-11      |                | 0000 2044 |

| Schedule | D ( | Form | 9901 | 2014 |
|----------|-----|------|------|------|
|          |     |      |      |      |

| Investments - Other Securities.   |
|---|
| <br>Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 11 |

| Tompions with organization zeronation                                |                |  |
|--|----------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
| (1) Financial derivatives  |                |  |
| (2) Closely-held equity interests                                    |                |  |
| (3) Other  |                |  |
| (A) ALTERNATIVE INVESTMENTS  | 23,318,188.    | FMV  |
| (B)  |                |  |
| (C)  |                |  |
| (D)  |                |  |
| (E)  |                |  |
| (F)  |                |  |
| (G)  |                |  |
| (H)  |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 23,318,188.    |  |

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) INVESTMENT IN SUB (NET)  | 5,779,755.     |
| (2) REAL ESTATE INVESTMENT   | 21,806.        |
| (3) DEFERRED TAXES   | 6,688.         |
| (4)REAL ESTATE-HELD FOR SALE                                       | 3,554,738.     |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 9,362,987.     |

#### Part X Other Liabilities.

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

| 1. (a) Description of liability                                      | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)AIRCRAFT RESERVES   | 342,521.       |
| (3) BUILDING RESERVES/MAINTENANCE                                    | 53,104.        |
| (4) DEFERRED RENT LIABILITY  | 187,918.       |
| (5) LIFETIME MEMBERSHIP LIABILITY                                    | 1,426,950.     |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 2,010,493.     |

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

AIRCRAFT OWNERS & PILOTS ASSOCIATION 52-0636210 Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2b c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 28 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b c Other losses c Other losses
d Other (Describe in Part XIII.) 2c e Add lines 2a through 2d 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). . . . Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. FIN 48 FOOTNOTE - SCHEDULE D, PART X, LINE 2 THE ASSOCIATION RECOGNIZES OR DERECOGNIZES TAX POSITIONS ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO A POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ASSOCIATION DOES NOT BELIEVE IT HAS ANY MATERIAL UNCERTAIN TAX POSITIONS.

52-0636210

Part XIII Supplemental Information (continued)

#### **SCHEDULE F** (Form 990)

#### 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.

2014 Open to Public

Inspection

OMB No.: 1545-0047

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer Identification number 52-0636210

AIRCRAFT OWNERS & PILOTS ASSOCIATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

| i           | For grantmakers. Does the orgal assistance, the grantees' eligibility grants or assistance? | ty for the grant                    | s or assistance   | e, and the selection criteri  | a used to award the   | Yes No  |
|-------------|---|-------------------------------------|---|---|---|---|
|             | For grantmakers. Describe in assistance outside the United State                            |                                     | ganization's pr   | ocedures for monitoring   | the use of its grants a   | and other   |
| 3           | Activities per Region. (The follow  | ing Part I, line                    | 3 table can be  | duplicated if additional sp   | ace is needed.)   |   |
|             | (a) Region  | (b) Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of<br>service(s) in region | (f) Total<br>expenditures for<br>and investments<br>in region |
| (1)         | CENTRAL AMERICA/CARIBBEAN   |                                     |   | INVESTMENTS   |   | 13,598,803.   |
| (2)         | EUROPE  |                                     |   | INVESTMENTS   |   | 6,312,297.  |
| (3)         |   |                                     |   |   |   |   |
| (4)         |   |                                     |   |   |   |   |
| (5)         |   |                                     |   |   |   |   |
| (6)         |   |                                     |   |   |   |   |
| _(7)_       |   |                                     |   |   |   |   |
| _(8)_       |   |                                     |   |   |   |   |
| _(9)_       |   |                                     |   |   |   |   |
| <u>(10)</u> |   |                                     |   |   |   |   |
| <u>(11)</u> |   |                                     |   |   |   |   |
| (12)        |   |                                     |   |   |   |   |
| (13)        |   |                                     |   |   |   |   |
| (14)        | <u></u> .   |                                     |   |   |   |   |
| <u>(15)</u> |   |                                     |   |   |   |   |
| (16)        |   |                                     |   |   |   |   |
| (17)        |   |                                     |   |   |   |   |
| 3a          | Sub-total   |                                     |   |   |   | 19,911,100  |
| b           | Total from continuation sheets to Part I  |                                     |   |   |   |   |
| C           | Totals (add lines 3a and 3b)  |                                     |   |   |   | 19,911,100.   |

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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 durilicated if additional space is needed.

| 1    | (a) Name of<br>organization | (b) IRS code action and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of<br>cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|------|-----------------------------|---|------------|----------------------|-----------------------------|---------------------------------------|---|--|---|
| (1)  |                             |   |            |                      |                             | -                                     |   | -  |   |
| (2)  |                             |   |            | -                    |                             |                                       |   | -  |   |
| (3)  |                             |   |            |                      |                             |                                       |   | -  |   |
| (4)  |                             |   |            |                      |                             |                                       |   | -  |   |
| (5)  |                             |   |            |                      |                             |                                       |   | -  |   |
| (6)  |                             |   |            |                      |                             |                                       |   |  |   |
| (7)  |                             |   |            |                      |                             |                                       |   |  |   |
| (8)  | Xesimoni meso               |   |            |                      | i i                         |                                       |   |  |   |
| (9)  |                             |   |            |                      |                             |                                       |   |  |   |
| (10) |                             |   |            |                      |                             |                                       |   |  |   |
| (11) |                             |   |            |                      |                             |                                       |   |  |   |
| (12) |                             |   |            |                      |                             |                                       |   |  |   |
| (13) |                             |   |            |                      |                             |                                       |   | 1  |   |
| (14) | Lancard Coloredo            |   |            |                      |                             |                                       |   |  |   |
| (15) |                             |   |            |                      |                             |                                       |   |  |   |
| (4E) |                             |   |            |                      |                             |                                       |   |  |   |

|   | Schedule F (Form 990) 20  |
|---|---|
| 3 | Enter total number of other organizations or entities   |
|   | by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.  |
| 2 | Enter total number of recipient organizations listed above that are recognized as chantles by the foreign country, recognized as tax-exempt |

Schedule F (Form 990) 2014

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 | (c) Number of recipients | (d) Amount of<br>cash grant           | (e) Manner of cash disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) |
|---------------------------------|------------|--------------------------|---------------------------------------|---------------------------------|---|--|---|
| [1]                             |            |                          |                                       |                                 |   |  |   |
| (2)                             |            |                          |                                       |                                 |   |  |   |
| (3)                             |            |                          |                                       |                                 |   |  |   |
| (4)                             |            |                          |                                       |                                 |   |  |   |
| (5)                             |            |                          |                                       |                                 |   |  |   |
| (6)                             |            |                          | · · · · · · · · · · · · · · · · · · · |                                 |   |  |   |
| (7)                             |            |                          |                                       |                                 |   |  |   |
| (8)                             |            |                          |                                       |                                 |   |  |   |
| (9)                             |            |                          |                                       |                                 |   |  | -   |
| 0)                              |            |                          |                                       |                                 |   |  |   |
| 11)                             |            |                          |                                       |                                 |   |  |   |
| (2)                             |            |                          |                                       |                                 |   |  |   |
| 13)                             |            |                          |                                       |                                 |   |  |   |
| 14)                             |            |                          |                                       |                                 |   |  |   |
| (5)                             |            |                          |                                       |                                 |   |  |   |
| 16)                             |            |                          |                                       |                                 |   |  |   |
| 7)                              |            |                          |                                       |                                 |   |  |   |
| 8)                              |            |                          |                                       |                                 |   |  |   |

Schedule F (Form 990) 2014

| <b>Part</b> | 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 Instructions for Form 926)  | Yes | X No |
| 2           | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 Instructions for Forms 3520 and 3520-A; do not 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 Instructions for Form 5471)  | Yes | X 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 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 Instructions for Form 8865)  | Yes | X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)  | Yes | X No |

Schedule F (Form 990) 2014

#### Part V

Supplemental Information

Complete this part to 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 G** (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

| Name of the organization  |                    |            |   |                                   | 50 0030010   |   |  |
|---|--------------------|------------|---|-----------------------------------|--|---|--|
| AIRCRAFT OWNERS & PILOTS ASSOCIATION  Fundraising Activities. Complete if the organization answered "Yes" to Form 9 |                    |            |   |                                   | 52-0636210   |   |  |
| Part I Form 990-EZ filers are not   |                    |            |   | Tes to Form 9                     | 90, Part IV, line  | ı <i>r</i> .  |  |
| 1 Indicate whether the organization ra  | ised funds through | any of the | following                                 | activities. Check a               | all that apply.  |   |  |
| a X Mail solicitations  | 9                  |            |   | non-government g                  |  |   |  |
| b X Internet and email solicitations  |                    |            |   |                                   |  |   |  |
| c X Phone solicitations   | g                  | Spec       | cial fundra                               | ising events                      |  |   |  |
| d X In-person solicitations   |                    |            |   |                                   |  |   |  |
| 2a Did the organization have a written or key employees listed in Form 990  |                    |            |   |                                   |  | X Yes No  |  |
| b if "Yes," list the ten highest paid inc   |                    |            |   |                                   |  |   |  |
| compensated at least \$5,000 by the   |                    | (101101010 | io, parace                                | 9                                 |  |   |  |
|   | <b>-</b>           |            |   |                                   |  |   |  |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity      | custody o  | draiser have<br>or control of<br>outions? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundralser listed in<br>col. (l) | (vi) Amount paid to<br>(or retained by)<br>organization |  |
|   |                    | Yes        | No  |                                   | cos. (t)   |   |  |
| 1   |                    |            |   |                                   |  |   |  |
| ALLEGIANCE CREATIVE GROUP   | ADVISOR            |            | Х   |                                   | 44,001.  |   |  |
| 2   |                    |            |   |                                   |  |   |  |
| 3   |                    |            |   |                                   |  |   |  |
|   |                    |            |   |                                   |  |   |  |
| 4   |                    |            |   |                                   |  |   |  |
| 5   |                    |            |   |                                   |  |   |  |
| 6   |                    | -          |   |                                   |  |   |  |
| b   |                    |            |   |                                   |  |   |  |
| 7   |                    |            |   |                                   |  |   |  |
| 8   |                    |            |   |                                   |  |   |  |
|   | _                  |            |   |                                   |  |   |  |
| 9   |                    |            |   |                                   |  |   |  |
| 10  |                    |            |   |                                   |  |   |  |
|   |                    | 1          |   | <u> </u>                          |  |   |  |
| Total   |                    |            | ▶   |                                   | 44,001.  |   |  |
| 3 List all states in which the organization or licensing.   |                    |            |   | t contributions or                | has been notified  | it is exempt from                                       |  |
| AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA  | A, HI, IL,         |            |   |                                   |  |   |  |
| KS, KY, ME, MD, MA, MN, MS, MO, NH, NO  |                    |            |   |                                   |  |   |  |
| OK, OR, PA, RI, SC, TN, UT, VA, WA, WY  |                    |            |   |                                   |  |   |  |
|   |                    |            |   |                                   |  |   |  |
|   |                    |            |   |                                   |  |   |  |
|   |                    |            |   |                                   |  |   |  |
|   |                    |            |   |                                   |  |   |  |
|   |                    | -          |   |                                   |  |   |  |
|   |                    |            |   | <u> </u>                          |  |   |  |
|   |                    | _          |   |                                   | 12   |   |  |
|   | 1875-pa            |            |   | 6                                 |  |   |  |

