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DLN: 93493257008120

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public

A Fo	r the :	2009 cal	endar yea	r, or tax year beginnin	g 01-01-2009 and endin	g 12-31-2009			•
B Che	eck ıf a	pplicable	Please	C Name of organization The AOPA Foundation In	r			D Employer i	dentification number
☐ Add	fress ch	arige	use IRS label or					20-88172	
┌ Nar	ne cha	nge	print or	Doing Business As				E Telephone	number
┌ Init	ial retu	rn	type. See Specific	Number and street (or P	O box if mail is not delivered	to street addres	s) Room/suite	(301)695	5-2263
┌ Ter	mınate	d	Instruc- tions.	421 Aviation Way	o box ii maii is not delivered	to street address	s, Room, saice	G Gross receip	ts \$ 6,525,889
_	ended			City or town, state or co	untry, and 7TP + 4				
_		n pending		Frederick, MD 21701					
i Abi	nication	r pending			1 66	1			
				ne and address of princ . Fuller CEO President	cipal officer		H(a) Is th affilia	ıs a group retu toc?	ırn for ┌ Yes
			421 A\	VIATION WAY			allilla	ites	j les je no
			FREDE	RICK, MD 21701			H(b) Are al	l affiliates inclu	uded?
	v ovom	ant status		· / 2 \ - 1 / · · · · · · \ -	4047/-\/1\ - "				st (see instructions)
) (3) ◀ (insert no)	1947(a)(1) or 527		H(c) Grou	ıp exemption i	number 🟲
J W	ebsite	e: 🕨 www	aopa org/	foundation					
K Forr	n of or	ganızatıon	✓ Corporat	tion Trust Association	Other ►		L Year of fo	rmation 2007	M State of legal domicile
									MD
Ра	rt I								
	1				on or most significant acti ablished to promote, adva		ourage the m	aıntenance an	d development of all
မွ		-			ant part of the (continued		-		·
Ě									
Ĕ									
Governance	2	Check th	ııs box ► F	ıf the organization di	scontinued its operations	or disposed (of more than	25% of its ne	t assets
ූ න	3		,		ing body (Part VI, line 1a				3 10
20 99 20	4				of the governing body (Pai				4 10
Activities	5			nployees (Part V, line)		· · · · · / · · · · · · · · · · · · ·	,		5
Ð	6				ecessary)				6
⋖				•	from Part VIII, column (C). line 12 .	•		7a (
		_			rom Form 990-T, line 34				7b (
					<u> </u>		Prio	r Year	Current Year
	8	Contrib	utions and	d grants (Part VIII, lın	e 1 h)			5,706,130	6,474,292
₫	9				e 2g)			0	0
Rayenue	10	=			(A), lines 3, 4, and 7d)			-29,451	1,596
æ	11				ines 5, 6d, 8c, 9c, 10c, ai			100,000	
	12	Total re	venue—a	dd lines 8 through 11 (must equal Part VIII, col	umn (A), line			
					<u> </u>			5,776,679	· · · · ·
	13				X, column (A), lines 1-3			0	1,365,498
	14				(, column (A), line 4)			0	0
82	15	Salaries	s, other co	ompensation, employed	e benefits (Part IX, colum	n (A), lines 5	-	846,126	718,133
Expenses	16a	•	ional fund	Iraising fees (Part IX. c	olumn (A), line 11e) .			0	204,545
÷	ь			enses (Part IX, column (D),					
Ш	17				nes 11a-11d, 11f-24f)			1,178,668	1,311,739
	18				t equal Part IX, column (A			2,024,794	3,599,915
	19				8 from line 12			3,751,885	
- 07 3r A	1	Revenu	C 1033 CX	Jenses Sabtract mic 1		• • •	Beginning	g of Current	
Net Assets or Fund Balances								ear	End of Year
988 888	20	Totalas	ssets (Par	rt X, line 16)				4,415,912	7,220,869
절절	21	Total lia	abilities (F	Part X, line 26)				605,880	484,857
žZ	22	Netass	ets or fun	nd balances Subtract I	ne 21 from line 20			3,810,032	6,736,012
Pai	rt II	Signa	ture Blo	ock					
					examined this return, including aration of preparer (other than				
			i, it is tide, t	correct, and complete Deck	aration of preparer (other than	officer) is baseu	on all illioillat	on or which piep	alei ilas aliy kilowledye
Sign)	****	: *				2010-	09-14	
Here	e	Signat	ture of office	er			Date		
				JR EVP/CFO					
		Туре	or print nam	ne and title					
		Preparer's			Date		heck If		ntifying number
Paid		signature	•				elf- mpolyed 🕨 🦵	(see instructio	ns)
	arer's		ne (or yours	s 🗽 Grant Thornton LLP					
Use (ıf self-em		P	Stute 400			EIN 🕨	
			T	-	Said 100			Phone no 🕨	(703) 847-7500
May	he ID	S discuss	this retu	McLean, VA 22102	own above? (see instructi	ions \			✓ Yes No
iriay l	ייים דע	_ uijcub5	, cinia i etu	min the preparer SII	annanase. Isee ilistineri	U110/ .			i i ca i ivo

