efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493234007048 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2017

Department of the Treasury

▶ 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

A F	or the	e 2017 c	alendar year, or tax year beginning 01-01-2017 , and ending 12-31-	2017			
		pplicable	C Name of organization Aircraft Owners & Pilots Association		D Employe	r identif	ication number
	dress o me cha	change	% ERICA SACCOIA SVP-FINANCE		52-0636	210	
	tial ret	-	Doing business as				
		n/terminated					
		l return	Number and street (or P O box if mail is not delivered to street address) Room/suite 421 Aviation Way)	E Telephone	number	
□ Ар	plicatio	on pending	· ·		(301) 69	5-2000	1
			City or town, state or province, country, and ZIP or foreign postal code Frederick, MD 21701				
					G Gross rece	eipts \$ 7	0,425,672
			F Name and address of principal officer Mark Baker CEOPresident	H(a) Is t	this a group reti	urn for	
			421 Aviation Way		oordinates?	_	□Yes ☑No
			Frederick, MD 21701	H(b) Are	e all subordinate luded?	:5	☐ Yes ☐No
[Tax	x-exem	npt status	□ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) □ 4947(a)(1) or □ 527		No," attach a lis		•
J W	ebsit	e: Nw	w AOPA org	H(c) Gro	oup exemption r	number	>
∢ Forn	n of or	ganızatıon	☑ Corporation ☐ Trust ☐ Association ☐ Other ►	_ Year of fo	rmation 1939	M State	of legal domicile NJ
В-		C					
Рa	rt I	Sumi	·				
			cribe the organization's mission or most significant activities ur freedom to fly by advocating, educating, supporting activities that ensure	GA flight	and securing s	ufficien	t resources to ensur
ည		our succes					
Ě	-						
E e	=						
Activities & Governance	2	Check thi	s box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of mo	re than 2!	5% of its net as	sets	
ن بعر	3	Number o	of voting members of the governing body (Part VI, line 1a)			3	11
on do	4	Number o	of independent voting members of the governing body (Part VI, line 1b) .		•	4	10
Ě	5	Total num	nber of individuals employed in calendar year 2017 (Part V, line 2a)			5	225
	6	Total nun	nber of volunteers (estimate if necessary)			6	2,178
⋖	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		•	7a	7,511,565
	ь	Net unrel	ated business taxable income from Form 990-T, line 34			7b	-7,525
					Prior Year		Current Year
•	8	Contribut	ions and grants (Part VIII, line 1h)		2,921,67	72	5,353,811
Ravenue	1		service revenue (Part VIII, line 2g)		17,969,16		20,488,033
ōΛċ	1	-	int income (Part VIII, column (A), lines 3, 4, and 7d)		-173,3!		3,424,081
<u>~</u>	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,175,3		17,913,717
	1		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,892,8:		47,179,642
	_		nd similar amounts paid (Part IX, column (A), lines 1–3)		331,9:	12	386,000
	1		paid to or for members (Part IX, column (A), line 4)			0	(
(0	1	•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		20,951,60	26	23,570,165
Ехрепѕеѕ	1		nal fundraising fees (Part IX, column (A), line 11e)		20,331,00	0	23,373,103
€	Ι.		raising expenses (Part IX, column (D), line 25) >203,727			+	
ă	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		22,770,52	23	25,484,929
	1		enses Add lines 13–17 (must equal Part IX, column (A), line 25)		44,054,04		49,441,094
	1		less expenses Subtract line 18 from line 12		<u> </u>	_	
_ ທ	19	Revenue	less expenses Subtract line to from line 12	Poginnu	-5,161,23 ng of Current Ye		-2,261,452 End of Year
Net Assets or Fund Balances				Degiiiiii	ng or current re	"	Liid Oi Teai
2 e	20	Total asse	ets (Part X, line 16)		94,065,03	33	105,733,150
Z B	1		ılıtıes (Part X, lıne 26)		21,834,03	38	25,116,121
Ž	1		s or fund balances Subtract line 21 from line 20		72,230,99	_	80,617,029
Par	tH		ature Block			-	
			erjury, I declare that I have examined this return, including accompanying si	chedules a	and statements,	and to	the best of my
			f, it is true, correct, and complete Declaration of preparer (other than office	r) is based	d on all informat	tion of	which preparer has
ину к	nowle						
		*****	×		2018-08-13		
Sign		Signati	ure of officer	[Date		
Here		ERICA	SACCOIA SVP - FINANCE				
			r print name and title				
			rint/Type preparer's name Preparer's signature Dat			TIN	1
Paid	k	L ^M	lary Torretta Mary Torretta 201		self-employed	0084785	1
	pare	71 ⊢	irm's name F Grant Thornton LLP		Fırm's EIN ▶		
-	On	1 0	ırm's address ▶ 1000 WILSON BLVD SUITE 1400		Phone no (703) 8	47-7500	
			ARLINGTON, VA 22209				
 ∙lay t	he IR:	S discuss	this return with the preparer shown above? (see instructions)			✓ \	res □ No

Form	990 (2017)					Page 2
Par	Statement	of Program Servi	e Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	organization's mission				
SEE S	SCHEDULE O					
2	Did the organization	undertake any significa	ant program ser	vices during the year whi	ch were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	nedule O			
3	-	- -	_	changes in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount of	argest program services, as measi grants and allocations to others, i	
4a	(Code) (Expenses \$	43,813,887	including grants of \$	386,000) (Revenue \$	20,488,033)
	See Additional Data				, , ,	, ,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	Other program servi	ces (Describe in Sched	ule O)			
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses >	43,813,8	87		

Checklist of Required Schedules

Part IV

Page 3

No

5

Yes

	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III "	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		F	orm 99 0	0 (2017)

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FOITH	990 (2017)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	Yes	

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

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Form 990 (2017)

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Nο

Nο

bid the digalization operate one of more hospital facilities. If Test, complete schedule if	20a	
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21	Yes
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	٠,		<u> </u>
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 337		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 337 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	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?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CJ , BD 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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	The rest, to line 3a of 3b, did the organization me Form 6660-17.	5c		
6a	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	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm OO	0 (2017)

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to lii	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
_				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 11			
		re are material differences in voting rights among members of the governing			
		or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
ь		the number of voting members included in line 1a, above, who are independent			
		1b 10			
2	office	ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	
3		ne organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_	.,	
		pers of the governing body?	7a	Yes	
D		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
10-	D.4 +h	ne organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Ye	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?		11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
D	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
		dule O how this was done	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14 15		ne organization have a written document retention and destruction policy?	14	Yes	
		ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a	Yes	
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b	Yes	
		C. Disclosure			
17	List th	ne States with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , DC , FL , GA , HI , IL , K , MS , MO , NH , NJ , NY , NC , PA , RI , SC WI			
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
		oble for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19		Own website			
		, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records			

(10) AMANDA C FARNSWORTH

(11) JAMES N HAUSLEIN

(12) KENNETH M MEAD

EVP/GENERAL COUNSEL

(13) ERICA J SACCOIA

(14) TIMOTHY J FORTUNE

Chief Administrative Officer

(15) MELISSA K RUDINGER

VP GOVERNMENT AFFAIRS

SVP - MEDIA & OUTREACH

SVP-AVIATION STRATEGY/PROGRAMS

(16) THOMAS B HAINES

(17) KATIE AM PRIBYL

TRUSTEE

TREASURER

SVP-FINANCE

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Part VII

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29,689

25,389

34.472

27,912

36,418

30.330

Form 990 (2017)

586,230

284,997

419.188

221,094

324,516

311.942

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- compensated employees, and former such persons