| Part II   |   | Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. |                                      |  |                        |  |  |  |  |
|---|---|---|--------------------------------------|--|------------------------|--|--|--|--|
|   |   |   | (a) Event #1                         | (b) Event #2                                     | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |  |  |  |
| Revenue   | 1   | Gross receipts  | , , ,                                | (countypa)                                       | (100)                  |  |  |  |  |
| æ   |   | Less: Contributions   |                                      |  |                        |  |  |  |  |
|   | 3   | line 2)   |                                      |  |                        |  |  |  |  |
|   | 4   | Cash prizes   |                                      |  |                        |  |  |  |  |
|   | 5   | Noncash prizes  |                                      |  |                        |  |  |  |  |
| Direct Expenses   | 6   | Rent/facility costs   |                                      |  | · · · · ·              |  |  |  |  |
| ect Exp   | 7   | Food and beverages  |                                      |  |                        |  |  |  |  |
| Ö   | 8   | Entertainment   |                                      |  |                        |  |  |  |  |
|   | 9   | Other direct expenses   |                                      |  |                        |  |  |  |  |
|   | 11  | Direct expense summary. Add lines 4 Net income summary. Subtract line 1   | 0 from line 3, column (d             | ) <u></u>  |                        |  |  |  |  |
| Pa  | rt  | Gaming. Complete if the orgathan \$15,000 on Form 990-E   | anization answered "Y<br>Z, line 6a. | es" to Form 990, Par                             | t IV, line 19, or repo | rted more  |  |  |  |
| Revenue   |   |   | (a) Bingo                            | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming       | (d) Total gaming (add col. (a) through col. (c))       |  |  |  |
| Re  | 1   | Gross revenue   |                                      |  |                        |  |  |  |  |
| ses   | 2   | Cash prizes   |                                      |  |                        |  |  |  |  |
| Direct Expenses   | 3   | Noncash prizes  |                                      |  |                        |  |  |  |  |
| Direct  | 4   | Rent/facility costs   |                                      |  |                        |  |  |  |  |
| _   | 5   | Other direct expenses   | Yes %                                | Yes %  | Yes %                  |  |  |  |  |
|   | 6   | Volunteer labor   | Yes%                                 | No Yes 70  | Yes%<br>No             |  |  |  |  |
| 7 Direct expense summary. Add lines 2 through 5 in column (d)   |   |   |                                      |  |                        |  |  |  |  |
|   | 8 Net gaming income summary. Subtract line 7 from line 1, column (d)  |   |                                      |  |                        |  |  |  |  |
|   | 9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain: |   |                                      |  |                        |  |  |  |  |
| 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? |   |   |                                      |  |                        |  |  |  |  |
|   | -   |   |                                      |  |                        |  |  |  |  |

### AIRCRAFT OWNERS & PILOTS ASSOCIATION

| Sched | ule G (Form 990 or 990-EZ) 2014 Page 3  |
|-------|---|
| 11    | Does the organization conduct gaming activities with nonmembers? Yes No   |
| 12    | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity   |
| -     | formed to administer charitable gaming?   |
| 13    | Indicate the percentage of gaming activity conducted in:  |
|       |   |
| a     |   |
|       | An outside facility   |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events books and  |
|       | records:  |
|       | Name ▶  |
|       | Address ►   |
| 15.   | Does the organization have a contract with a third party from whom the organization receives gaming   |
| 134   | revenue?  |
| _     | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the  |
| ם     |   |
|       | amount of gaming revenue retained by the third party ▶ \$   |
| C     | if "Yes," enter name and address of the third party:  |
|       | Name ▶  |
|       | Address   |
|       | Address ►   |
| 16    | Gaming manager information:   |
|       | Name ▶  |
|       | Gaming manager compensation ▶ \$  |
|       | Description of services provided ▶  |
|       | ☐ Director/officer ☐ Employee ☐ Independent contractor  |
|       |   |
| 17    | Mandatory distributions:  |
| а     |   |
|       | retain the state gaming license?  |
| Ь     | Enter the amount of distributions required under state law to be distributed to other exempt organizations  |
|       | or spent in the organization's own exempt activities during the tax year > \$   |
| Par   | Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
| מעם   | T I, LINE 2(B)(1) ALLEGIANCE CREATIVE GROUP   |
| PAR   | 1 1, DINE 2(B)(1) ADDEGRANCE CREATIVE GROOF   |
| ALL   | EGIANCE CREATIVE GROUP WAS NOT A FUNDRAISER FOR AOPA. ALLEGIANCE  |
| CRE   | ATIVE GROUP WAS HIRED TO PROVIDE CONSULTING ADVICE PERTAINING TO AOPA   |
| MEM   | BERSHIP NOTICES.  |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |

Schedule G (Form 990 or 990-EZ) 2014

#### SCHEDULE I (Form 990)

Department of the Tressui Internal Revenue Service

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

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization 52-0636210 AIRCRAFT OWNERS & PILOTS ASSOCIATION Part | General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization<br>or government | (b) EIN       | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (a) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|---|---------------|----------------------------------|-----------------------------|---------------------------------------|---|--|---------------------------------------|
| (1)   | _             |                                  |                             |                                       |   |  |                                       |
| (2)   |               |                                  |                             |                                       |   |  |                                       |
| (3)   |               |                                  |                             |                                       |   |  |                                       |
| (4)   | _             |                                  |                             |                                       |   |  |                                       |
| (5)   |               |                                  |                             |                                       |   |  |                                       |
| (6)   |               |                                  |                             |                                       |   |  |                                       |
| (7)   |               |                                  |                             |                                       |   |  |                                       |
| (8)   |               |                                  |                             |                                       |   |  |                                       |
| (9)   |               | 1                                |                             |                                       |   |  |                                       |
| (10)  |               |                                  |                             |                                       |   |  |                                       |
| (11).   |               |                                  |                             |                                       |   |  |                                       |
| (12)  |               |                                  |                             |                                       |   |  |                                       |
| 2 Enter total number of section 501(c)(3)               | and governmer | t organizations                  | listed in the line 1        | table                                 |   |  |                                       |

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

Schedule I (Form 990) (2014)

4E1288 1 000 19883Z 649C

Schedule I (Form 990) (2014) Part III Grants and Other Assistance to Individuals In the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipionts | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book,<br>FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|--|--|
| 1 FLICHT TRAINING SCHOLARSHIPS  | 12.                      | 73,000.                  |                                   |  |  |
| 2 AVERS SCHOLARSHIPS            |                          | 22,900.                  |                                   |  |  |
| 3                               |                          |                          | ]                                 |  |  |
| 4                               |                          |                          |                                   |  |  |
| 5                               |                          |                          |                                   |  |  |
| 6                               |                          |                          |                                   |  |  |
| 7                               |                          |                          | Į                                 |  |  |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

FLIGHT TRAINING SCHOLARSHIPS:

THE SCHOLARSHIP RULES REQUIRE THE RECIPIENT(S) TO BE:

(A) U.S. CITIZEN

(B) AT YEAST 16 YEARS OF AGE

(C) CURRENT AOPA MEMBER

(D)HOLD A CURRENT FAA STUDENT PILOT CERTIFICATE AND NOT HAVE COMPLETED

THE FAA PRACTICAL TEST/CHECKRIDE.

THE MONEY IS TO BE USED FOR FLIGHT TRAINING EXPENSES AND IF THE MONEY IS

NOT USED FOR THAT PURPOSE TO BE RETURNED TO AOPA.

Schedule I (Form 990) (2014)

| . 1 | L/CI | -WE | T | OMINENS | Ot. | E | 10013 | WOOOCIN | ъ. | 7, | ė |
|-----|------|-----|---|---------|-----|---|-------|---------|----|----|---|

| Series Series & C | [1 0111 000 (2017)  |                          |                          |                                   |   |  |  |  |  |  |
|-------------------|---|--------------------------|--------------------------|-----------------------------------|---|--|--|--|--|--|
| Part III          | III Grants and Other Assistance to Individuals In the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. |                          |                          |                                   |   |  |  |  |  |  |
|                   | (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (a) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |  |  |  |  |
| 1                 |   |                          |                          |                                   |   |  |  |  |  |  |
| 2                 |   |                          |                          |                                   |   |  |  |  |  |  |
| 3                 |   |                          |                          |                                   |   |  |  |  |  |  |
| 4                 |   |                          |                          |                                   |   |  |  |  |  |  |
| 5                 |   |                          |                          |                                   |   |  |  |  |  |  |
|                   |   |                          |                          |                                   |   |  |  |  |  |  |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AVBRS SCHOLARSHIPS:

THE APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

- 1) BE CURRENT AOPA AV8R MEMBER
- 2) U.S. CITIZEN
- 3) PARENT APPROVAL IF UNDER 18 YEARS OF AGE
- 4) STUDENTS BE IN GOOD STANDING WITH THEIR RESPECTIVE SCHOOLS
- 5) ALL AWARDS WILL BE SENT DIRECTLY TO APPROVED SCHOOLS
- 6) ALL CURRENT MEMBERS OF AOPA AV8RS PURSUING AN AVIATION RELATED GOAL

INCLUDING:

Schedule ! (Form 990) (2014)

4E:504:000 19883Z 649C

Schedule I (Form 990) (2014)

Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

|                                 |                          |                             |                                   | ,  |  |
|---------------------------------|--------------------------|-----------------------------|-----------------------------------|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book,<br>FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1                               |                          |                             |                                   |  |  |
| 2                               |                          |                             |                                   |  |  |
| 3                               |                          |                             |                                   |  |  |
| 4                               |                          |                             |                                   |  |  |
| 5                               |                          |                             |                                   |  |  |
| 6                               |                          |                             |                                   |  |  |
| 7                               |                          |                             |                                   |  |  |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

- A. PRIMARY PILOT'S CERTIFICATE
- B. STUDY IN AN AVIATION/AREOSPACE FIELD THROUGH AN ACCREDITED AVIATION

PROGRAM AT A COLLEGE/UNIVERSITY, TECHNICAL SCHOOL OR AVIATION ACADEMY.

C. ATTENDANCE AT AN AVIATION OR AEROSPACE CAMP.

Schedule I (Form 990) (2014)

#### **SCHEDULE J** (Form 990)

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.

Open to Public ➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION 41 Overtions Berneding Componenties

Employer Identification number 52-0636210

OMB No. 1545-0047

| rarı | Questions Regarding Compensation  |       | _   |    |
|------|---|-------|-----|----|
|      | Charlester and the boundary of the constitution and the following to a fee a green listed in Form                 |       | Yes | No |
| та   | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form |       |     |    |
|      | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   | - AVI | 1.4 |    |
|      | X First-class or charter travel Housing allowance or residence for personal use                                   |       |     |    |
|      | X Travel for companions Payments for business use of personal residence   |       |     |    |
|      | X Tax indemnification and gross-up payments Health or social club dues or initiation fees                         |       |     |    |
|      | Discretionary spending account  Personal services (e.g., 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 in line      |       |     |    |
|      | 1a?   | 2     | X   |    |
| 3    | Indicate which, if any, of the following the filing 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing      |       |     |    |
|      | organization or a related organization:   |       |     | v  |
| a    | Receive a severance payment or change-of-control payment?   | 4a    | Х   | X  |
| b    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                             | 4b    |     |    |
| С    | Participate in, or receive payment from, an equity-based compensation arrangement?                                | 4c    |     | Λ. |
|      | 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   |    |
| 5    | For persons listed in 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 !  |     | Х  |
| b    | Any related organization?   | 5b    |     | X  |
|      | If "Yes" to line 5a or 5b, describe in Part III.  |       |     |    |
| 6    | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any              |       |     |    |
|      | compensation contingent on the net earnings of:   |       |     |    |
| а    | The organization?   | 6a    |     | X  |
| b    | Any related organization?   | 6b    |     | Х  |
|      | If "Yes" to line 6a or 6b, describe in Part III.  |       |     |    |
| 7    | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed          |       |     |    |
|      | payments not described in lines 5 and 6? If "Yes," describe in Part III   | 7     | Х   |    |
| 8    | Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in            |       |     |    |
|      | Regulations section 53.4958-6(c)?   | 9     | Х   |    |