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE, ADVANCE AND ENCOURAGE AVIATION AND AIRPORT SAFETY AND SECURITY AND THE RESEARCH AND TESTING IN THE SUPPORT THEREOF, TO EDUCATE THE PUBLIC AND USERS OF THE NATIONAL AIR TRANSPORTATION SYSTEM TO THE VALUE AND IMPORTANCE OF GENERAL AVIATION TO THE NATIONAL AIR TRANSPORTATION SYSTEM, TO ENCOURAGE AND SUPPORT THE FLIGHT TRAINING OF PILOTS TO ASSURE THE FUTURE OF GENERAL AVIATION AS AN IMPORTANT COMPONENT OF THE NATIONAL AIR SYSTEM, TO LESSEN THE BURDENS OF FEDERAL, STATE AND LOCAL GOVERNMENTS IN CONNECTION WITH THE MAINTENANCE AND ADVANCEMENT OF GENERAL AVIATION, AND AVIATION AND AIRPORT SAFETY AND SECURITY, AND TO ASSIST OTHER CHARITABLE AND OTHER ORGANIZATIONS IN THE CONDUCT OF SIMILAR ACTIVITIES TO THE EXTENT THAT SUCH ACTIVITIES ARE IN THE FURTHERANCE OF CHARITABLE, EDUCATIONAL AND/OR SCIENTIFIC PURPOSES

	(Expenses \$	1,041,640 incl	uding grants of \$	65,498) (Revenue \$)
	Other program ser	vices (Describe in Sche	•		
	results enable AOPA to makers responsible for	establish effective communic governing airport issues The	ations and information program program increases the aware	from local and federal policy influencers or poli ms related to local airport issues throughout th eness of issues surrounding the users of the na on and the general aviation airport	e country that influence decision
4c	(Code) (Expenses \$	500,000 including g		,
70	The Foundation grante the national air transpo the public, government for later viewing The A	d funds for a live broadcasting intation system to the value a cofficials, leaders, etc. who w AOPA Live communication veh is surrounding users of the na	g of the 2009 AOPA Summit (/ ind importance of general avia iere not able to personally att iicle made it possible to share	AOPA Live) to further AFI's chantable purpose of ation to the national air transportation system end the Summit in Tampa, Florida via internet the key discussions related to general aviation in by educating the public and government offi	of educating the public and users of AOPA Live was made available to video streaming and was archived without limitations thus increasing
	(Code) (Expenses \$	500,000 including g	rants of \$ 500,000) (Revenue \$	<u> </u>
	student pilot throughou relevant and timely res	it their flight training with a se sources and guidance. The pro and obtain a pilot certificate	eries of targeted e-mails and r ogram benefits the pilot comm	em to help increase student completion. The e- milestones to help promote the completion of s nunity by increasing the percentage of student percentage, it helps improve student pilot satis	student pilot training by providing pilots who follow through the entire
4a	(Code) (Expenses \$	300,000 including g	rants of \$ 300,000) (Revenue \$)
4	Section 501(c)(3) a	nd 501(c)(4) organizati	ons and section 4947 (a	tion's three largest program services)(1) trusts are required to report the a ch program service reported	
	If "Yes," describe th	ese changes on Schedu	le O		
3		cease conducting, or m	3	ın how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese new services on Sc	hedule O		
	the prior Form 990 (or 990-EZ?			┌ Yes ┌ No