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• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (A) (F) (B) (C) (D) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation anv hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual to ΨŪ employ MISC) MISC) organizations Ē related Institutional 호 below dotted organizations employ nest 3 line) con trustee P pensat Ě 1 (Х Х 0.0 1 ((2) LUKE R WIPPLER 0 0 Х TRUSTEE 0 0 1 0 (3) HERMAN NEEL HIPP JR O Χ O TRUSTEE 0 0 10 (4) MATTHEW J DESCH TRUSTEE 0.0 1 0 (5) BURGESS H HAMLET III 0 Х 0 TRUSTEE 0 0 1 0 (6) DARRELL W CRATE X Х 0 0 0 VICE CHAIRMAN 0 0 1 0 (7) LAWRENCE D BUHL III TRUSTEE 0 0 1 0 (8) JAMES G TUTHILL JR Х TRUSTEE 0 0 40 C (9) MARK R BAKER Х 1,427,048 0 41,469 Х PRESIDENT/CEO 10 0

(1) WILLIAM C TRIMBLE III CHAIRMAN

3

5

Quad Graphics Inc,

75 Remittance Drive CHICAGO, IL 60675 VTAC General Contractors,

4404 Baltımore Ave BLADENSBURG, MD 20710

4510 Buckeystown Pike Suite M FREDERICK, MD 21704 Valtım Marketing Services,

160 School Street Suite 3 VICTOR, NY 14564

Pro List Inc,

PO Box 114 FOREST, VA 24551 Mach2 Management Inc,

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Name and Title Position (do not check more Reportable Average Reportable Estimated

than one box, unless person | compensation

Page 8

amount of other

Yes

Yes

3

4

5

Description of services

Magazine Printing

Print/Mail Services

Event Production

Construction

Fulfillment

No

No

Nο

988,463

731,694

610,613

542,143

540,534

Form 990 (2017)

(C)

Compensation

compensation

	week (list any hours	any hours director/trustee) organization (W- organization								compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) JAMES W COON	40 0					x		463,534	0	28,245
SVP-GOVERNMENT AFFAIRS	0.0	····						103,331	9	20,213
(19) JOHN D HAMILTON	40 0					×		240,102	0	13,509
VP-Information Technology	0.0	1				^		240,102	0	13,509

		·				
·	, and the second					

hours per

1b Sub-Total	 		_	$\overline{}$		

Sub-Total									•
c Total from continuation sheets to Part								-	
t Total ITOIII Continuation sheets to Fait	VII, Section A	 •	•		`				_
d Total (add lines 1b and 1c)		 		>	•	4,278,651		0	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization \blacktriangleright 33

Lb Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)					•	•		4,278,651	0		267,433
2 Total number of individuals (including but		those li	sted a	abov	e) w	ho re	ceive	ed more than \$	100,000		

						ı
сТ	otal from continuation sheets to Part VII, Section A		>			
d 1	otal (add lines 1b and 1c)		>	4,278,651	0	267,43
2	Total number of individuals (including but not limited to those lists of reportable compensation from the organization \blacktriangleright 53	ed abo	ove) wh	o received more than	\$100,000	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Part		(2017) Statement of	Revenue								Page 9
				a respo	onse or note to any						<u> </u>
							A) evenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	Revenue excluded from tax under sections
	1 a	Federated campaig	ns	1a				rev	/enue		512-514
Grants Imounts	ı	b Membership dues		1 b							
61.2 m	•	c Fundraising events		1c							
ffs,	•	d Related organizatio	ns	1d	4,800,000						
<u>1</u>	•	e Government grants (co	ontributions)	1e	17,800						
utions ner Sir	1	 All other contributions and similar amounts n above 	, gıfts, grants, ot ıncluded	1f	536,011						
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$ n Total.Add lines 1a-1			_						
		i Total.Add lilles 1a-1		• •	Business		353,811				
Program Service Revenue	2a	MEMBERSHIP DUES			Business	900099	18,3	78,140	18,378	140	
. 7	_	AIRPORT DIRECTORY &	DATA			900099		89,667	289	- 	
Ce l	c	AOPA FLY-INS				900099	5	14,750	514	750	
ΣĘ	d	EDUCATIONAL COURSES	5			900099	1,3	05,476	1,305	476	
E .	e	. ————		_				+			
ogra	f	All other program se	rvice revenue		20.4	00 022					
ΔŤ	g	Total. Add lines 2a-2f	f		>	88,033					
		Investment income (ii similar amounts) .	ncluding divid		nterest, and other]	407,213				407,213
		Income from investme			ond proceeds		C				
	5	Royalties	<u></u>		•		5,176,154				5,176,154
	_		(ı) Rea	l	(II) Personal						
	6a	Gross rents	2	69,804							
	b	Less rental expenses	7	84,624							
	c	Rental income or	-5	14,820	0	1					
		(loss) Net rental income o	r (loss)			1	-514,820				-514,820
		Net rental income o	(i) Securit		(II) Other		311,020				-514,620
	7a	Gross amount from sales of				1					
		assets other than inventory	25,2	78,274							
	b	 Less cost or other basis and sales expenses 	22,4	61,406							
		Gain or (loss)		16,868]					
		I Net gain or (loss) . Gross income from fi			•		3,016,868				3,016,868
Other Revenue	Ua		ed on line 1c)	of	0						
Rev	ь	Less direct expense		Ь	0	1					
eľ	c	: Net income or (loss)	from fundrais	sing ev	ents		С				
Oth	9a	Gross income from g See Part IV, line 19		es							
		,		а	0						
		Less direct expense		b	0]					
		: Net income or (loss)		activit	ies >		С	1			
	104	aGross sales of invent returns and allowand		a	0						
	b	Less cost of goods s	sold	b	0	1					
	c	Net income or (loss)		invent	ory >		С				
		Miscellaneous	Revenue		Business Code	_	F 720 7F				5 700 756
	11	aCOST SHARING			900099		5,739,756				5,739,756
	Ь	ADVERTISING INCO	ME		511190	<u> </u>	7,511,565			7,511,56	55
	c	OTHER			900099		1,062				1,062
	ام ام	All other revenue									_
		Total. Add lines 11a			•		40.0==				
	12	! Total revenue. See	Instructions				13,252,383				
							47,179,642		20,488,033	7,511,56	55 13,826,233

Forn	n 990 (2017)				Page 10
	tix Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	-	·	. ,	\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	200,000	200,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	186,000	186,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,848,483	2,721,389	127,094	
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	16,172,686	14,639,213	1,533,473	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,773,421	1,773,421		
9	Other employee benefits	668,148	585,403	82,745	
10	Payroll taxes	2,107,427	1,699,445	407,982	
11	Fees for services (non-employees)				
a	Management	0			
	Legal	214,773	200,511	14,262	
	Accounting	324,037	304,092	19,945	
	Lobbying	299,463	299,463	· · ·	
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	372,190		372,190	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,966,274	4,878,314	6,960	81,000
12	Advertising and promotion	940,162	940,082	80	
	Office expenses	953,609	750,772	202,837	
	Information technology	1,706,460	733,108	973,352	
	Royalties	0	733,100	3,3,332	
	' - <u>-</u>	511,048	1,398	509,650	
	Occupancy		1,932,787	<u> </u>	
	Payments of travel or entertainment expenses for any	1,985,976	1,932,787	53,189	
	federal, state, or local public officials .	1,644,070	1,641,520	2,550	
	Conferences, conventions, and meetings		1,641,320		
	Interest	174,107		174,107	
	Payments to affiliates		1 (57 020	600 477	
	Depreciation, depletion, and amortization	2,266,516	1,657,039	609,477	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	359,008	330,960	28,048	
•	PRINT/MAIL/POSTAGE/PREMIUM	3,965,329	3,827,176	15,426	122,727
İ	MAGAZINE PRODUCTION	1,442,771	1,442,771		
•	RENTALS	1,241,356	1,093,559	147,797	
•	d DUES LICENSES & SUBSCRIPTIONS	613,841	605,288	8,553	
	e All other expenses	1,503,939	1,370,176	133,763	
	Total functional expenses. Add lines 1 through 24e	49,441,094	43,813,887	5,423,480	203,727
	Joint costs. Complete this line only if the organization				· ·
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