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

Schedule J (Form 990) 2014

AIRCRAFT OWNERS & PILOTS ASSOCIATION 52-0636210

Schedule J (Form 990) 2014 Page 2

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

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

|                                 |      | (B) Breakdown o          | f W-2 and/or 1099-Mi               | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|---------------------------------|------|--------------------------|------------------------------------|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title              |      | (I) Base<br>compensation | (8) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred in prior<br>Form 990 |
| KENNETH M. MEAD                 | (0)  | 378,283.                 | 97,912.                            | 13,524.                                   | 19,630.                        | 2,522.         | 511,871.             | 0  |
| 1 EVP/GENERAL COUNSEL           | (ii) | 0                        | C                                  | 0   | d                              | ٥              | (                    | 0  |
| CRAIG L. FULLER                 | (0)  | 71,556.                  | C                                  | 397,845.                                  | d                              | O              | 469,401.             | 397,845.   |
| 2 FORMER PRESIDENT              | (B)  | C                        | (                                  | a   | d                              | 0              | (                    | 0  |
| ERICA J. SACCOIA                | (0)  | 194,415.                 | 27,216.                            | 3,397.                                    | 15,699.                        | 1,523.         | 242,250.             | 0  |
| 3 SVP-FINANCE                   | (0)  | C                        | C                                  | C   | 0                              | 0              | (                    | 0  |
| MELISSA K. RUDINGER             | (1)  | 178,251.                 | 35,368.                            | 2,867.                                    | 15,033.                        | 14,274.        | 245,793.             | 0  |
| 4 VP GOVERNMENT AFFAIRS         | (0)  | C                        | (                                  | 0   | q                              | 0              | 707 000              | 0  |
| TIMOTHY J. FORTUNE              | (0)  | 243,550.                 | 46,135.                            | 4,309.                                    | 19,101.                        | 10,815.        | 323,910.             | 0  |
| 5 CHIEF ADMINISTRATIVE OFFICER  | (0)  | 0.1.006                  | 22.052                             | 2 114                                     | 17 400                         | 14 577         | 200 402              | 0  |
| THOMAS HAINES 8 SVP - MEDIA     | (0)  | 211,326.                 | 33,967.                            | 3,114.                                    | 17,499.                        | 14,577.        | 280,483.             | 0  |
| MARK BAKER                      | (0)  | 608,480.                 | 108,000                            | 25,522.                                   | 19,630.                        | 21,070.        | 782,702.             | 0  |
| 7 PRESIDENT/CEO                 | (0)  | 0                        | (                                  | 0   | C                              | 0              | (                    | 0  |
| DOUGLAS N. SHORTER              | (0)  | 208,844.                 | 20,462.                            | 2,607.                                    | 17,067.                        | 14,246.        | 263,226.             | 0  |
| 8 VP-I4T/CIO                    | (8)  | 0                        | (                                  | 0   | d                              | 0              | - (                  | 0  |
| JAMES COON                      | (0)  | 321,050.                 | 30,000.                            | 4,637.                                    | 19,630.                        | 2.484.         | 377,801.             | 0  |
| 9 SVP-GOVERNMENT AFFAIRS        | (B)  | 0                        | (                                  | 0   | C                              | 0              | (                    | 0  |
| CRAIG SPENCE                    | (i)  | 180,576.                 | 14,136.                            | 2,804.                                    | 14,398.                        | 14,399.        | 226,313.             | 0  |
| 10 VP-OPERATIONS/INTN'L AFFAIRS | (11) | 0                        | (                                  | 0   | C                              | 0              | (                    | 0  |
|                                 | (1)  |                          |                                    |   |                                |                |                      |  |
| 11                              | (8)  |                          |                                    |   |                                |                |                      |  |
|                                 | (0)  |                          |                                    |   |                                |                |                      |  |
| 12                              | (H)  |                          |                                    |   |                                |                |                      |  |
|                                 | (1)  |                          | <u> </u>                           |   |                                |                |                      |  |
| 13                              | (R)  |                          |                                    |   |                                |                |                      |  |
|                                 | (0)  | ļ                        |                                    |   |                                |                |                      |  |
| 14                              | (B)  |                          |                                    |   |                                |                |                      |  |
| 15                              | (8)  |                          | l                                  |   |                                |                |                      |  |
| 15                              | (0)  |                          |                                    |   |                                |                |                      |  |
| 16                              | (11) |                          |                                    |   |                                |                |                      |  |
|                                 | 1007 |                          |                                    |   |                                |                | Sct                  | edule J (Form 990) 2014                                    |

Schedule J (Form 990) 2014

JSA 4E1291 1.000

19883Z 649C

Schedule J (Form 990) 2014

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### Part III Supplemental Information

Complete this part to 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

CERTAIN DIRECTORS AND OFFICERS RECEIVED FIRST CLASS AIR TRAVEL, TRAVEL FOR COMPANIONS AS WELL AS TAX INDEMNIFICATION PAYMENTS. 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-MISC. FOR THE APPLICABLE TAX YEAR.

PART I, LINE 3

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

Schedule J (Form 990) 2014

52-0636210

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Schedule J (Form 990) 2014

Page 3

Part III Supplemental Information

Complete this part to 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.

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, LINE 7

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.

AIRCRAFT OWNERS & PILOTS ASSOCIATION 52-0636210

Page 3

#### Part III Supplemental Information

Complete this part to 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 8

Schedule J (Form 990) 2014

THE PRESIDENT/CEO IS PAID PURSUANT TO A BOARD APPROVED EMPLOYMENT CONTRACT THAT WAS BASED ON COMPETITIVE MARKET DATA FROM OUTSIDE COMPENSATION EXPERTS.

PART II

THERE WERE SEVERAL INDIVIDUALS LISTED ON SCHEDULE J. PART II WHOSE COMPENSATION AND/OR BENEFITS CHANGED DUE TO THE FOLLOWING:

- CRAIG FULLER, FORMER PRESIDENT RECEIVED A PAYOUT OF HIS PREVIOUSLY EARNED ACCRUED LEAVE OF \$71,556 AND HAD A BOARD APPROVED CONSULTING AGREEMENT TO ASSIST IN THE TRANSITION OF \$397,845 WHICH WAS ACCRUED IN 2013 AND PAID IN 2014 AND IS INCLUDED IN THE \$469,401. LINE 4B, IS ANSWERED YES DUE TO CRAIG FULLER RECEIVED A DISTRIBUTION FROM HIS 457B PLAN.

-MARK BAKER RECEIVED A FULL YEAR OF COMPENSATION IN 2014 COMPARED TO PARTIAL YEAR IN 2013.

-KENNETH MEAD RECEIVED BONUS IN 2014 AND NONE IN 2013.

Schedule J (Form 999) 2014

#### SCHEDULE L

Part I

#### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer Identification number 52-0636210

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

|     | Complete ii tiio erganizerien zii   |  |                                |        |   |  |  |  |  |
|-----|-------------------------------------|--|--------------------------------|--------|---|--|--|--|--|
| 4   |                                     | (b) Relationship between disqualified person and | (c) Description of transaction | (d) Co | rected  |  |  |  |  |
|     | (a) Name of disqualified person     | organization                                     | (c) Description of transaction | Yes    | No  |  |  |  |  |
| (1) |                                     |  |                                |        | _   |  |  |  |  |
| (2) |                                     |  |                                |        |   |  |  |  |  |
| (3) |                                     |  |                                |        | 匚   |  |  |  |  |
| (4) |                                     |  |                                |        | $oxedsymbol{oldsymbol{oldsymbol{oldsymbol{eta}}}$ |  |  |  |  |
| (5) |                                     |  |                                |        | 匚   |  |  |  |  |
| (6) |                                     |  |                                |        | $oxedsymbol{oldsymbol{oldsymbol{oldsymbol{eta}}}$ |  |  |  |  |
| 2   | Enter the amount of tax incurred by | the organization managers or disqualified p      | ersons during the year         |        |   |  |  |  |  |
|     | under section 4958                  |  | ▶ \$                           |        |   |  |  |  |  |
| 3   |                                     |  |                                |        |   |  |  |  |  |
|     |                                     |  |                                |        |   |  |  |  |  |

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of<br>loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved<br>by board or<br>committee? |    | (I) Written<br>agreement? |              |
|-------------------------------|------------------------------------|------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|---|----|---------------------------|--------------|
|                               |                                    |                        | To                                    | From |                               |                 | Yes             | No | Yes                                       | No | Yes                       | No           |
| (1)                           |                                    |                        | ]                                     |      |                               |                 |                 |    |   |    |                           |              |
| (2)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (3)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (4)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (5)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           | $oxed{oxed}$ |
| (6)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (7)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (8)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (9)                           |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| (10)                          |                                    |                        |                                       |      |                               |                 |                 |    |   |    |                           |              |
| Total                         |                                    |                        |                                       |      |                               | \$              |                 |    |   |    |                           |              |

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| Complete if the organization answered Tes On Complete it the organization answered Tes |   |                          |                        |                           |  |  |  |  |  |  |
|---|---|--------------------------|------------------------|---------------------------|--|--|--|--|--|--|
| (a) Name of interested person   | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |  |  |  |  |  |  |
| (1)   |   |                          |                        |                           |  |  |  |  |  |  |
| (2)   |   |                          |                        |                           |  |  |  |  |  |  |
| (3)   |   |                          |                        |                           |  |  |  |  |  |  |
| (4)   |   |                          |                        |                           |  |  |  |  |  |  |
| (5)   |   |                          |                        |                           |  |  |  |  |  |  |
| (6)   |   |                          |                        |                           |  |  |  |  |  |  |
| (7)   |   |                          |                        | _                         |  |  |  |  |  |  |
| (8)   |   |                          |                        |                           |  |  |  |  |  |  |
| (9)   |   |                          |                        |                           |  |  |  |  |  |  |
| (10)  |   |                          |                        |                           |  |  |  |  |  |  |

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Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014

Page 2

|                   | Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. |   |                           |                                |        |                               |  |  |  |  |  |
|-------------------|---|---|---------------------------|--------------------------------|--------|-------------------------------|--|--|--|--|--|
| (a) Name          | e of interested person  | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of<br>zation's<br>nues? |  |  |  |  |  |
|                   |   |   |                           |                                | Yes    | No                            |  |  |  |  |  |
| (1) MARK BAKER (I | BAKER PLANES LLC)   | PRESIDENT/AIRCRAFT RENTAL                                       | 107,958,                  | AIRCRAFT RENTAL                |        | х                             |  |  |  |  |  |
| (2)               |   |   |                           |                                |        |                               |  |  |  |  |  |
| _(3)              |   |   |                           |                                |        |                               |  |  |  |  |  |
| (4)               |   |   |                           |                                | 1      |                               |  |  |  |  |  |
| (5)               |   |   | -                         |                                | 1      |                               |  |  |  |  |  |
| (6)               | -   |   |                           |                                |        |                               |  |  |  |  |  |
| (7)               |   |   |                           |                                |        |                               |  |  |  |  |  |
| (8)               |   |   |                           |                                |        |                               |  |  |  |  |  |
| (9)               |   |   |                           | <u> </u>                       |        |                               |  |  |  |  |  |

Provide additional information for responses to questions on Schedule L (see instructions). PART IV - EMPLOYEE OWNED AIRCRAFT

Supplemental Information

(10)

Part V

WHEN APPROPRIATE, AOPA UTILIZES EMPLOYEE-OWNED AIRCRAFT FOR BUSINESS PURPOSES. REIMBURSEMENT FOR FUEL & OPERATING COSTS ARE BASED ON INDUSTRY DETERMINED RATES DEPENDENT ON TYPE OF AIRCRAFT. THESE TYPES OF

ARRANGEMENTS ARE DOCUMENTED ON CONTRACTS AND HELP MINIMIZE THE ON-GOING

COSTS OF MAINTAINING A ORGANIZATION OWNED FLEET.