	•		
Part IV	Checklist	of Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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, 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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
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	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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		103	110
	of U.S. Information Returns. Enter -0- if not applicable			
	 			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
_	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		Νο
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the 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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	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)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
U	vear			

421 AVIATION WAY Frederick, MD 21701 (301) 695-2263

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

Sa	processes, or changes in Schedule O. See instructions. ection A. Governing Body and Management			
36	Coon A. Soverning body and management		Yes	No
1a	Enter the number of voting members of the governing body 1a 10			
b	Enter the number of voting members that are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. з		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, F KY, LA, ME, MD, MA, MI, MN, MS, NY, NC, ND, OH, OK, OR, PA, RI, S WA, WV, WI	ΜΟ, N	H,NJ,	NM,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the ROGER C MYERS JR EVPCFO	he orga	nızatıoı	n 🕨

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- ◆ List all of the organization's current key employees 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
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) A verage hours	erage Position (check all urs that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Officer Institutional Trustee Individual trustee		Key employee Officer		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Wıllıam C Trımble III Chaırman	1 0	х						0	0	0
Paul C Heintz Trustee	1 0	Х						0	0	0
John S Yodice Secretary & General Counsel	1 0	х		х				0	0	0
H Neel Hipp Treasurer & Asst Secretary	1 0	х		х				0	0	0
R Anderson Pew Trustee	1 0	х						0	0	0
Anne Blake Garrymore Trustee	1 0	х						0	0	0
Burgess H Hamlet III Trustee	1 0	х						0	0	0
Darrell W Crate Trustee	1 0	х						0	0	0
Lawrence D Buhl III Trustee	1 0	х						0	0	0
James G Tuthıll Jr Trustee	1 0	х						0	0	0
Roger C Myers Jr CFO	1 0			х				0	320,526	51,781
Craig L Fuller President/CEO	1 0			х				0	541,526	40,958
Harvey Cohen Executive VP & CDO	40 0			х				0	301,166	50,610
Philip B Boyer Former President	0 0						х	0	1,545,289	225,000
			<u> </u>				_			Form 990 (2009)

For	m 990 (2009)					Page
1 b	Total	0	2,708,5	07		368,34
2	Total number of individuals (including but not limited to those listed above) who received \$100,000 in reportable compensation from the organization •0	d more than				
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	compensated	employee • •	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other comorganization and related organizations greater than \$150,000? If "Yes," complete Schedu individual	•	m the	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person		ervices	5	Tes	No
	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that recess100,000 of compensation from the organization	eived more tha	an			
	(A) Name and business address		B) n of services		(C Compe	
See	Schedule O for explanation					
_						
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►0	who received i	more than			

Form **990** (2009)

	•	•						Page 9
Part	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated cam	paigns 1a	·				
호호	Ь	Membership du	ıes 1b					
% E	С	Fundraising ev	ents 1c					
<u>#</u> _ह	d	Related organiz	zations 1d					
E,E	e	Government grant	rs (contributions) 1e					
ntio er s	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	6,474,292				
^듩	g	Noncash contr	ibutions included in					
돌	h		s 1a-1f		6,474,292			
ပ္က	"	Total. Add filles	S 1a-11		0,474,232			
e⊒	2a			Business Code				
ever	b							
or GE	, c							
Other Revenue Program Service Revenue and other similar amounts	d	-						
જુ	e							
튵	f	All other progra	am service revenue					
နို								
	3		s 2a-2f	+	0			
			aramounts)	· · · · · · · · · · · · · · · · · · ·	1,596			1,596
	4		stment of tax-exempt bond		0			
	5	Royalties .	. <u></u> .	▶	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	1				
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other						
	Ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d		ss)	▶	0			
ψ	8a	Gross income fevents (not inc	from fundraising Iludina					
ī F		\$	<u> </u>					
ě			s reported on line 1c)					
Ē.			а					
ţ	Ь		penses b					
0	С		(loss) from fundraising	events F	0			
	9a		from gaming activities ne 19					
			а					
	b		penses b		0			
	10a		(loss) from gaming acti	vities	0			
		returns and allo						
	١		a					
	b c	=	oods sold b (loss) from sales of inv	entory 🛌	0			
		Miscellaneou		Business Code	,			+
	11a		TS - ASF (501C3)	900,099	50,001			50,001
	ь		· ·					
	c							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d		50,001			
	12	Total revenue.	See Instructions .	▶				+
				I	6,525,889		ĺ	51,597