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14

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16

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28

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31

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34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

Page **11**

0

0

0

0

0

0

0

0

n

O

6.202.044

1.933.038

25,116,121

80.617.029

80,617,029

105.733.150

Form **990** (2017)

0

0

1,524,216

14,600,760

27.103.455

55.161.408

836.378

3.859.891

4.957,815

12,023,224

105,733,150

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

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

1	Cash-non-interest-bearing	401,257	1	2,101,310
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	756,461	4	545,732
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part	0	_	0

34,688,118

20,087,358

(A)

Beginning of year

0 6

0 8

0

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10c

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31 32

33

34

0 28

0

0 20

0 21

0 22

4.187.309

1.974.763

21,834,038

72.230.995

72,230,995

94.065.033

1.177.106

13,142,096

22.339.731

51.556.052

836.378

3.855.952

94,065,033

4,028,311

11,643,655

II of Schedule L 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 Assets Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges

10a

10b

Page **12**

72,230,995

8.147.486

2,500,000

80,617,029

No

Nο

Yes

Yes

Yes

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 5

6

Form 990 (2017)

Reconcilliation of Net Assets

Part XI

7 8

Other changes in net assets or fund balances (explain in Schedule O) 9 10

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐ Cash ☑ Accrual ☐ Other

1 Accounting method used to prepare the Form 990 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? 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 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 Consolidated basis ☐ Both consolidated and separate basis Separate basis

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c 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 the Single Audit Act and OMB Circular A-133? 3a

Nο 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 (2017)

Additional Data

Software ID:

Software Version:

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Form 990 (2017)

Form 990, Part III, Line 4a:

Since 1939, the Aircraft Owners and Pilots Association (AOPA) has worked to protect the freedom to fly for general aviation (GA) pilots in the United States. More than 300,000 members rely on AOPA, as the world's largest aviation and membership association, to advocate for GA interests and keep flying safe, fun, and affordable AOPA works with members of Congress and at all levels of government to enhance safety, provide tools and resources for pilots, and ensure they get the most out of their flying Beyond just the pilot community. AOPA works to educate decision makers and the public about the benefits and value of general aviation flying. One of the association's main priorities is to make sure GA remains a viable form of transportation and recreation for future generations. AOPA provides its members with an extensive portfolio of benefits that can be grouped into five areas advocacy, pilot community development, education, events, and products and services ADVOCACY AOPA's advocacy arm is divided into groups responsible for legislative affairs, regulatory affairs, operations and international affairs, airports, and advocacy. Together these groups effectively manage the many issues that affect general aviation and support member interests. In 2017, thanks to AOPA's Government Affairs team and their ongoing work on issues that matter to pilots, AOPA was named a top advocacy organization by The Hill newspaper for the fourth year in a row FAA reauthorization and the threat of air traffic control privatization became a monumental challenge faced by AOPA's advocacy team this year. With support from members, more than 200,000 letters, emails, and phone calls went out to Congress opposing H.R. 2997. Aside from ATC privatization, third class medical reform, known as BasicMed, launched on May 1, 2017. BasicMed became the biggest advocacy accomplishment in decades for AOPA and GA pilots- a huge victory considering only 4 percent of bills ever become law. By the end of 2017, nearly 26,000 pilots had been cleared to fly under the new medical certification, far surpassing expectations. AOPA's multi-year effort to simplify the certification requirements around non-Technical Standard Order products came to fruition with a multitude of new lower cost ayionics systems introduced for legacy airplanes in 2017, including digital autopilots from three different manufacturers-an effort that may pay safety dividends for years to come. In addition to AOPA's efforts on the federal level, the association has a network of seven regional managers and more than 2.100 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 YOU CAN FLY AOPA has developed programs to support flying clubs, encourage best practices in flight training, get lapsed pilots back in the air, bring AOPA's resources and expertise to pilot groups across the country, and invite high school students to learn more about careers in aviation and aerospace. Flying clubs are a valuable part of the aviation landscape. AOPA created the Flying Club Network which is free to join and offers benefits including a premium listing in the AOPA Flying Club Finder, exclusive insurance rates, and access to networking events. The Network now has more than 800 listed flying clubs. AOPA created the Rusty Pilots program to lower the barrier to re-entry and provide lapsed pilots a way to return to flying in a matter of hours through a free session of ground school that fulfills the FAA's flight review requirement for ground instruction. The mission of AOPA's Aviation High School initiative is to help build and sustain aviation-based STEM programs in high schools in order to provide a quality workforce to the aviation industry. By working with schools directly, AOPA can expose and engage a more diverse group of students in aviation. More than 20 high school students were awarded flight training scholarships for \$5,000 each in June. 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 also communicates with and educates its members by providing both unparalleled breadth and depth of online resources that are continuously being updated to improve their compatibility with smart phones and mobile devices across multiple platforms. AOPA Online gives members round-theclock access to news, information, flight planning resources, aircraft ownership tools, and more. 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 AOPA's regional fly-ins continue to mature, engaging some 25,000 members and enthusiasts this year. In 2017, the Outreach team launched four all-day intensive workshops on Fridays before each fly-in. In addition to our regional fly-ins AOPA continues to expand its presence at the two major GA air shows held each year. Sun N Fun in Lakeland, Florida and AirVenture in Oshkosh, as well as Women in Aviation and NBAA PRODUCTS AND SERVICES AOPA members have access to a wide range of products and services from the association and its partners. With a team of dedicated service specialists, AOPA has the resources to answer virtually any aviation-related question members may have. When a member has an aviation-related question, they can call the AOPA Pilot Information Center to get fast and accurate answers With a team of flight instructors, airling transport rated pilots. aviation mechanics, digital product specialists, aviation medical specialists, and other aviation experts on call, the Pilot Information Center takes pride in assisting AOPA members with any aviation guery. AIR SAFETY INSTITUTE The AOPA Air Safety Institute (ASI) promotes safety and pilot proficiency in general aviation through quality training, education, research, analysis, and the dissemination of information. Since 1950, the GA accident rate has decreased by 90 percent, in no small part because of free safety education provided by ASI ASI creates and delivers a wide variety of online educational programs - award-winning interactive courses, webinars, accident case studies, flight instructor refresher courses, and safety videos, among others - which together reached pilots more than 200,000 times each month, 2017 proved to be a record-breaking year with more than 3.6 million uses of online and in-person safety programs, a 40-percent increase from the year before. The GA accident rate experienced an all-time low of 0.84 accidents per 100,000 flight hours in fiscal year 2017 for fixed-wing aircraft in noncommercial activity. Part of expanding ASI's influence and reach into the flight training community includes a new web-based flight review program called Focused Flight Review that focuses on six common pilot profiles instrument flying. takeoffs, landings, and go-arounds, positive aircraft control, weather and controlled flight into terrain (CFIT), fuel, engine, and systems, and mountain and backcountry flying

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶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" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