#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public

Inspection Employer Identification number

AIRCRAFT OWNERS & PILOTS ASSOCIATION

52-0636210

| Par         | Types of Property   |                               |  |   |                                       |            |         |
|-------------|---|-------------------------------|--|---|---------------------------------------|------------|---------|
|             | <del></del> -   | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d<br>Method of d<br>noncash contrib  | Jeterminin |         |
| 1           | Art - Works of art  |                               |  |   |                                       |            |         |
| 2           | Art - Historical treasures  |                               |  |   |                                       |            |         |
| 3           | Art - Fractional interests  |                               |  |   |                                       |            |         |
| 4           | Books and publications  |                               |  |   |                                       |            |         |
| 5           | Clothing and household  |                               |  |   |                                       |            |         |
|             | goods   |                               |  |   | _                                     |            |         |
| 6           | Cars and other vehicles   |                               |  |   |                                       |            |         |
| 7           | Boats and planes  |                               |  |   |                                       |            |         |
| 8           | Intellectual property   |                               |  |   |                                       |            |         |
| 9           | Securities - Publicly traded  |                               |  |   |                                       |            |         |
| 10          | Securities - Closely held stock                                       |                               |  |   |                                       |            |         |
| 11          | Securities - Partnership, LLC,  |                               |  |   |                                       |            |         |
|             | or trust interests  |                               |  |   |                                       |            |         |
| 12          | Securities - Miscellaneous  |                               |  |   |                                       |            |         |
| 13          | Qualified conservation  |                               |  |   |                                       |            |         |
|             | contribution - Historic   |                               |  |   |                                       |            |         |
|             | structures  |                               |  |   |                                       |            |         |
| 14          | Qualified conservation  |                               |  |   |                                       |            |         |
|             | contribution - Other  |                               |  |   |                                       |            |         |
| 15          | Real estate - Residential   |                               |  |   |                                       |            |         |
| 16          | Real estate - Commercial  |                               |  |   |                                       |            |         |
| 17          | Real estate - Other   |                               |  |   |                                       |            |         |
| 18          | Collectibles  |                               |  |   |                                       |            |         |
| 19          | Food inventory  |                               |  |   |                                       |            |         |
| 20          | Drugs and medical supplies  |                               |  |   |                                       |            |         |
| 21          | Taxidermy   |                               |  |   |                                       |            |         |
| 22          | Historical artifacts  |                               |  |   |                                       |            |         |
| 23          | Scientific specimens  |                               |  |   |                                       |            |         |
| 24          | Archeological artifacts   |                               |  |   |                                       |            |         |
| 25          | Other ►( ATCH 1 )   |                               | 1.   | 67,000  |                                       |            |         |
| 26          | Other ►()   |                               |  |   |                                       |            |         |
| 27          | Other ►()   | <u> </u>                      |  |   |                                       |            |         |
| 28          | Other ►()   |                               |  |   |                                       |            |         |
| 29          | Number of Forms 8283 received   |                               |  |   |                                       |            |         |
|             | which the organization completed                                      | Form 8283,                    | Part IV, Donee Acknowledg                              | jement  | 29                                    |            | No      |
|             |   |                               | 1  | a   |                                       | res        | NO      |
| 30a         | During the year, did the organization                                 |                               |  | • •   | - 1                                   |            |         |
|             | 28, that it must hold for at least th                                 | •                             |  |   |                                       |            | x       |
|             | to be used for exempt purposes for                                    |                               | olding period?   | •                                   | · · · · · · · · · · · · · · · · · · · | 30a        | A       |
|             | If "Yes," describe the arrangement i                                  |                               | lanca sallan that assuice                              |   |                                       |            |         |
| 31          | Does the organization have a  |                               |  |   | I .                                   | 31 X       | 1100011 |
|             | contributions?  |                               |  |   |                                       | 31   X     |         |
| 32 <b>a</b> | Does the organization hire or us                                      | •                             |  |   |                                       | 32a        | l x     |
|             | contributions?  | • • • • • •                   |  |   | ١٠٠٠ - ١٩                             | 120        | - A     |
|             | If "Yes," describe in Part II.  If the organization did not report at | n amoust !-                   | column (a) for a tupo of ac-                           | norty for which column (c   | ) is checked                          |            |         |
| 33          | describe in Part II.  | n amount in                   | coloniii (c) for a type of pro                         | perty for which column (a   | ) is checked,                         |            |         |

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Schedule M (Form 990) (2014)

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II ATTACHMENT 1 SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS (B) NUMBER OF (C) REVENUES (D) METHOD OF DETERMINING CONTRIBUTIONS REPORTED DESCRIPTION (A) CHECK FLIGHT SIMULATOR EQUIP. 1. 67,000. FMV Χ 67,000. TOTALS

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION

Employer Identification number 52-0636210

PART III, LINE 1

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 PILOTS, 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.

PART III, LINE 4A

GENERAL AVIATION PILOTS THROUGHOUT THE UNITED STATES RELY ON THE AIRCRAFT OWNERS AND PILOTS ASSOCIATION (AOPA) TO PROTECT THEIR FREEDOM TO FLY. AS THE WORLD'S LARGEST AVIATION MEMBER ASSOCIATION, AOPA ADVOCATES FOR THE INTERESTS OF GENERAL AVIATION PILOTS AT ALL LEVELS OF GOVERNMENT, PROVIDES THE INFORMATION PILOTS NEED TO GET THE MOST FROM THEIR FLYING, AND DELIVERS THE TOOLS TO HELP KEEP GENERAL AVIATION SAFE, FUN, AND AFFORDABLE. AOPA ALSO REACHES BEYOND THE FLYING COMMUNITY TO HELP EDUCATE DECISION MAKERS AND THE PUBLIC ABOUT THE VALUE AND UTILITY OF GENERAL AVIATION.

AOPA'S WORK BENEFITS NOT ONLY OUR MEMBERS, BUT ALSO THE ENTIRE GENERAL AVIATION COMMUNITY BY HELPING TO ENSURE THAT GA REMAINS A VIBRANT AND

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VIABLE FORM OF TRANSPORTATION AND RECREATION FOR GENERATIONS TO COME. AT THE SAME TIME, AOPA PROVIDES ITS MEMBERS WITH AN EXTENSIVE PORTFOLIO OF BENEFITS THAT CAN BE LOOSELY GROUPED INTO FIVE AREAS: ADVOCACY, PILOT COMMUNITY DEVELOPMENT, EDUCATION, EVENTS, AND PRODUCTS AND SERVICES.

#### ADVOCACY

IN ORDER TO EFFECTIVELY MANAGE THE MANY ISSUES THAT AFFECT GENERAL AVIATION, AOPA'S ADVOCACY ARM IS DIVIDED INTO GROUPS RESPONSIBLE FOR LEGISLATIVE AFFAIRS, REGULATORY AFFAIRS, OPERATIONS AND INTERNATIONAL AFFAIRS, AND AIRPORTS AND STATE ADVOCACY. EACH OF THESE GROUPS WORKS WITHIN ITS OWN AREA OF EXPERTISE WHILE COORDINATING ACROSS THE ENTIRE ADVOCACY TEAM TO SUPPORT AOPA MEMBER INTERESTS.

AOPA'S LEGISLATIVE AFFAIRS STAFF IS LOCATED IN OFFICES IN WASHINGTON,

D.C. THIS EXPERIENCED TEAM WORKS TO DEVELOP RELATIONSHIPS WITH MEMBERS OF

CONGRESS IN ORDER TO ADVANCE LEGISLATION THAT SUPPORTS GENERAL AVIATION

WHILE FIGHTING TO PREVENT THE IMPOSITION OF MANDATES THAT MAKE FLYING

MORE COSTLY, COMPLICATED, OR RESTRICTIVE. THE GROUP ALSO WORKS TO DRAW

ATTENTION TO ISSUES OF IMPORTANCE TO THE GENERAL AVIATION COMMUNITY AS A

WHOLE.

AOPA'S REGULATORY EXPERTS DELIVER THE GENERAL AVIATION PERSPECTIVE TO FEDERAL AGENCIES SUCH AS THE FEDERAL AVIATION ADMINISTRATION (FAA), TRANSPORTATION SECURITY ADMINISTRATION (TSA), NATIONAL TRANSPORTATION

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SECURITY BOARD (NTSB) AND OTHERS WHOSE DECISIONS AND POLICIES AFFECT AVIATION.

AOPA'S OPERATIONS AND INTERNATIONAL AFFAIRS TEAM FOCUSES ON ISSUES
RELATED TO AIR TRAFFIC SERVICES AND ADVOCATES FOR POLICIES AND PROCEDURES
THAT ENSURE GENERAL AVIATION USERS ENJOY ACCESS TO AIRSPACE AND AIRPORTS,
OPERATIONAL FLEXIBILITY, AND SAFETY. THIS GROUP ALSO HELPS KEEP MEMBERS
INFORMED ABOUT THE EVER-CHANGING AIRSPACE ENVIRONMENT AND THEY ALSO
ADDRESS SECURITY MATTERS AND ADVOCATE FOR REASONABLE AND APPROPRIATE
SECURITY MEASURES THAT RECOGNIZE THE UNIQUE NATURE OF GENERAL AVIATION.
TO HELP ORGANIZE AND DISTRIBUTE INFORMATION ABOUT AOPA'S ADVOCACY EFFORTS
TO MEMBERS, DECISION MAKERS, AND OTHERS, AOPA ROUTINELY PRODUCES HUNDREDS
OF ONLINE AND PRINT STORIES, VIDEO SEGMENTS AND PRESS RELEASES ANNUALLY.

AOPA'S TOP FEDERAL LEGISLATIVE ISSUES IN 2014 INCLUDED THIRD CLASS MEDICAL REFORM, UNLAWFUL STOPS AND SEARCHES BY CUSTOMS AND BORDER PROTECTION, EQUIPAGE OF AUTOMATIC DEPENDENT SURVEILLANCE - BROADCAST TECHNOLOGY, INTEGRATION OF UNMANNED AERIAL SYSTEMS INTO THE NATIONAL AIRSPACE SYSTEM, TRANSITION TO AN UNLEADED AVIATION GASOLINE AND LIGHT AIRCRAFT CERTIFICATION REFORM.

IN ADDITION TO AOPA'S EFFORTS ON THE FEDERAL LEVEL, THE ASSOCIATION ALSO
HAS A NETWORK OF 7 REGIONAL MANAGERS AND OVER 2,300 AIRPORT SUPPORT
NETWORK VOLUNTEERS WHO HELP KEEP AOPA INFORMED ABOUT THE ISSUES AFFECTING
GENERAL AVIATION IN THEIR COMMUNITIES. WORKING THROUGH OUR VOLUNTEERS,

REGIONAL MANAGERS, AND HEADQUARTERS-BASED STAFF, AOPA PROMOTES, PROTECTS, AND DEFENDS COMMUNITY AIRPORTS; ADVOCATES TO MAINTAIN SUFFICIENT STATE AND LOCAL FUNDING FOR GA AIRPORTS AND INFRASTRUCTURE; WORKS TO PREVENT EXCESS STATE TAXATION ON FLYING; AND PROTECTS GENERAL AVIATION PILOTS FROM UNNECESSARY OR INAPPROPRIATE STATE AND LOCAL REGULATION.

THROUGHOUT 2014, AOPA ADDRESSED MORE THAN 470 SEPARATE STATE LEGISLATIVE ISSUES ACROSS THE NATION. AMONGST THEM WERE A NUMBER OF SIGNIFICANT VICTORIES FOR OUR MEMBERS, INCLUDING ADOPTION OF A SALES TAX EXEMPTION FOR AIRCRAFT PARTS AND MAINTENANCE IN WISCONSIN, MISSOURI, AND NEW MEXICO, AND AN EXPANSION OF A SIMILAR EXEMPTION IN INDIANA. WE ALSO ELIMINATED A DOUBLE AIRCRAFT SALES TAX FOR HOME BUILT AIRPLANES IN SOUTH DAKOTA AND KANSAS, AND DEFEATED ATTEMPTS TO REPEAL THE MAINTENANCE AND SALES TAX EXEMPTIONS IN MASSACHUSETTS AND INCREASE OF PROPERTY TAX ON AIRCRAFT IN PENNSYLVANIA.

AOPA LEAD THE WAY IN CREATING THE WASHINGTON STATE AVIATION CAUCUS AS A BICAMERAL, BIPARTISAN GROUP FOR STATE LEGISLATORS. THE ASSOCIATION ALSO PASSED AMENDMENTS TO STATE RECREATIONAL USE STATUTES IN WISCONSIN THAT EXTEND LIABILITY PROTECTIONS TO AVIATION USES. FINALLY, AOPA EFFORTS IN 2014 ENSURES METEOROLOGICAL TOWERS IN WASHINGTON AND COLORADO WILL NOW BE PROPERLY MARKED, MAKING LOW LEVEL FLYING SAFER FOR PILOTS.

PILOTS WHO WANT TO DO EVEN MORE TO HELP SUPPORT GA AND THEIR LOCAL AIRPORTS CAN JOIN THE AOPA AIRPORT SUPPORT NETWORK. IN 2014, THE NETWORK

Employer Identification number 52-0636210

CONTINUED STRONG WITH OVER 2,300 VOLUNTEERS IN PLACE AT AIRPORTS

NATIONWIDE. VOLUNTEERS TAKE A LEADERSHIP ROLE AT THEIR AIRPORTS, HELPING

TO PROMOTE THEIR AIRPORTS, KEEP AOPA INFORMED ABOUT POTENTIAL THREATS,

WORK WITH COMMUNITY LEADERS AND NEIGHBORS, AND ENCOURAGE PILOTS TO

RESPOND APPROPRIATELY TO CONCERNS ABOUT THE AIRPORT.

#### PILOT COMMUNITY

AOPA IS ALSO WORKING TO ENSURE THE FUTURE VIABILITY OF GENERAL AVIATION

BY DEVELOPING AND SUPPORTING EFFORTS TO GROW AND SUPPORT THE PILOT

POPULATION THROUGH THE PILOT COMMUNITY DEVELOPMENT (PCD) DEPARTMENT.

THE PCD STAFF OVERSEES AOPA'S INITIATIVES TO INCREASE AND STRENGTHEN THE PILOT COMMUNITY THROUGH A VARIETY OF COMMUNICATION AND OUTREACH CHANNELS INCLUDING GRASS-ROOTS AND NATIONAL PROGRAMS AND THROUGH PARTICIPATION IN AIR SHOWS AND AVIATION EVENTS. PILOT COMMUNITY DEVELOPMENT'S MAIN PROGRAMS INCLUDE THE FLYING CLUB INITIATIVE, THE FLIGHT TRAINING INITIATIVE AND THE RUSTY PILOTS PROGRAM.

EXTENSIVE RESEARCH HAS SHOWN THAT FLYING CLUBS ARE A VALUABLE PART OF THE AVIATION LANDSCAPE. PILOTS INVOLVED WITH THE MOST EFFECTIVE CLUBS FIND AVIATION MORE AFFORDABLE AND MORE ACCESSIBLE, AND FLYING CLUBS CREATE THE TYPE OF SUPPORTIVE COMMUNITY THAT KEEPS PILOTS ACTIVE AND ENGAGED. AT THE END OF 2014, THERE WERE 580 FLYING CLUBS IN THE AOPA FLYING CLUB NETWORK, OVER 1,100 FLYING CLUBS LISTED ONLINE IN THE FLYING CLUB FINDER AND "THE

CLUB CONNECTOR" MONTHLY NEWSLETTER CURRENTLY EXCEEDED 5,100 SUBSCRIBERS
(UP FROM 3,496 AT THE BEGINNING OF 2014).

AOPA ALSO CONTINUED THE WORK THAT BEGAN SEVERAL YEARS AGO WITH THE FLIGHT
TRAINING STUDENT RETENTION INITIATIVE. THE FLIGHT TRAINING POLL WAS

DESIGNED TO MEASURE THE OVERALL PERFORMANCE OF A FLIGHT SCHOOL OR FLIGHT
INSTRUCTOR THROUGH THE EYES OF THEIR CUSTOMERS. THE POLL ALLOWS AOPA TO
IDENTIFY THE HIGHEST LEVELS OF ACHIEVEMENT IN THE FLIGHT TRAINING
COMMUNITY, WITH THE GOAL OF ENCOURAGING OTHERS TO ADOPT SIMILAR
CHARACTERISTICS OF SUCCESS. THE TOP SCORING SCHOOLS AND INSTRUCTORS WERE
PROFILED IN THE FLIGHT SCHOOL BUSINESS NEWSLETTER AND FLIGHT TRAINING
MAGAZINE IN ORDER TO SHARE IDEAS AND ACTIONS THAT OTHER PROFESSIONALS CAN
APPLY TO ENHANCE THEIR OWN SCHOOLS AND TEACHING.

THE POLL WAS CONDUCTED USING AN ONLINE SURVEY PROCESS BASED ON AOPA'S

2011 RESEARCH INTO THE OPTIMAL FLIGHT TRAINING EXPERIENCE. EACH

INDIVIDUAL COULD NOMINATE UP TO ONE FLIGHT SCHOOL AND ONE FLIGHT

INSTRUCTOR PER YEAR. NEARLY 3,600 INDIVIDUALS COMPLETED THE POLL IN 2014,

YIELDING EVALUATION OF 1,447 DIFFERENT FLIGHT SCHOOLS AND 1,500

INDIVIDUAL INSTRUCTORS (COMPARED TO 508 FLIGHT SCHOOLS AND 956 FLIGHT

INSTRUCTORS IN 2013).

UNDER THE "FLIGHT SCHOOL BUSINESS" BRAND, AN ELECTRONIC NEWSLETTER WAS SENT ON A MONTHLY BASIS AND SEVERAL WEBINARS WERE HELD. IN 2014, "FLIGHT SCHOOL BUSINESS" HELD FOUR WEBINARS, WITH A TOTAL ATTENDANCE OF 607.

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SUBSCRIPTIONS TO THE NEWSLETTER INCREASED BY ALMOST 30% IN 2014 TO 4,600.

PCD'S NEWEST PROGRAM, ANNOUNCED IN SPRING OF 2014, WAS THE RUSTY PILOTS INITIATIVE. DATABASE ANALYSIS SHOWED THERE ARE SEVERAL HUNDRED THOUSAND LAPSED PILOTS IN THE USA; OVER 100,000 ARE CURRENTLY ON AOPA'S MEMBERSHIP ROSTER. WHILE SOME CAN NO LONGER FLY FOR MEDICAL REASONS, AGE, FAMILY, EXPENSE, ETC., THE VAST MAJORITY THE RESPONDENTS TO THE LAPSED PILOT STUDY RETAIN AN INTEREST IN ONE DAY RETURNING TO AVIATION. HOWEVER, AOPA FOUND THAT INACTIVE PILOTS HAVE LARGE MISCONCEPTIONS ABOUT WHAT IS ACTUALLY INVOLVED IN RETURNING TO THE SKIES,

AS A RESULT, AOPA LOOKED CLOSELY AT A SATURDAY MORNING SEMINAR CALLED
"RUSTY PILOTS" THAT WAS DEVELOPED BY AVIATION ADVENTURES, AN AOPA

EXCELLENCE AWARD WINNING FLIGHT SCHOOL WITH THREE LOCATIONS IN VIRGINIA.

INACTIVE PILOTS ARE SENT A DIRECT MAIL/EMAIL PROMOTION INVITING THEM TO

ATTEND A HALF DAY SEMINAR. THE SEMINAR PROVIDES A SAFE UPBEAT

RE-INTRODUCTION TO AVIATION, SHOWS HOW EASY THE PATH BACK IS, AND COVERS

THE GROUND PORTION OF THE FLIGHT REVIEW SO ATTENDEES ARE ALREADY ON THEIR
WAY BACK INTO THE AIR AFTER ONE AFTERNOON AT THE AIRPORT.

IN 2014, AOPA LAUNCHED ITS OWN VERSION OF THAT PROGRAM WHERE THE

ASSOCIATION WORKS WITH FLIGHT SCHOOLS AROUND THE COUNTRY TO HOST A

HALF-DAY SESSION WITH AOPA-PRODUCED CONTENT. THE BIGGEST VALUE FROM AOPA

TO THE FLIGHT SCHOOL IS OUR COMMITMENT TO MARKETING SUPPORT IN ORDER TO

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ENCOURAGE LAPSED PILOTS TO ATTEND A SEMINAR.

IN 2014, THE AOPA RUSTY PILOTS PROGRAM FAR EXCEEDED ITS FIRST YEAR GOALS.

THE PROGRAM HAD MORE THAN 2,600 PARTICIPANTS AND CONDUCTED 68 TOTAL

PRESENTATIONS. THIS FAR OUT-NUMBERED OUR ORIGINAL GOAL OF 27 TOTAL EVENTS

FOR 2014 AND THE NUMBER OF ACTUAL ATTENDEES WAS NEARLY TRIPLE OUR 2014

GOAL.

THE FEEDBACK RECEIVED FROM FLIGHT SCHOOLS AND FLYING CLUBS THAT PRESENTED

THE PROGRAMS WAS OVERWHELMINGLY POSITIVE. PRESENTERS (HOST FLIGHT

SCHOOLS AND FLYING CLUBS) RATED AOPA 5.7 OUT OF 6 ON THE EXPERIENCE AND

96 PERCENT SAID IT WAS A GOOD USE OF THEIR TIME.

ATTENDEES ALSO GAVE VERY POSITIVE REVIEWS - 94 PERCENT SAID THE PROGRAM MET THEIR EXPECTATIONS AND 93 PERCENT SAID THAT PARTICIPATING IN THE PROGRAM MADE THEM MORE COMMITTED TO BEGIN FLYING AGAIN.

#### EDUCATION

EDUCATING OUR MEMBERS ABOUT THE ISSUES THAT AFFECT THEIR FLYING HAS

ALWAYS BEEN AT THE HEART OF AOPA'S MISSION. TODAY, AOPA PRODUCES TWO

MONTHLY MAGAZINES, NUMEROUS ELECTRONIC NEWSLETTERS, A WEEKLY VIDEO NEWS

PROGRAM, STREAMING VIDEO, MULTIPLE WEB SITES, MEETINGS, AND EVENTS-ALL

WITH THE GOAL OF EDUCATING AND INFORMING OUR MEMBERS, THE LARGER AVIATION

COMMUNITY, AND THE PUBLIC.

AOPA PILOT IS AOPA'S FLAGSHIP MAGAZINE, AND THE MOST WIDELY READ AVIATION MAGAZINE IN THE WORLD. WRITTEN BY PILOTS FOR PILOTS, EACH ISSUE BRINGS READERS THE LATEST NEWS AFFECTING GENERAL AVIATION, INCLUDING COVERAGE OF GOVERNMENTAL AND REGULATORY ISSUES, UPDATES ON AOPA'S ADVOCACY EFFORTS, NEWS FROM AIRCRAFT AND AVIONICS MANUFACTURERS, AND MORE. READERS ARE ALSO TREATED TO BEAUTIFULLY DESIGNED FEATURE STORIES ABOUT THE BEST FLYING DESTINATIONS FOR GENERAL AVIATION PILOTS, PILOTING TECHNIQUES, AIRCRAFT OWNERSHIP, COCKPIT TECHNOLOGY AND, OF COURSE, AIRCRAFT NEW AND OLD. REGULAR COLUMNS ADDRESS AIRCRAFT MAINTENANCE, LEGAL ISSUES, MEDICAL CONSIDERATIONS, AND OTHER SUBJECTS OF DIRECT CONCERN TO PILOTS AND AIRCRAFT OWNERS. MORE THAN 3.3 MILLION COPIES OF AOPA PILOT WERE PRODUCED IN 2014.

A SECOND MONTHLY MAGAZINE, FLIGHT TRAINING, IS DESIGNED SPECIFICALLY TO
MEET THE NEEDS OF THE FLIGHT TRAINING COMMUNITY, INCLUDING STUDENT
PILOTS, THOSE WHO ARE RETURNING TO FLYING AFTER A HIATUS, AND FLIGHT
INSTRUCTORS. WITH THE TAG LINE "A GOOD PILOT IS ALWAYS LEARNING," THE
MAGAZINE PLACES A HEAVY EMPHASIS ON BUILDING AND ENHANCING THE
FUNDAMENTAL SKILLS AND KNOWLEDGE EVERY PILOT MUST MASTER. FLIGHT TRAINING
PRESENTS PRACTICAL INFORMATION, TIPS, AND TOOLS IN A FORMAT THAT IS
CLEAR, UNDERSTANDABLE, AND ENJOYABLE TO READ. WITH THE HELP OF DETAILED,
ACCURATE ILLUSTRATIONS AND BEAUTIFUL PHOTOGRAPHY, FLIGHT TRAINING MAKES
THE COMPLEX CONCEPTS BEHIND SUCCESSFUL PILOTING EASY TO UNDERSTAND AND
ABSORB. IN 2014, AOPA PRODUCED MORE THAN 950,000 COPIES OF THE

Name of the organization

AIRCRAFT OWNERS & PILOTS ASSOCIATION

52-0636210

MAGAZINE.

AOPA ALSO MAINTAINS A WEB SITE, HTTP://FLIGHTTRAINING.AOPA.ORG/MAGAZINE,

TO ACT AS A COMPANION TO THE MAGAZINE. THE SITE ENHANCES AND SUPPLEMENTS

THE MAGAZINE'S EDITORIAL CONTENT AND PROVIDES PRACTICAL INFORMATION ABOUT

LEARNING TO FLY FOR PROSPECTIVE AND STUDENT PILOTS.