Schedule C (Form 990 or 990-EZ) 2017

Cat No 50084S

DLN: 93493234007048

• 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Aircraft Owners & Pilots Association 52-0636210 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	tIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	ion		
	501(c)(6).					
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)				501(c)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	111-A	, line 3	s, is		
1	Dues, assessments and similar amounts from members	1	I			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).	_				
a	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	rt IV Supplemental Information					
	INCOME Supplemental Information					

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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

SCHEDULE D Supplemental Fina

Supplemental Financial Statements

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

2017

DLN: 93493234007048OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

lame of the organization Ircraft Owners & Pilots Association	Employer identification number
TCTGTC OWNERS & FILOUS ASSOCIATION	52-0636210
Organizations Maintaining Donor Advised Funds or O Complete if the organization answered "Yes" on Form 990,	
(a) Dono	r advised funds (b)Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the organization's property, subject to the organization's exclusive legal control.	
Did the organization inform all grantees, donors, and donor advisors in wr charitable purposes and not for the benefit of the donor or donor advisor, private benefit?	ting that grant funds can be used only for or for any other purpose conferring impermissible Yes No
art II Conservation Easements. Complete if the organization a	nswered "Yes" on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization (check all	that apply)
\square Preservation of land for public use (e g , recreation or education)	Preservation of an historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conserval	tion contribution in the form of a concervation
easement on the last day of the tax year	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure include	d in (a) 2c
Mumber of conservation easements included in (c) acquired after 8/17/06, structure listed in the National Register	and not on a historic 2d
Number of conservation easements modified, transferred, released, exting tax year ▶	uished, or terminated by the organization during the
Number of states where property subject to conservation easement is local	ted ▶
Does the organization have a written policy regarding the periodic monitor and enforcement of the conservation easements it holds?	ing, inspection, handling of violations, Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling of v	olations, and enforcing conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violation \$\rightarrow\$	ons, and enforcing conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the and section $170(h)(4)(B)(II)^{7}$	requirements of section 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports conservation easement balance sheet, and include, if applicable, the text of the footnote to the or the organization's accounting for conservation easements	s in its revenue and expense statement, and
Organizations Maintaining Collections of Art, Historic Complete if the organization answered "Yes" on Form 990,	
If the organization elected, as permitted under SFAS 116 (ASC 958), not tart, historical treasures, or other similar assets held for public exhibition, provide, in Part XIII, the text of the footnote to its financial statements the	ducation, or research in furtherance of public service,
If the organization elected, as permitted under SFAS 116 (ASC 958), to re historical treasures, or other similar assets held for public exhibition, educ following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	> \$
(ii)Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •
If the organization received or held works of art, historical treasures, or of following amounts required to be reported under SFAS 116 (ASC 958) relatives	her sımılar assets for financıal gaın, provide the
Revenue included on Form 990, Part VIII, line 1	▶ \$

Par	t III	Organizations M	aintaining Col	lections c	f Art, Hi	stori	cal T	reasu	ires, oi	r Other	Similar A	ssets (co	ntınued)	
3		ig the organization's acq is (check all that apply)	uisition, accessior	n, and other	records, c	heck	any of	the fo	llowing t	hat are a	significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	rams			
b		Scholarly research				e		Other	r					
С		Preservation for future	e generations											
4		vide a description of the	organization's col	lections and	explain ho	ow the	ey furtl	ner the	e organiz	zation's ex	empt purpo	ose in		
5		ing the year, did the org ets to be sold to raise fur									ıılar	☐ Yes	□ N	o
Pa	rt IV	Escrow and Cust Complete if the ori X, line 21.			" on Form	າ 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Fo	rm 990,	Part
1a		ne organization an agent uded on Form 990, Part :		an or other	ıntermedıa	ry for	contri	bution:	s or othe	er assets I	not	☐ Yes	□ N	o
ь	If "۱	res," explain the arrange	ement in Part XIII	and comple	ete the follo	owing	table				Α	mount		_
С		inning balance		•		_				1c				_
d	Add	itions during the year								1d				_
е	Dıst	ributions during the year	r							1e				
f	End	ing balance								1f				
2 a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2:	1, for	escrov	or cu	stodial a	ccount lia	bility?	☐ Yes	□ N	0
b		es," explain the arrange												
Pa	rt V	Endowment Fun	ds. Complete If											
1 3	Regin	ining of year balance .		(a)Currer	it year	(b) ₽	rıor yea	r	(c)Iwo y	ears back	(d)Three ye	ars back (e)Four year	rs back_
	_	ibutions												
		nvestment earnings, gair	ns and losses					\dashv						-
		s or scholarships						_						
	Other	expenditures for facilitier												
f	Admıı	nistrative expenses .												
g	End o	f year balance												
2 a		vide the estimated perce rd designated or guasi-e		ent year end	l balance (l	line 1	g, colu	mn (a))) held a	s		•		
a b		manent endowment >	indowincing p											
		porarily restricted endo	wment 🖢											
С		percentages on lines 2a		ld equal 100) %									
За	Are	there endowment funds				n that	t are h	eld an	d admın	istered fo	r the		Yes	No
	(i) t	unrelated organizations										3a(i)	
		related organizations .										3a(i		
ь 4		'es" on 3a(II), are the re cribe in Part XIII the inte	-					.7				3b		
Pa	rt VI	Land, Buildings,	and Equipmer	nt.										
		Complete if the or	ganization answ	ered "Yes										
	Desc	ription of property	(a) Cost or oth (investme		(b) Cost or	r other	basis (other)	(c) Acc	umulated c	lepreciation	(d)	Book valu	e
1 a	Land			0			1,2	25,480					1	,225,480
b	Buıldı	ngs		0			11,3	36,095			8,063,163		3	3,272,932
С	Lease	ehold improvements												
d	Equip	ment		0			2,7:	13,669			1,610,624			1,103,045

19,412,874

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

8,999,303

14,600,760

10,413,571

Part VII Investments—Other Securities. Complete	ıf the organizat	ion answered "Ye	es" on Form 990. Pai	Page t IV. line 11b.
See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book	value	(c) Method of va Cost or end-of-year	
1) Financial derivatives				
2) Closely-held equity interests	'			
A) ALTERNATIVE INVESTMENTS	55,	,161,408	F	
3)				
C)				
0)				
Ξ)				
=)				
G)				
Н)		-		_
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	▶ 55	,161,408		
Complete if the organization answered 'Yes' or	on Form 990, P	art IV, line 11c.	See Form 990, Part)	(, line 13.
(a) Description of investment	(b) Bo	ook value	(c) Method of va Cost or end-of-year	
1)			Social of year	
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answe	orad 'Vas' on Fari	m 990 Bart IV line	11d Soo Form 990 P	ort V. lino 15
(a) Descrip		11 550, 1 art 17, iiile	: IIu See Form 550, Fe	(b) Book value
1)				
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)) .			
Part X Other Liabilities. Complete if the organization		es' on Form 990,	Part IV, line 11e or	11f.
See Form 990, Part X, line 25. (a) Description of liability		(b) Book value	:	
1) Federal income taxes			0	
IRCRAFT RESERVES			8,943	
EFERRED RENT LIABILITY & OTHER IFETIME MEMBERSHIP LIABILITY			5,205 8,890	
4)		1,/1	3,330	
5)				
5)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)		1.00	3 038	
2. Liability for uncertain tax positions. In Part XIII, provide the tex	xt of the footnote		3,038 n's financial statements	that reports the
organization's liability for uncertain tax positions under FIN 48 (AS		_		

Schedule D (Form 990) 2017

Page 4

	Complete il the organiza	cion answered les on Form 330, Fait		IIIC 12a.		_
1	Total revenue, gains, and other sup	port per audited financial statements			1	
2	Amounts included on line 1 but not	on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on inve	estments	2a			
b	Donated services and use of facilitie	s	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Par	t VIII, line 12, but not on line 1				
а	Investment expenses not included o	n Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c. ((This must equal Form 990, Part I, line 12)			5	
Par		nses per Audited Financial Statem tion answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per audit	,			1	
2	Amounts included on line 1 but not	on Form 990, Part IX, line 25				
а	Donated services and use of facilitie	s	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII)		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Par	t IX, line 25, but not on line 1:				
а	Investment expenses not included o	on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
С	Add lines 4a and 4b		٠		4c	
5		(This must equal Form 990, Part I, line 18			5	
Pai	t XIII Supplemental Inform					
Pro	vide the descriptions required for Part lines 2d and 4b, and Part XII, lines 2d	: II, lines 3, 5, and 9, Part III, lines 1a and d d and 4b Also complete this part to provide	4, Par	t IV, lines 1b and 2b, Pa	rt V, line	4, Part X, line 2, Part
	Return Reference			planation		
See A	Additional Data Table					
,	tuditional Data Table					
_						

Page 5		chedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Supplemental Information

Return Reference	Explanation
FIN 48 FOOTNOTE - SCHEDULE D, PART X, LINE 2	The Association follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financia I statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelhood that the tax position may be challenged. The Association has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obliging ations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions. The tax years ending December 31, 2017, 2016, 2015, and 2014 are still open to audit for both federal and state purposes. The Association has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

SCHEDULE F	State	ment of A	Activities (Outside the Uni	ted St	tates	OMB No 1545-0047
(Form 990)	► Compl	ete if the organi	zation answered "' ► Attach i	5, or 16.	2017		
Department of the Treasury Internal Revenue Service	► Informa	tion about Scheo		and its instructions is at wи	/w.irs.gov/	/form990.	Open to Public Inspection
Name of the organization						Employer ider	ntification number
Aircraft Owners & Pilots A	ssociation					52-0636210	
	nformation Part IV, line		Outside the U	Jnited States. Comple	te if the	organization a	enswered "Yes" to
-	the grantees'	eligibility for th		substantiate the amount stance, and the selection	_		□ Yes □ No
2 For grantmakers outside the United		Part V the orga	anızatıon's proce	dures for monitoring the	use of its	s grants and ot	
3 Activites per Region	(The followin	g Part I, line 3	table can be duplı	cated if additional space is	needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		program spe	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for and investments in region
(1) Central America and Caribbean	the			Investments			32,085,764
(2)							
(3)							
(4)							
(5)							
3a Sub-total	ion sheets to						32,085,764

(1)				
(2)				
(3)				

(4) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

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 cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
(1)										
(2)										
(3)										
(4)										

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page 4
Pai	rt 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	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	√ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐ Yes	☑ No
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493234007048 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Employer identification number Name of the organization Aircraft Owners & Pilots Association 52-0636210 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iii) Did (v) Amount paid to (ii) Activity (iv) Gross receipts (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of col (i) contributions? No Yes Advisor Allegiance Creative Group No 81,000 9 10 Total 81,000 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Sche	edule G (Form 990 or 990-EZ) 2017				Page 2					
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising e	event contributions and								
	gross receipts greater than \$!	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events					
		(event type)	(event type)	(total number)	(add col (a) through col (c))					
Revenue										
eve										
~	1 Gross receipts									
	2 Less Contributions									
	4 Cash prizes									
	5 Noncash prizes									
ses	6 Rent/facility costs									
Direct Expenses	7 Food and beverages									
ញិ អ	8 Entertainment									
elic	9 Other direct expenses									
_	10 Direct expense summary Add lines 4 t	through 9 in column (d)		· .						
	11 Net income summary Subtract line 10) from line 3, column (d)		•						
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000					
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
	1 Gross revenue									
Expenses	2 Cash prizes									
ă	3 Noncash prizes									
ect	4 Rent/facility costs									
<u>ā</u>	5 Other direct expenses									
		☐ Yes%	☐ Yes %	☐ Yes %						
	6 Volunteer labor	☐ No	☐ No	☐ No						
	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)	•						
9	Enter the state(s) in which the organizati									
a b	Is the organization licensed to conduct go If "No," explain		☐ Yes ☐ No							
10a b	Were any of the organization's gaming lid		ed or terminated during the	e tax year?	☐ Yes ☐ No					
					l					

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3			
11	Does the organization conduct gaming	activities with nonmember	ers?		Yes	□No				
12	Is the organization a grantor, beneficial formed to administer charitable gamin		r a member of a partnership or other entit	У	Yes	_				
13	Indicate the percentage of gaming acti	vity conducted in								
а	The organization's facility			13	a		%			
b	An outside facility			131	ь		%			
14	Enter the name and address of the per	son who prepares the org	ganization's gaming/special events books a	and record	s					
	Name •									
15a	Address Does the organization have a contract revenue?		hom the organization receives gaming							
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by	Yes	⊔ No							
c	If "Yes," enter name and address of the third party									
	Name >									
	Address ►									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17 a	Mandatory distributions Is the organization required under state retain the state gaming license?	e law to make charitable	distributions from the gaming proceeds to)	□Yes	□No				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
D.	in the organization's own exempt activ		\$ ations required by Part I, line 2b, col		\ and (). a	ad Dawt				
Pal			pplicable. Also provide any additional				s).			
	Return Reference		Explanation							
Part Grou	I, Line 2(b)(1) Allegiance Creative p		p was not a fundraiser for AOPA Allegiand e pertaining to AOPA membership notices	ce Creative	Group was h	ired to				

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493234007048 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Aircraft Owners & Pilots Association 52-0636210 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

(4) (5) (6)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Explanation Grants and Other Assistance to Domestic Organizations and Domestic Governments AOPA requests domestic organizations and/or governments receiving cash and/or noncash assistance to provide feedback on the utilization of the funds. Grants and Other Assistance to Domestic Individuals. Flight Training Scholarships. The

Part IV Return Reference Part I, Line 2 scholarship rules require the recipient(s) to be (a)US citizen or US permanent resident (b)at least 16 years of age on or before the application close date (c)current AOPA member at both the time of application and when the scholarship is awarded (d)hold a current FAA student pilot certificate (e)not have completed the FAA practical test/checkride at the time of application. 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) 2017

Additional Data

				Pilots Association		
Form 990,Schedule I, Part (a) Name and address of organization or government	II, Grants and (b) EIN	Other Assistance to (c) IRC section If applicable	Domestic Organizat (d) Amount of cash grant	(e) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Conservative Union 201 N Union Street Suite 370 Alexandria, VA 22314	52-0810813	501(c)(4)	100,000			Image Grant
National Business Aviation Association 1200 G Street NW Suite 1100 Washington, DC 20005	52-1633654	501(c)(6)	90,000			Image Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Aerobridae 501(c)(3) 10.000 01-0961359 l Image Grant 1200 G Street NW