IN ADDITION, BOTH AOPA PILOT MAGAZINE AND FLIGHT TRAINING MAGAZINE ARE DISTRIBUTED DIGITALLY. BETWEEN THE TWO MAGAZINES, MORE THAN 51,000 COPIES OF THE DIGITAL EDITION ARE DISTRIBUTED EACH MONTH.

MANY AOPA MEMBERS WANT MORE NEWS, MORE OFTEN THAN MONTHLY MAGAZINES CAN SUPPLY. FOR THOSE MEMBERS, AOPA PRODUCES SEVERAL DIFFERENT ELECTRONIC NEWSLETTERS, WHICH ARE AVAILABLE FREE OF CHARGE TO ALL MEMBERS. AOPA EPILOT IS A WEEKLY E-MAIL NEWSLETTER THAT PROVIDES THE LATEST GENERAL AVIATION AND AOPA NEWS. EPILOT DELIVERS INFORMATION PERTINENT TO THE READER'S GEOGRAPHIC LOCATION. IN ADDITION, EPILOT SUBSCRIBERS RECEIVE INSTANT AIRSPACE ALERTS WHEN SPECIAL CIRCUMSTANCES, SUCH AS TEMPORARY AIRSPACE RESTRICTIONS, AFFECT THEIR REGION. AT THE END OF 2014, 237,780 USERS WERE SUBSCRIBED TO EPILOT

MEMBERS WITH AN INTEREST IN TRAINING MAY ALSO CHOOSE TO RECEIVE THE FLIGHT TRAINING EDITION OF AOPA EPILOT. THIS NEWSLETTER ALSO PROVIDES THE LATEST NEWS, BUT ADDS SPECIALIZED TRAINING-RELATED TIPS AND TECHNIQUES EACH WEEK. AT THE END OF 2014, 83,598 READERS WERE SUBSCRIBED TO THIS

Name of the organization
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SPECIAL EDITION.

AOPA'S NEWEST ELECTRONIC NEWSLETTER, AVIATION EBRIEF, DELIVERS

AVIATION-RELATED NEWS TO READERS EACH WEEKDAY. BY BRINGING TOGETHER

AVIATION NEWS FROM A VARIETY OF MEDIA OUTLETS, AVIATION EBRIEF PROVIDES

READERS WITH A BIG-PICTURE OVERVIEW OF WHAT IS HAPPENING IN THE AVIATION

WORLD. AVIATION EBRIEF IS AVAILABLE FREE OF CHARGE TO BOTH AOPA MEMBERS

AND NON-MEMBERS WHO HAVE AN INTEREST IN THE ISSUES AFFECTING GENERAL

AVIATION. AT THE END OF 2014, 182,724 INDIVIDUALS SUBSCRIBED TO AVIATION

EBRIEF.

THROUGH AOPA LIVE, THE ASSOCIATION'S ONLINE STREAMING MEDIA OUTLET,

MEMBERS AND OTHERS CAN WATCH INTERVIEWS WITH THE MOST INFLUENTIAL AND

DYNAMIC FIGURES IN AVIATION. WITH CONTINUING COVERAGE OF IMPORTANT ISSUES

AND AVIATION EVENTS, AOPA LIVE FEATURES A GROWING LIBRARY OF INTERVIEWS

WITH A VARIETY OF AVIATION LEADERS AND INSPIRATIONAL FIGURES, INCLUDING

THE FAA ADMINISTRATOR, CONGRESSMEN, AIRSHOW PERFORMERS, CEOS OF MAJOR

AVIATION COMPANIES, ASSOCIATION LEADERS FROM ACROSS THE AVIATION

SPECTRUM, AND DOZENS OF OTHERS. IN 2014, AOPA LIVE VIDEOS WERE VIEWED OR

PRESENTED 2 MILLION TIMES FOR 192,000 HOURS OF PLAY TIME.

AOPA LIVE THIS WEEK WAS LAUNCHED IN MAY 2012 AS A WEEKLY TV-NEWS-MAGAZINE STYLE WEBCAST TO INFORM, EDUCATE, AND ENTERTAIN GENERAL AVIATION PILOTS.

THE SHOW, WITH ITS HIGH PRODUCTION QUALITIES AND REPORTING BY GENERAL AVIATION'S MOST EXPERIENCED REPORTERS, QUICKLY GREW TO BE THE LARGEST

SUCH WEEKLY SHOW ABOUT AVIATION. THE TEAM REPORTED ON EVERYTHING FROM NEW AIRCRAFT LAUNCHES TO SAFETY AND PROFICIENCY TECHNIQUES TO THE LATEST AOPA POLICY POSITIONS. VIEWERS TELL AOPA THE SHOW HELPS BRING IMPORTANT ADVOCACY ISSUES TO LIFE, HELPING THEM BETTER UNDERSTAND COMPLEX SUBJECTS. VIDEO HAS PROVEN TO BE A POWERFUL MEANS OF COMMUNICATING WITH THE GENERAL AVIATION COMMUNITY AND AN ALSO IMPORTANT WAY TO ALERT THE AUDIENCE TO NEW AOPA AIR SAFETY INSTITUTE ONLINE COURSES AND PROGRAMS.

AOPA ALSO COMMUNICATES WITH AND EDUCATES ITS MEMBERS BY PROVIDING BOTH UNPARALLELED BREADTH AND DEPTH OF ONLINE RESOURCES-RESOURCES THAT ARE CONTINUOUSLY BEING UPDATED TO IMPROVE THEIR COMPATIBILITY WITH SMART PHONES AND MOBILE DEVICES ACROSS MULTIPLE PLATFORMS. AOPA ONLINE GIVES MEMBERS ROUND-THE-CLOCK ACCESS TO NEWS, INFORMATION, FLIGHT PLANNING RESOURCES, AIRCRAFT OWNERSHIP TOOLS, AND MORE. IN 2014 ALONE, MORE THAN 4.9 MILLION UNIQUE VISITORS VIEWED MORE THAN 93 THOUSAND PAGES OF INFORMATION THROUGH AOPA.ORG MORE THAN 31 MILLION TIMES.

AOPA LAUNCHED AN UPDATED VERSION OF ITS POPULAR WEBSITE, AOPA.ORG, IN 2013 FEATURING AN EASIER-TO-USE DESIGN AND INTERACTION FORMAT.

THE WEBSITE FEATURES QUICK LINKS TO AOPA'S POPULAR FLIGHT PLANNING AND WEATHER TOOLS, A DEDICATED NEWS PAGE AND AN ADVOCACY ALERT SECTION TO KEEP READERS INFORMED OF THE ASSOCIATION'S EFFORTS TO PROTECT THE FREEDOM TO FLY ON THE LOCAL, STATE AND FEDERAL LEVELS.

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WHILE SOME FEATURES OF THE AOPA.ORG WEBSITE ARE AVAILABLE PUBLICLY,
MEMBERS ENJOY ACCESS TO THE SITE'S MOST POPULAR FEATURES, INCLUDING
AOPA'S FLYQ WEB FLIGHT PLANNING AND WEATHER DATA TOOLS WHERE MEMBERS CAN
QUICKLY AND ACCURATELY PREPARE AND FILE A FLIGHT PLAN ANYWHERE THEY HAVE
INTERNET ACCESS. MEMBERS CAN ALSO FIND AVIATION WEATHER REPORTS, FUEL
PRICES, THE LATEST SECURITY AND AIRSPACE INFORMATION, AND OTHER TOOLS TO
HELP THEM PLAN FLIGHTS THAT ARE EFFICIENT, SAFE, AND ENJOYABLE.

WITH AOPA AIRPORTS, ALSO ACCESSIBLE THROUGH AOPA ONLINE, MEMBERS CAN FIND EVERYTHING THEY NEED TO KNOW ABOUT POTENTIAL DESTINATIONS AND FUEL STOPS.

UPDATED DAILY, THE DIRECTORY IS THE MOST COMPREHENSIVE OF ITS KIND,

BRINGING TOGETHER AIRPORT INFORMATION, RUNWAY DIAGRAMS, INSTRUMENT

APPROACH PLATES, MAINTENANCE INFORMATION, RADIO FREQUENCIES, FLIGHT

SERVICE STATION TELEPHONE NUMBERS, AND MORE. THE DIRECTORY ALSO PROVIDES

PRACTICAL TOOLS TO HELP MEMBERS GET THE MOST OUT OF A VISIT TO ANY

AIRPORT, INCLUDING CONTACT INFORMATION FOR ON-AIRPORT BUSINESSES SUCH AS

FIXED-BASE OPERATORS, FLIGHT SCHOOLS, AND REPAIR FACILITIES AS WELL AS

INFORMATION ABOUT LOCAL RESTAURANTS, HOTELS, CAR RENTALS, AND

ATTRACTIONS.

OTHER RESOURCES AVAILABLE ONLINE INCLUDE ASSISTANCE WITH VALUING AND PURCHASING AN AIRCRAFT, AVIATION MEDICAL INFORMATION AND TOOLS TO HELP PILOTS PREPARE FOR THEIR NEXT MEDICAL EXAM, GUIDELINES FOR INTERNATIONAL FLYING, REGULATORY AND AIRWORTHINESS INFORMATION, AVIATION CLASSIFIEDS, AND AIRCRAFT AND AVIONICS REVIEWS.

ONLINE VISITORS CAN ALSO STAY UP TO DATE WITH AOPA'S ADVOCACY EFFORTS AT THE FEDERAL, STATE, AND LOCAL LEVELS. PILOTS CAN USE THE SITE TO FIND THEIR LOCAL AOPA AIRPORT SUPPORT NETWORK VOLUNTEER OR BECOME VOLUNTEERS THEMSELVES. AOPA MEMBERS CAN ALSO LEARN MORE ABOUT THE WORK OF AOPA'S POLITICAL ACTION COMMITTEE AND ITS SUPPORT FOR CANDIDATES WHO REPRESENT THE INTERESTS AND CONCERNS OF AOPA'S MEMBERS AND THE GENERAL AVIATION COMMUNITY AS A WHOLE.

FOR NEWCOMERS TO FLYING, AOPA ONLINE OFFERS DETAILED INFORMATION ABOUT
THE PROCESS AND REQUIREMENTS FOR LEARNING TO FLY, HELP FINDING A FLIGHT
INSTRUCTOR AND AVIATION MEDICAL EXAMINER, AN IN-DEPTH GUIDE TO CHOOSING A
TRAINING AIRCRAFT, AND INFORMATION ABOUT AVIATION CAREERS.

PILOTS WITH MORE EXPERIENCE MAY WANT TO TAKE ADVANTAGE OF INFORMATION

ABOUT EARNING ADVANCED RATINGS AND CERTIFICATES AS WELL AS TRANSITIONING

TO HIGH PERFORMANCE AIRCRAFT, TURBOPROPS, AND JETS. FOR CHILDREN, AOPA

ONLINE OFFERS A COLLECTION OF YOUTH EDUCATION RESOURCES THAT LINK

AVIATION TO MATH, SCIENCE, PHYSICS, HISTORY, AND TECHNOLOGY. IN ADDITION

TO THE ONLINE PRODUCTS, PRINTED MATERIALS ARE AVAILABLE TO TEACHERS AND

PILOTS AT NO CHARGE.

**EVENTS** 

IN 2014, AOPA LAUNCHED ITS NEW REGIONAL FLY-IN SERIES. SIX REGIONAL

FLY-INS AND ONE HOMECOMING FLY-IN AT AOPA HEADQUARTERS BROUGHT AOPA
MEMBERS, PILOTS, AND AVIATION ENTHUSIASTS TOGETHER AT LOCAL AIRPORTS FOR
A DAY OF COMMUNITY BUILDING, AVIATION FOCUS, SAFETY TRAINING AND
EDUCATION, AND INSPIRATION.

AOPA DEVELOPED THIS NEW EVENT PROGRAM TO "MEET OUR MEMBERS WHERE THEY

FLY", AND TO CREATE A NEW EVENT MODEL TO REPLACE THE ANNUAL AVIATION

SUMMIT WHERE MEMBERS WERE ONLY ABLE TO ACCESS AOPA EVENT PROGRAMMING AT A

SINGLE DESTINATION, AND AT MUCH HIGHER EXPENSE. THE NEW FREE, ONE-DAY

WEEKEND FLY-INS OFFER EASY ACCESS TO PILOTS AND MEMBERS ALL OVER THE

COUNTRY IN LOCALES CLOSER TO HOME, NOT REQUIRING EXPENSIVE OVERNIGHT

TRAVEL, AND AVAILABLE OUTSIDE OF NORMAL WORK HOURS.