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

Washington, DC 20005

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9323	4007	048	
Schedule J (Form 990)		Compensation Information OME							
		► Attach to Form 990.						7	
•	tment of the Treasury al Revenue Service	► Information al		(Form 990) and its instructions is a <i>qov/form990</i> .			o Pul ectio		
Nar	ne of the organiza		<u></u>		nployer identificati	_			
Airc	raft Owners & Pilots	Association		52	-0636210				
Pa	rt I Questi	ons Regarding Compensa	tion						
					_		Yes	No	
1a				the following to or for a person listed o y relevant information regarding these i					
		or charter travel		Housing allowance or residence for per	sonal use				
	_	companions	님	Payments for business use of personal					
		nification and gross-up payment	s 📙	Health or social club dues or initiation f					
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauffeu	r, cner)				
b		kes in line 1a are checked, did tl ill of the expenses described abo		ollow a written policy regarding payment plete Part III to explain	t or reimbursement	1b	Yes		
2				or allowing expenses incurred by all	. ,	2	Yes		
	directors, truste	es, officers, including the CEO/E	executive Director	r, regarding the items checked in line 1a	17				
3				d to establish the compensation of the					
	_	•	111	not check any boxes for methods CEO/Executive Director, but explain in P	art III				
		-	✓	•					
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	▽	Approval by the board or compensation	n committee				
4	During the year	, did any person listed on Form	— 990, Part VII, Se	ction A, line 1a, with respect to the filing					
	related organiza	tion							
а		ance payment or change-of-con		-	_	4a		No	
b	•	r receive payment from, a suppl	•	'	-	4b		No	
С	•	r receive payment from, an equi		nsation arrangement? Hicable amounts for each item in Part III	,	4c		No	
	11 100 10 411,	in the start of the end persons and	a provide the app	measic amounts for each item in fair 111	•				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of		the organization pay or accrue any					
а	The organization	۹۶				5a		No	
b	Any related orga					5b		No	
		5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		the organization pay or accrue any					
а	The organization	٦٦				6a		No	
b	Any related orga					6b		No	
_	•	6a or 6b, describe in Part III							
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa			7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," desci	ribe	8	Yes		
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follo	w the rebuttable	presumption procedure described in Reg	gulations section	9	Yes		
For I	Danerwork Redi	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 500.	53T Schedule 1 (Form	990)	2017	

Scriedule J (Form 990) 20								Page Z
			y Employees, and Hig					
			rted on Schedule J, report at are not listed on Form 99		organization on row (i) an	ıd from related organizatı	ons, described in the	
Note. The sum of column)6 iic 1 <u>5 (B</u>))(i)-(iii) for each listed in	at are not listed on Form 99 Individual must equal the to	ota <u>l amount of Form 990,</u>	, Part VII, Section A, line	1a, applicable column (D') and (E) amounts for tha	at i <u>ndividual</u>
(A) Name and Title			n of W-2 and/or 1099-MISC		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 KENNETH M MEAD EVP/GENERAL COUNSEL	(i)		163,842	16,534	25,785	3,904	615,919	
	(ii)				<u> </u>	 	ļ	ļ
2 ERICA J SACCOIA SVP-FINANCE	(i)		66,771	2,605	23,566	1,823	310,386	'
3 MELISSA K RUDINGER	(ii)		30.060	1 617	20.100	7.722	212.006	
VP GOVERNMENT AFFAIRS	(i) (ii)		30,068	1,617	20,180	7,732	249,006	'
4 TIMOTHY J FORTUNE Chief Administrative Officer	(i)		120,620	5,674	25,785	8,687	453,660	
	(ii)	.1		1		1		
5 THOMAS B HAINES SVP - MEDIA & OUTREACH	(i)		73,626	2,397	25,114	11,304	360,934	
	(ii)			<u></u>		<u> </u>		
6 MARK R BAKER PRESIDENT/CEO	(i)		500,000	58,998	25,785	15,684	1,468,517	
	(ii)		<u> </u>	<u> </u>		<u> </u>	<u> </u>	
7 KATIE AM PRIBYL SVP-AVIATION STRATEGY/PROGRAMS	(i)		72,036	1,071	24,450	5,880	342,272	
<u> </u>	(ii)		<u> </u>	 '	!	<u> </u>	<u> </u>	<u> </u>
8 JAMES W COON SVP-GOVERNMENT AFFAIRS	(i)		105,989	3,697	25,785	2,460	491,779	
9 JOHN D HAMILTON	(ii)		ļ		<u> </u>	 		
VP-Information Technology	(i) (ii)		39,172	2,605	11,875	1,634	253,611	
	ייין		+		+			
	\vdash	<u> </u>	+		+	 		
	<u> </u>	4	<u> </u>	4	<u> </u>	<u> </u> '	<u> </u>	1
		1		1				
	['		'				
		1						
				1				

Schedule J (Form 990) 2017	Page 3									
Part III Supplemental Info	rmation									
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										
Return Reference	Explanation									
Part I, Line 1a	Certain directors and officers received first class air travel and travel for companions. It is the Organization's policy to treat the above items as taxable compensation and report the applicable amounts to the IRS on Form W-2 or Form 1099-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 INDEPENDENT SURVEYS PROVIDE GUIDANCE FOR ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY ALL POSITIONS ARE EVALUATED AND PLACED IN THE APPROPRIATE GRADES/SALARY RANGES AN INDIVIDUAL EMPLOYEE'S SALARY, WITHIN THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND PERFORMANCE THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE" PHILOSOPHY ALLOWING MANAGERS TO AWARD MERIT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS THE ORGANIZATION'S ANNUAL MERIT INCREASE BUDGET IS APPROVED BY THE BOARD OF TRUSTEES BASED ON MARKET SURVEYS OFFICERS AND CERTAIN EMPLOYEES ALSO PARTICIPATE IN THE ORGANIZATION'S INCENTIVE PAY PROGRAM									
Part I, 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									
Part I, Line 8	THE PRESIDENT/CEO IS PAID PURSUANT TO A BOARD APPROVED EMPLOYMENT CONTRACT THAT WAS BASED ON COMPETITIVE MARKET DATA FROM OUTSIDE									

COMPENSATION EXPERTS

The following individual listed on Schedule J, Part II, whose compensation and/or benefits changed due to the following Mark Baker received an increase in bonus Part II ın 2017

Schedule J (Form 990) 2017

Additional Data

EVP/GENERAL COUNSEL

2MELISSA K RUDINGER

3TIMOTHY J FORTUNE

4THOMAS B HAINES

5MARK R BAKER

PRESIDENT/CEO

6KATIE AM PRIBYL

8JOHN D HAMILTON

SVP-AVIATION STRATEGY/PROGRAMS 7JAMES W COON

VP GOVERNMENT AFFAIRS

Chief Administrative Officer

SVP - MEDIA & OUTREACH

SVP-GOVERNMENT AFFAIRS

VP-Information Technology

1ERICA J SACCOIA

SVP-FINANCE

Software Version:

405,854

215,621

189,409

292,894

248,493

868,050

238,835

353,848

198,325

Software ID:

163,842

66,771

30,068

120,620

73,626

500,000

72,036

105,989

39,172

EIN: 52-0636210 Name: Aircraft Owners & Pilots Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred (B)(i)-(D)benefits column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation

16,534

2,605

1,617

5,674

2,397

58,998

1,071

3,697

2,605

25,785

23,566

20,180

25,785

25,114

25,785

24,450

25,785

11,875

3,904

1,823

7,732

8,687

11,304

15,684

5,880

2,460

1,634

615,919

310,386

249,006

453,660

360,934

1,468,517

342,272

491,779

253,611

1KENNETH M MEAD

(1)

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.	efile GRAPHI	C print - DO NO	T PROCESS	S As Fi	led Data -					DI	_N: 93	4932	340	07048
Department of the Trensum Intermal Revenue Service Name of the organization Aircraft Owners & Pilots Association 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 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section organization organization organization. 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 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 interested person with organization or form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization? To From Yes No Yes	Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99								
Part I 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 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction of transaction of transaction (d) Correct Yes (d) Correct Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. (a) Name of organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization enterested person with organization or from the organization? (b) Relationship (c) Purpose of loan (c) Description of transaction organization organization organization) (d) Loan to or from the organization organization organization? (e) Dinal (f) Balance (d) In (h) (d) In (•	asurv	ormation abo	out Schedu) and its inst	ruction	s is	at	C	pen	to P	ublic
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 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Correst Yes 1 (a) Name of disqualified person organization managers or disqualified persons during the year under section 4958 . 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 (b) Relationship (c) Purpose of assistance From From Psic Prom Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the line organization of form 990, Part IV, line 27. (b) Relationship (c) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance interested person on the organization of the organization organizatio	Name of the org	anızatıon							•		entifica			
(d) Correct (ves (d) Correct (ves (e) Person and organization (e) Description of transaction (d) Correct (ves (e) Person and organization (e) Description of transaction (e) Description of transaction (e) Person and the line (e) Person (e) Person											ne 40b			
Ag58 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					Relationship be	tween disqua			c) D	escrip	tion of			rected? No
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
A Senter the amount of tax, if any, on line 2, above, reimbursed by the organization														
(a) Name of interested person (b) Relationship of loan (c) Purpose of loan (d) Loan to or from the organization? (e) Original amount (f) Balance due (g) In default? Approved by board or committee? To From Yes No	4958 3 Enter the a Part II Lo. Cor	mount of tax, if an ans to and/or in	y, on line 2, at	bove, reimbested Pered "Yes" or	oursed by the orsens. The source of the contract of the contra	rganization .				. •	\$ \$ 5, or if	the org	ganıza	ition
To From Yes No Y	(a) Name of	(b) Relationship	(c) Purpose	(d) Loan (to or from the	principal				Appro boa	ved by rd or			
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the complete interest				То	From			Yes	No	_	1	Yes		No
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance														
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the interested perso	Total		l l		•	<u> </u>								
(a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance							line 27							
organization		rested person (b) Relationship erested persor	between n and the				of assist	tanc	e	(e) Pu	rpose (of ass	stance
										_				

	between interested person and the organization	transaction			of nization's enues?
				Yes	No
(1) Mark Baker Baker Planes LLC	President/Aircraft Rental	98,498	Aircraft Rental		No
Part V Supplemental Information				•	

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Part IV - Employee Owned Aircraft Operating costs are based on industry determined rates dependent on type of aircraft. These types of aircraft arrangements are documented on contracts and help minimize the on-going costs of maintaining an

organization owned fleet
Schedule I. (Form 990 or 990-FZ) 2017

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	l: 93493234007048
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) are www.irs.gov/form990.	ecific questions on I information.	OMB No 1545-0047 2017 Open to Public Inspection
Marie of the org Aircraft Owners & I		Employer iden 52-0636210	tification number
Return Reference	Explanation		
Part III, LINE 1	AIRCRAFT OWNERS & PILOTS ASSOCIATION (AOPA), A NOT-FOR-PROFE ZATION, EFFECTIVELY SERVES THE INTERESTS AND NEEDS OF ITS MINS, AND ARTICULATES POSITION OF LEADERSHIP TO PROMOTE THE ULARITY OF FLIGHT IN GENERAL AVIATION AIRCRAFT AOPA PRESERY ATING ON BEHALF OF OUR MEMBERS, EDUCATING PILOTS, NONPILOT ORTING ACTIVITIES THAT ENSURE THE LONG-TERM HEALTH OF GENERAL AVIATION ACCESSIBLE TO ALL, AND SECURING SUFFICIENT FROM THE PROPERTY OF THE PROPERTY	EMBERS AND ESTABLISHE ECONOMY, SAFETY, UTILIT VES THE FREEDOM TO FLY IS, AND POLICY MAKERS A ERAL AVIATION, FIGHTING T	S, MAINTAI TY AND POP TBY ADVOC LIKE, SUPP TO KEEP G

Return Explanation
Reference

Part VI,

There are two trustees (Mr Trimble and Mr Crate) who have a business relationship outsid

990 Schedule O, Supplemental Information

| Part VI, | There are two trustees (Mr. Trimble and Mr. Crate) who have a business relationship outsid | SECTION A, | e of AOPA. These two trustees are partners in the same company. Another trustee, Mr. Hausl | LINE 2 | ein, serves on a board with Mr. Crate.

Return Explanation
Reference

PART VI,
Section A,
Lines 6 and

At the annual meeting of members, AOPA members in good standing are entitled to vote for t
he 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

Explanation Return Reference

PART VI. † IN CONJUNCTION WITH GRANT THORNTON LLP TAX SPECIALISTS, AOPA MANAGEMENT REVIEWS THE FORM 9 I 90 WITH THE AUDIT COMMITTEE PRIOR TO PRESENTING THE RETURN TO OUR BOARD OF TRUSTEES FOR RE Section B. VIEW Lines 11a

and 11b

Return Reference	Explanation
PART VI, Section B, Line 12c	THE AIRCRAFT OWNERS & PILOTS ASSOCIATION'S BOARD IS PROVIDED A WRITTEN "Code of Ethics, CO NFLICT 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 M ONITORED BY COUNSEL, ANY POTENTIALLY CONFLICTING OR OTHERWISE QUESTIONABLE RESPONSES ARE F LAGGED AND THE ETHICS POLICY IS ENFORCED

Return Reference	Explanation
PART VI, Section B, Lines 15a and 15b	THE COMPENSATION FOR THE PRESIDENT IS SET BY THE BOARD OF TRUSTEES AND COMPENSATION COMMIT TEE 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 TIM E AT ITS SOLE DISCRETION THE PRESIDENT IS ALSO CONSIDERED ANNUALLY BY THE BOARD FOR AN IN CENTIVE BONUS WHICH IS A PERCENT OF BASE SALARY THE ACTUAL BONUS PAID IS DETERMINED BY TH E BOARD BASED ON ITS ASSESSMENT OF THE PRESIDENT'S PERFORMANCE AND THAT OF THE ORGANIZATIO N 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 SCOP E OF RESPONSIBILITY THE COMPENSATION LEVELS AND SALARY RANGES FOR OFFICERS AND CERTAIN EM PLOYEES OF THE ORGANIZATION ARE ESTABLISHED BASED ON COMPETITIVE MARKET DATA OBTAINED THRO UGH PERIODIC SALARY SURVEYS PERFORMED BY OUTSIDE COMPENSATION EXPERTS ENGAGED BY THE ORGAN IZATION 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 DEPEN DING PRIMARILY UPON EXPERIENCE AND PERFORMANCE THE ORGANIZATION HAS ADOPTED A "PAY FOR PE RFORMANCE" 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 EMPLOY ESS ALSO PARTICIPATE IN THE ORGANIZATION'S INCENTIVE PAY PROGRAM TARGET INCENTIVE AMOUNTS , AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED BASED ON THE P

Return Explanation

PART VI,
Section B,
Lines 16a
and 16b

The organization does have a written management policy to evaluate all contracts and agree ments, to ensure that all contract and joint venture arrangements are in accordance with f
ederal, state, and local laws and related regulations. In addition, all joint venture agreements are required to be reviewed by the organization's General Counsel. There were no Jo
int Venture agreements during the year.

Return Reference	Explanation
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 extent required by law. The public can receive copies by contacting the organization's headquarters. Copies of the returns can be obtained at www aop a org/about-aopa/governance and www guidestar org.