THE FIRST YEAR OF FLY-INS WAS WIDELY ATTENDED AND HIGHLY SUCCESSFUL. MORE THAN 16,200 PEOPLE ATTENDED AOPA'S SEVEN FLY-INS IN 2014 AND NEARLY 3,000 AIRCRAFT FLEW IN. MEMBER SATISFACTION SURVEYS FOR THE REGIONAL FLY-INS DEMONSTRATED HIGH LEVELS OF SATISFACTION, REACHING WELL INTO THE NINETIETH PERCENTILE.

AOPA ALSO EXPANDED ITS PRESENCE AT THE TWO MAJOR GA AIR SHOWS HELD EACH YEAR - SUN 'N FUN IN LAKELAND, FLORIDA AND AIRVENTURE IN OSHKOSH, WISCONSIN. IN 2014, THE ASSOCIATION ADDED AN ACTIVITY TENT WHERE MEMBERS AND NON-MEMBERS CAN ENJOY QUALITY EDUCATION AND FUN GATHERINGS, AND WHERE THE AOPA FOUNDATION AND VARIOUS AOPA DEPARTMENTS CAN MORE COST-EFFECTIVELY HOLD MEETINGS, SEMINARS, BREAKFASTS, SOCIALS, AND OTHER

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SPECIAL EVENTS.

DURING THE FIRST YEAR OF THIS EXPANDED MODEL AT SUN 'N FUN AND AIRVENTURE, AOPA SAW A COMBINED 30,000 ATTENDEES ENGAGE WITH AOPA IN OUR MAIN TENT FEATURING THE VARIOUS AOPA PRODUCT OFFERINGS, AND OVER 5,000 ATTENDEES INVEST SIGNIFICANT TIME IN ENGAGEMENT OF SPECIAL ACTIVITIES, PROGRAMS, AND EDUCATIONAL OFFERINGS.

PRODUCTS AND SERVICES

AOPA MEMBERS HAVE ACCESS TO A WIDE RANGE OF SERVICES AND PRODUCTS FROM

AOPA AND AOPA PARTNERS. WITH A TEAM OF DEDICATED SERVICE SPECIALISTS,

AOPA HAS THE RESOURCES TO ANSWER VIRTUALLY ANY AVIATION-RELATED QUESTION

MEMBERS MAY HAVE.

IN ADDITION TO HAVING ONLINE ACCESS TO THEIR MEMBER INFORMATION, AOPA

MEMBERS CAN CALL AOPA'S MEMBER SERVICE REPRESENTATIVES TO RENEW OR UPDATE

THEIR MEMBERSHIPS, CHANGE THEIR PREFERENCES, ENROLL IN OR CANCEL

SERVICES, AND GET INFORMATION ON AOPA'S MEMBER PRODUCTS. IN 2014, THIS

TEAM OF SERVICE PROFESSIONALS HANDLED MORE THAN 129,212 CONTACTS,

CONNECTING MEMBERS TO EXACTLY THE PEOPLE AND INFORMATION THEY NEED,

WHETHER THE CONTACT IS MADE THROUGH E-MAIL, THE WEB, OR OVER THE PHONE.

THEY ALSO TOUCHED 62,550 MEMBERS THROUGH NON-FINANCIAL UPDATES-INCLUDING

SEMINAR REGISTRATION, FT FREE ENROLLMENTS, DEMOGRAPHIC UPDATES,

BENEFICIARY ENTRIES & PROXY UPDATES. THIS TEAM STRIVES TO RESOLVE ANY

AND ALL MEMBER ISSUES IN THE FIRST CONTACT-GIVING MEMBERS THE
SATISFACTION OF KNOWING THAT THEIR CONCERNS AND QUESTIONS WILL BE
ADDRESSED CORRECTLY THE FIRST TIME.

WHEN AN AOPA 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, AIRPORT MANAGERS, AVIATION MEDICAL SPECIALISTS, AND OTHER AVIATION EXPERTS ON CALL, THE PILOT INFORMATION CENTER TAKES PRIDE IN BEING ABLE TO ASSIST AOPA MEMBERS WITH ANY QUERY. DURING 2014, THE CENTER RESPONDED TO MORE THAN 140,000 CONTACTS COVERING ISSUES AS DIVERSE AS INTERNATIONAL FLIGHT PLANNING, AIRCRAFT OWNERSHIP, FLIGHT TRAINING FOR PRIMARY AND ADVANCED PILOTS, AIRCRAFT MAINTENANCE, REGULATORY INTERPRETATIONS, AIRSPACE, AIR TRAFFIC CONTROL, AND MORE.

THE MEDICAL STAFF RESPONDS TO MEMBER QUESTIONS COVERING A SPECTRUM OF MEDICAL CONDITIONS FROM QUESTIONS ABOUT COLOR VISION AND HIGH BLOOD PRESSURE TO KIDNEY STONES AND HEART DISEASE. THE MEDICAL STAFF'S UNIQUE LEVEL OF AERO-MEDICAL EXPERTISE HAS ENABLED THEM TO WORK CLOSELY WITH THE FAA AERO-MEDICAL DIVISION IN OKLAHOMA CITY AND WASHINGTON, D.C., TO ENSURE THAT THE INFORMATION PROVIDED TO MEMBERS IS ACCURATE AND COMPREHENSIVE, AND THAT OUR ADVOCACY EFFORTS RESULT IN THE BEST POSSIBLE OUTCOME FOR THE MEMBER. OUR CLOSE WORKING RELATIONSHIP WITH FAA AEROMEDICAL AFFORDS AOPA MEMBERS THE INDUSTRY'S FOREMOST EXPERTISE AND ASSISTANCE IN OBTAINING SPECIAL ISSUANCE MEDICAL CERTIFICATES.

COMPANY.

PART VI, SECTION A, LINE 2

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THERE ARE TWO TRUSTEES (MR. TRIMBLE AND MR. CRATE) WHO HAVE A BUSINESS RELATIONSHIP OUTSIDE OF AOPA. THESE TWO TRUSTEES ARE PARTNERS IN THE SAME

PART VI, SECTION A, LINES 6 AND 7A

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.

PART VI, SECTION B, LINES 11A AND 11B

IN CONJUNCTION WITH GRANT THORNTON LLP TAX SPECIALISTS, AOPA MANAGEMENT
REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE PRIOR TO PRESENTING THE
RETURN TO OUR BOARD OF TRUSTEES FOR REVIEW.

PART VI, SECTION B, LINE 12C

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.

PART VI. SECTION B. LINES 15A AND 15B 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 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.

PART VI, SECTION B, LINE 16B

THE ORGANIZATION DOES HAVE A WRITTEN MANAGEMENT POLICY TO EVALUATE ALL CONTRACTS & 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.

PART VI, SECTION C, LINES 18 AND 19

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

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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 WWW.GUIDESTAR.ORG.

PART VII HOURS WORKED FOR THE AOPA FOUNDATION, INC.

MARK BAKER, KENNETH MEAD, ERICA SACCOIA AND TIMOTHY FORTUNE 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 G

ALLEGIANCE CREATIVE GROUP WAS PAID A TOTAL OF \$133,664 FOR SERVICES
DURING THE YEAR FOR VARIOUS SERVICES. SERVICES FOR OUR MEMBERSHIP
MARKETING TOTALED \$89,664 AND ADVISOR SERVICES FOR OUR FUNDRAISING
TOTALED \$44,000.

ATTACHMENT\_1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

**BAHAMAS** 

BERMUDA

CAYMAN ISLANDS

IRELAND

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA,

MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

| Name of the organization             | Employer identification number |
|--------------------------------------|--------------------------------|
| AIRCRAFT OWNERS & PILOTS ASSOCIATION | 52-0636210                     |
| **                                   | ATTACHMENT 3                   |

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS  | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| BULKLEY DUNTON PUBLISHING GROUP<br>PO BOX 644520<br>PITTSBURG, PA 15264 | MAGAZINE PAPER          | 788,679.     |
| MACH2 MGT INC<br>160 SCHOOL STREET<br>VICTOR, NY 14564                  | EVENT MANAGEMENT        | 459,619.     |
| QUAD GRAPHICS, INC. 75 REMITTANCE DRIVE CHICAGO, IL 60675               | MAGAZINE PRINTING       | 1,077,944.   |
| ORISON CURPIER CO 73 MAIN STREET COOPERSTOWN, NY 13326                  | AD COMMISSIONS          | 1,277,574.   |
| VALTIM INCORPORATED PO BOX 114 FOREST, VA 24551                         | FULFILLMENT             | 639,155.     |

|                                    |                          |                          | ATTACHMENT 4 |                                |
|------------------------------------|--------------------------|--------------------------|--------------|--------------------------------|
| FORM 990, PART IX - OTHER EXPENSES |                          |                          |              |                                |
| DESCRIPTION                        | (A)<br>TOTAL<br>EXPENSES | (B) PROGRAM SERVICE EXP. |              | (D)<br>FUNDRAISING<br>EXPENSES |
| DUES, LICENSES & SUBSCRIPTIONS     | 1,951,251.               | 1,334,012.               | 617,239.     |                                |
| INCOME & PROPERTY TAXES            | 148,418.                 | 17,107.                  | 131,311.     |                                |
| NON-CAP PURCHASES                  | 130,731.                 | 57,641.                  | 73,090.      |                                |
| CONTRIBUTIONS/EVENTS               | 422,996.                 | 416,375.                 | 6,621.       |                                |
| REPAIRS & MAINTENANCE              | 395,529.                 | 391,572.                 | 3,957.       |                                |
| RESEARCH & SURVEY                  | 110,032.                 | 104,050.                 | 5,982.       |                                |
| MISCELLANEOUS                      | -69,508.                 | -63,207.                 | -6,301.      |                                |
| COMMISSIONS                        | 2,286,271.               | 2,286,271.               |              |                                |
| RECRUITMENT                        | 94,407.                  | 81,430.                  | 12,977.      |                                |

| Schedule O (Form 990 or 990-EZ) 2014 |            |              |                     | Page        |
|--------------------------------------|------------|--------------|---------------------|-------------|
| Name of the organization             |            |              | Employer identifica | tion number |
| AIRCRAFT OWNERS & PILOTS ASSOCIATION |            |              | 52-06362            | 210         |
|                                      |            | 7            | ATTACHMENT 4        | (CONT'D)    |
| FORM 990, PART IX - OTHER EXPENSES   |            |              |                     |             |
|                                      | (A)        | (B)          | (C)                 | (D)         |
|                                      | TOTAL      | PROGRAM      | MANAGEMENT          | FUNDRAISING |
| DESCRIPTION                          | EXPENSES   | SERVICE EXP. | AND GENERAL         | EXPENSES    |
|                                      |            |              |                     |             |
| TOTALS                               | 5,470,127. | 4,625,251.   | 844,876.            |             |

52-0636210

SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

► Complete If the organization answered "Yes" on Form 990, Part IV, ||ine 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No. 1545-0047

52-0636210

Department of the Treasury Internal Revenue Service Internal Revenue 
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33,

| identification of Distagature Entities Complete if the organization allowered Tes On Form 550, Part V, time 55. |  |                         |   |                     |                           |                                     |  |
|---|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|--|
|   | (a) Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |  |
| (1)   |  |                         |   |                     |                           |                                     |  |
| (2)   |  |                         |   |                     |                           |                                     |  |
| (3)   | , Add (2000)   |                         |   |                     |                           |                                     |  |
| (4)   |  |                         |   |                     |                           |                                     |  |
| (5)   |  |                         |   |                     |                           |                                     |  |
| (6)   |  |                         |   |                     |                           |                                     |  |