Return Explanation
Reference

PART VII,
Hours
Mark Baker, Kenneth Mead, Erica Saccoia, and Timothy Fortune are full-time employees of Ai
rcraft Owners & Pilots Association (AOPA), although they devote approximately ten hours pe
r week to the related 501(c)(3) public charity organization. The AOPA Foundation, Inc
foundation,

990 Schedule O, Supplemental Information

Inc

Return Explanation

Reference	·
PART XI, Line 9	This increase in net assets is the result of a \$2,500,000 dividend received from a wholly-owned subsidiary

Return Explanation
Reference

SCHEDULE Allegiance Creative Group was paid a total of \$166,375 during the year for various service s Services for our membership marketing totaled \$85,375 and advisor services for our fund raising totaled \$81,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990)

Open to Public

DLN: 93493234007048

OMB No 1545-0047

2017

Inspection

Schedule R (Form 990) 2017

Department of the Treasury

Internal Revenue Service

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

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

Employer identification number Name of the organization Aircraft Owners & Pilots Association 52-0636210 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) (c) (d) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)THE AOPA FOUNDATION INC CHARITABLE MD 501(C)(3) AOPA Yes **421 AVIATION WAY** FREDERICK, MD 21701 20-8817225 (2) AOPA POLITICAL ACTION COMMITTEE PAC 527 N/A AOPA **421 AVIATION WAY** FREDERICK, MD 21701 56-3014117

Cat No 50135Y

(a) Name, address, and related organiza	l EIN of tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom Income(r unrela excluded tax un sections	related, ated, d from nder s 512-	(f) Share total inco		(H Dispropi allocat	rtionate tions?	(1) Code V-UBI amount in bo 20 of Schedule K- (Form 1065	Gene x man par	j) eral or aging tner?	(k Percer owner	ntag
					514	4)			Yes	No		Yes	No		
												-			
art IV Identification of Related O							ation ai	nswered "Yes	on Fo	orm 99	00, Part IV	', lıne	34		
Decause it had one or more recognition (a) Name, address, and EIN of related organization		s a corporation (on or trus c) gal licile r foreign	st during th	e tax ye) entity S corp,	(f) Share of total Income	Share	orm 99 (g) of end-of year ssets	f- Perc	h) entage ership	s ((i) Section 5 13) con entit	512 itrol ty?
because it had one or more re (a) Name, address, and EIN of	elated organizations treated a	s a corporation (on or trus jal gal licile r foreign htry)	st during th	d) ontrolling tity	ear. (e) Type of (C corp, S) entity S corp,	(f) Share of total	Share ((g) of end-of	f- Perc own	h) entage	s (Section 5	512 itrol ty?
because it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY SPS MIDFIELD ROAD ICHITA, KS 67209	elated organizations treated a (b) Primary activity	s a corporation (Le dom (state o cour	on or trus jal gal licile r foreign htry)	ot during the Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income	Share ((g) of end-of rear ssets	f- Perc own	h) entage ership	s (ection 5 13) con entit Yes	512 itrol ty?
because it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY SOS MIDFIELD ROAD	elated organizations treated a (b) Primary activity	s a corporation (Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	ot during the Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income	Share ((g) of end-of rear ssets	f- Percown	h) entage ership	S (ection 5 13) con entit Yes	512 itrol ty?
because it had one or more re (a) Name, address, and EIN of related organization 2)AOPA INSURANCE AGENCY 295 MIDFIELD ROAD ICHITA, KS 67209	elated organizations treated a (b) Primary activity INSURANCE	s a corporation ((Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income 7,841,663	Share ((g) of end-of year ssets 5,067,49	f- Percown	h) entage ership	S (Section 5 13) con entit Yes Yes	512 itrol ty?
Decause it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY DES MIDFIELD ROAD ICHITA, KS 67209 1-1813554 DAOPA HOLDINGS CORPORATION 21 AVIATION WAY REDERICK, MD 21701	elated organizations treated a (b) Primary activity INSURANCE	s a corporation ((Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income 7,841,663	Share ((g) of end-of year ssets 5,067,49	f- Percown	h) entage ership	S (Section 5 13) con entit Yes Yes	512 itrol ty?
Decause it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY DES MIDFIELD ROAD ICHITA, KS 67209 1-1813554 DAOPA HOLDINGS CORPORATION 21 AVIATION WAY REDERICK, MD 21701	elated organizations treated a (b) Primary activity INSURANCE	s a corporation ((Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income 7,841,663	Share ((g) of end-of year ssets 5,067,49	f- Percown	h) entage ership	S (Section 5 13) con entit Yes Yes	512 trol
Decause it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY DES MIDFIELD ROAD ICHITA, KS 67209 1-1813554 DAOPA HOLDINGS CORPORATION 21 AVIATION WAY REDERICK, MD 21701	elated organizations treated a (b) Primary activity INSURANCE	s a corporation ((Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income 7,841,663	Share ((g) of end-of year ssets 5,067,49	f- Percown	h) entage ership	S (Section 5 13) con entit Yes Yes	512 itrol ty?
Decause it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY SP5 MIDFIELD ROAD ICHITA, KS 67209 1-1813554 DAOPA HOLDINGS CORPORATION 11 AVIATION WAY LEDERICK, MD 21701	elated organizations treated a (b) Primary activity INSURANCE	s a corporation ((Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income 7,841,663	Share ((g) of end-of year ssets 5,067,49	f- Percown	h) entage ership	S (Section 5 13) con entit Yes Yes	512 itrol ty?
Decause it had one or more re (a) Name, address, and EIN of related organization DAOPA INSURANCE AGENCY SP5 MIDFIELD ROAD ICHITA, KS 67209 1-1813554 DAOPA HOLDINGS CORPORATION 11 AVIATION WAY LEDERICK, MD 21701	elated organizations treated a (b) Primary activity INSURANCE	s a corporation ((Le dom (state o cour	on or trus ;) gal licile r foreign ntry)	Direct co	d) ontrolling tity	(e) Type of (C corp, S or tru) entity S corp,	(f) Share of total Income 7,841,663	Share ((g) of end-of year ssets 5,067,49	f- Percown	h) entage ership	S (Section 5 13) con entit Yes Yes	512 itro ty?

Performance of services or membership or fundraising solicitations for related organization(s) . . .

m Performance of services or membership or fundraising solicitations by related organization(s) .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

(a)

Name of related organization

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s).

See Additional Data Table

Lease of facilities, equipment, or other assets to related organization(s)

Part V Transactions With Related Organizations Complete of 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?													
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No										
b Gift, grant, or capital contribution to related organization(s)	1b		No										
c Gift, grant, or capital contribution from related organization(s)	1c	Yes											
d Loans or loan guarantees to or for related organization(s)	1d		No										

Page 3

No

No

No

No

No

1j Yes

Yes

11

1m Yes

1n Yes

10 Yes

1q Yes

1r | Yes

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

-	Receipt of (1) interest, (m) royaldes, of (1) rene from a controlled charge 1.			
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	Yes	
g	Sale of assets to related organization(s)	1 g		No

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Additional Data

THE AOPA FOUNDATION INC

THE AOPA FOUNDATION INC.

AOPA INSURANCE AGENCY

THE AOPA FOUNDATION INC

AOPA HOLDINGS CORPORATION

AOPA HOLDINGS CORPORATION

AOPA HOLDINGS CORPORATION

AOPA INSURANCE AGENCY

AOPA HOLDINGS CORPORATION

Software ID: **Software Version:**

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Form 990, Schedule R, Part V - Transactions With Related Organizations	Form 990, Sc	chedule R, Part V - Ti	ransactions With	Related Organization	ons
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Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction		
Nume of related organization	type(a-s)		

С

R

L,N,O

Q

R

N,O,Q

М

F

(c)

Amount Involved

4,800,000

4,716,870

1,190,580

3,990,313

96,424

5,339,793

1,844,075

2,500,000

57,833

FMV

FMV FMV

FMV

FMV FMV

FMV

FMV

FMV

(d)

Method of determining amount involved