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

| (a)<br>Name, address, and EIN of related organization |                     | (b)<br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public chanty status<br>(if section 501(c)(3)) | (f)<br>Direct controlling<br>entity | conti | a)<br>12(b)(13)<br>rolled<br>ty? |
|---|---------------------|-------------------------|---|----------------------------|---|-------------------------------------|-------|----------------------------------|
|   |                     |                         |   |                            |   |                                     | Yes   | No                               |
| (1) THE AOPA FOUNDATION, INC.                         | 20-8817225          |                         | -   | ľ                          |   | ,                                   |       |                                  |
| 421 AVIATION WAY                                      | FREDERICK, MD 21701 | CHARITABLE              | MD  | 501 (C) (3)                | 7   | AOPA                                | X     |                                  |
| (2) AOPA POLITICAL ACTION COMMITTEE                   | 56-3014117          |                         |   |                            |   |                                     |       |                                  |
| 421 AVIATION WAY                                      | FREDERICK, MD 21701 | PAC                     |   | 527                        | N/A   | AOPA                                | X     |                                  |
| (3)   |                     |                         |   |                            |   |                                     |       |                                  |
| (4)   |                     |                         |   |                            |   |                                     |       |                                  |
| (5)   | ***                 |                         |   |                            |   | 1                                   |       |                                  |
| (6)   |                     |                         |   |                            |   |                                     |       |                                  |
| (7)   | <u></u> _           |                         |   |                            |   |                                     |       |                                  |

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

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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. Part III (c) Legal domicile (state or foreign country) (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (j) General or managing partner? (a) Name, address, and EIN of related organization (d) Direct controlling (b) Primary activity (g) Share of end-of-(h) (I) Code V-UBI (k) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) entity Income year assets Yes No Yes No (1) (2) (3) (4) (5) (6) (7)

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)<br>Name, address, and ElN of releted organization | (b)<br>Primary activity | (c)<br>Legal domble<br>(state or foreign<br>country) |     | (e)<br>Type of entity<br>(C corp. S corp. or<br>trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | . Sec | b)(13)<br>rolled |
|---|-------------------------|--|-----|--|---------------------------------|---------------------------------------|--------------------------------|-------|------------------|
|   |                         |  |     |  |                                 |                                       |                                | Yes   | No               |
| (1) ADPA INSURANCE AGENCY 52-1813554                  |                         |  | 1   |  |                                 |                                       | 1                              |       |                  |
| 1995 HIDFIELD ROAD WICHITA, KS 67209                  | INSURANCE               | MD   | N/A | C CORP   | 7,535,603.                      | 8,324,663.                            | 100,0000                       | X     | _                |
| (2) AOPA FLIGHT TECHNOLOGIES INC 45-4565150           |                         |  |     | i  |                                 |                                       |                                |       |                  |
| 421 AVIATION WAY FREDERICK, MD 21701                  | AVIATION PROD           | DE   | N/A | C_CORP   | 109,479.                        | 315,808.                              | 100.0000                       | X.    | -                |
| (3) AOPA HOLDINGS COMPORATION 46-1036265              |                         |  |     | i  |                                 |                                       | 1                              |       |                  |
| 421 AVIATION WAY FREDERICK, MD 21701                  | HOLDINGS COMP           | DE   | N/A | C CORP   | 5,051,461.                      | 9,750,162.                            | 100.0000                       | X     | _                |
| (4)   | _                       |  |     | i  |                                 | İ                                     | 1                              |       |                  |
|   |                         |  |     |  |                                 |                                       |                                |       |                  |
| (5)   |                         |  |     |  |                                 |                                       |                                | -     |                  |
|   |                         | <u> </u>   |     |  |                                 | <u> </u>                              | <u> </u>                       |       |                  |
| (6)   |                         |  |     |  |                                 |                                       |                                |       |                  |
|   | 1                       |  |     |  |                                 |                                       |                                |       |                  |
| (7)   |                         |  |     |  |                                 |                                       |                                |       |                  |
| <del></del>   | 7                       | Į.   | j   |  |                                 | ļ.                                    | 1                              |       | į.               |

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| Part | Transactions With Related Organizations Complete if the organization answered "Ye  | s" on Form 990, Pari                    | IV, line 34, 35b, or 36.     |                  |          |               |    |
|------|--|---|------------------------------|------------------|----------|---------------|----|
| Note | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |   |                              |                  |          | res           | No |
| 1    | During the tax year, did the organization engage in any of the following transactions with one or more                       | related organizations lis               | ted in Parts II-IV?          | 2                |          |               |    |
| a    | Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                              |   |                              | [3               | la       |               | X  |
| ь    | Gift, grant, or capital contribution to related organization(s)  |   |                              |                  | ь        |               | X  |
| С    | Gift, grant, or capital contribution from related organization(s)  |   |                              |                  | lc       | Х             |    |
| d    | Loans or loan guarantees to or for related organization(s)   |   |                              |                  | ld       | $\neg$        | Х  |
|      | Loans or loan guarantees by related organization(s)  |   |                              |                  | e        |               | X  |
| _    | and an instrumental and an instrumental and a second and a second and a second and a second and a second and a               |   |                              |                  | 10       |               |    |
| f    | Dividends from related organization(s),  |   |                              |                  | 1f       |               |    |
|      | Sale of assets to related organization(s).   |   |                              | * * * * *        | g        | _             | Х  |
|      | Purchase of assets from related organization(s),   |   |                              |                  | h        | -             | X  |
| - "  | Exchange of assets with related organization(s)  |   |                              | - <u>.</u>       | 11       | -             | X  |
| - :  | Exchange of assets with related organization(s).  Lease of facilities, equipment, or other assets to related organization(s) |   |                              | · · · · ·  -:    | ii<br>Ii | -             | X  |
| 1    | Lease of facilities, equipment, or other assets to related digalitzation(s)  | • |                              |                  |          |               |    |
|      |  |   |                              |                  | 1202     | -             | X  |
| - K  | Lease of facilities, equipment, or other assets from related organization(s)   |   |                              |                  | lk       | -             | X  |
|      | Performance of services or membership or fundraising solicitations for related organization(s) $\dots$                       |   |                              |                  | 11       | $\rightarrow$ | _  |
|      | Performance of services or membership or fundraising solicitations by related organization(s), $\dots$                       |   |                              |                  | m        |               | X  |
|      |  |   |                              |                  | n        | Х             |    |
| 0    | Sharing of paid employees with related organization(s)   |   |                              | [1               | 0        | Х             |    |
|      |  |   |                              | 0                |          |               |    |
|      | Reimbursement paid to related organization(s) for expenses   |   |                              |                  | р        | _             | X  |
| q    | Reimbursement paid by related organization(s) for expenses   |   |                              | 년                | q        | Х             |    |
|      |  |   |                              | 0                |          | 9             |    |
| г    | Other transfer of cash or property to related organization(s)  |   |                              | <i>.</i> . L     | lr       | X             |    |
|      | Other transfer of cash or property from related organization(s)  |   |                              |                  | s        |               | X  |
| 2    | If the answer to any of the above is "Yes," see the instructions for information on who must complete                        | this line, including cove               | red relationships and trans- | action thresh    | olds     | ,             |    |
|      | (a)  | (b)                                     | (c)                          | 5                | 4}       | . Cala        |    |
|      | Name of related organization   | Transaction<br>type (e-s)               | Amount involved              | Method of amount |          |               | 9  |
|      | <u></u>  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                              |                  |          |               |    |
|      |  |   |                              |                  |          |               |    |
| (1)  | THE AOPA FOUNDATION, INC   | C                                       | 1,505,000.                   | FMV              |          |               |    |
|      |  |   |                              |                  |          |               |    |
| (2)  | AOPA HOLDINGS CORPORATION  | R                                       | 4,246,094.                   | FMV              |          |               |    |
|      |  |   |                              |                  |          |               |    |
| (3)  | THE AOPA FOUNDATION, INC   | N.O.0                                   | 4,642,923.                   | FMV              |          |               |    |
|      |  |   |                              |                  |          |               |    |
| (4)  | AOPA INSURANCE AGENCY  | 0                                       | 3,857,850.                   | FMV              |          |               |    |
| 7-7  |  | -                                       | _,,                          |                  |          |               | _  |
| (5)  | THE AOPA FOUNDATION, INC   | R                                       | 831,223.                     | FMV              |          |               |    |
| 101  | 4419   | **                                      | ~~~,~~·                      |                  |          |               |    |
| (6)  | AOPA HOLDINGS CORPORATION  | И,О,О                                   | 2,752,144.                   | FMV              |          |               |    |
| 101  | metri neartine containtion   | 1 115 0 5 12                            | 2312232444                   | F 1.9 A          |          |               |    |

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2,752,144. FMV
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Part V

| Part  | V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                    |    |    |  |  |  |
|---|---|----|----|--|--|--|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. |   |    |    |  |  |  |
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | 00 | 90 |  |  |  |
| a   | Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity,  | 1a |    |  |  |  |
| b   | Gift, grant, or capital contribution to related organization(s)   | 16 |    |  |  |  |
| C   | Gift, grant, or capital contribution from related organization(s).  | 1c |    |  |  |  |
|   | Loans or loan guarantees to or for related organization(s)  | 11 |    |  |  |  |
| _   | Lange or lang suprentage by related greatestard of  | 10 |    |  |  |  |

| C | Gift, grant, or capital contribution from related organization(s)  | 1c      |        |
|---|--|---------|--------|
| d | Loans or loan guarantees to or for related organization(s)   | 1d      |        |
|   |  | 1e      |        |
|   | • • •  |         | EX CV  |
| f | Dividends from related organization(s).  | 1f      |        |
|   | Sale of assets to related organization(s),   |         |        |
|   | Purchase of assets from related organization(s)  | 1h      |        |
| ï | Exchange of assets with related organization(s)  | 11      |        |
| i | Lease of facilities, equipment, or other assets to related organization(s)   | 11      |        |
| • |  |         | 17 15  |
| k | Lease of facilities, equipment, or other assets from related organization(s)   | 1k      |        |
|   | Performance of services or membership or fundraising solicitations for related organization(s)   | 11      | $\neg$ |
|   | Performance of services or membership or fundralsing solicitations by related organization(s).   | -       |        |
|   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |         |        |
|   | Sharing of paid employees with related organization(s)   | 10      | _      |
| _ | Change of panel chapter season and the season and t |         | est co |
|   | Reimbursement paid to related organization(s) for expenses   | 10      |        |
|   |  | 10      |        |
| 4 | Namiturisament paid by related Organization (3) for Oxpenses   | -       | E0 E0  |
|   | Other transfer of cash or property to related organization(s)  | 10      |        |
|   | Other transfer of cash or property from related organization(s).   |         | +      |
|   |  |         |        |
| 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 three   | STIUIUS |        |

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-a) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|----------------------------------|------------------------|---|
| 1) AOPA FLIGHT TECHNOLOGIES INC     | и, о, о                          | 237,698.               | FMV   |
| 2)                                  |                                  |                        |   |
| (3)                                 |                                  |                        |   |
| (4)                                 |                                  |                        |   |
| (5)                                 |                                  |                        |   |
| (6)                                 |                                  |                        |   |

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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.

| (s) Name, address, and EIN of entry | (b)<br>Primary activity | (c) Legal donsele (state or foreign country) | (d) Predominant encome (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? |  | (f)<br>Share of<br>total income | (gr)<br>Share of<br>end-of-year<br>easets | (h)<br>Depreportorate<br>allocature? |  | (i)<br>Code V - UBI<br>smount in box 20<br>of Schedule K-1<br>(Form 1065) | General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-------------------------------------|-------------------------|--|---|---|--|---------------------------------|---|--------------------------------------|--|---|------------------------------------|----|--------------------------------|
|                                     |                         |  | sections 512-514)   | Yes   |  |                                 | l   | Yes                                  | No   | (Form 1003)   | Yes                                | No |                                |
| (1)                                 |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (2)                                 |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (3)                                 |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (4)                                 |                         |  |   | <del>                                     </del>      |  |                                 |   |                                      |  |   |                                    |    |                                |
| (5)                                 | -                       |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (6)                                 | -                       |  |   | -   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (7)                                 |                         |  |   | <del>                                     </del>      |  | l                               |   |                                      | <del>                                     </del> |   |                                    |    |                                |
| (8)                                 |                         | <u>:</u>                                     |   |   |  |                                 |   |                                      |  |   |                                    | _  |                                |
| (9)                                 |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (10)                                |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (11)                                |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (12)                                | -                       |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (13)                                |                         |  | -   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (14)                                | -                       |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |
| (15)                                | -                       |  |   |   |  |                                 |   | -                                    |  |   |                                    |    |                                |
| (16)                                |                         |  |   |   |  |                                 |   |                                      |  |   |                                    |    |                                |

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# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).