Form	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
_	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	1,365,498	1,365,498		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
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	519,282	249,256		270,026
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	20,895	10,030		10,865
10	Payroll taxes	177,956	85,419		92,537
11	Fees for services (non-employees)				·
а	Management	0			
h	Legal	33,604	10,789	11,127	11,688
c	Accounting	2,651	1,272	11,127	1,379
_	-	0	1,2/2		1,379
d	Lobbying				204 545
e	Professional fundraising See Part IV, line 17	204,545			204,545
f	Investment management fees	0			
g	Other	502,943	295,728	50,515	156,700
12	Advertising and promotion	5,065	2,431		2,634
13	Office expenses	4,817	2,312		2,505
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	80,165	38,218	546	41,401
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	65,508	31,404		34,104
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,677	6,565		7,112
23	Insurance	6,040	2,899		3,141
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PRINT, MAIL, & POSTAGE	360,767	198,427		162,340
b	BAD DEBT	144,016			144,016
С	TELEPHONE	20,913	10,020	38	10,855
d	DUES, LICENSES & SUBSCRIPTIONS	33,270	15,969		17,301
e	AGENCY TEMPS				
f	All other expenses	38,303	15,403	6,136	16,764
25	Total functional expenses. Add lines 1 through 24f	3,599,915	2,341,640	68,362	1,189,913
26	Joint costs. Check here ► I if following SOP 98-2	3,333,313	2,311,010	35,302	1,100,010
	Complete this line only if the organization reported in column (B) joint costs from a combined educational		2 /		225
	campaign and fundraising solicitation	3,111,476	2,185,814	0	925,662

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,100,168	1	1,273,854
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,767,922	3	5,128,587
	4	Accounts receivable, net			2,666	4	65,384
	5	Receivables from current and former officers, directors, trustees,	key e	mployees, and			
		highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
76		Schedule L				6	
ë	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	122,865			
	ь	Less accumulated depreciation	10b	13,677		10c	109,188
	11	Investments—publicly traded securities			460,343	11	596,369
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		84,813	15	47,487	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,415,912	16	7,220,869	
	17	Accounts payable and accrued expenses .			233,105	17	61,875
	18	Grants payable				18	
	19	Deferred revenue		19	5,000		
	20	Tax-exempt bond liabilities		20			
9	21	Escrow or custodial account liability Complete Part IV of Schedule			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
- =		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D			372,775	25	417,982
	26	Total liabilities. Add lines 17 through 25			605,880	26	484,857
٠,		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	ete lin	nes 27			
9		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			-255,029	27	201,775
Ö	28	Temporarily restricted net assets			3,960,061	28	6,429,237
Fund	29	Permanently restricted net assets			105,000	29	105,000
Ξ.		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	comp	lete			
ō		lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds	•			30	
Asse	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
	32	Retained earnings, endowment, accumulated income, or other fun	ds		2 2 4 2 5 5 5	32	0.700.010
Š	33	Total net assets or fund balances			3,810,032	33	6,736,012
	34	Total liabilities and net assets/fund balances			4.415.912	34	7.220.869

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
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** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization The AOPA Foundation Inc

Employer identification number

									20-8817225	5			
Par	tΙ	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons	must compl	ete this par	t.) See ınst	ructions	-		
ne o	rgani	zation is	not a private	foundation because	tis (For lir	nes 1 throug	ıh 11, check d	only one box)				
1	Γ	A churc	h, conventio	on of churches, or as	sociation of d	hurches se	ection 170(b)((1)(A)(i).					
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)						
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiza	tion describ	ed in section	170(b)(1)(A)(iii).				
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	nospital descr	ibed in sectio	on 170(b)(1)	(A)(iii). Ent	er the		
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college	or university	owned or ope	erated by a g	overnmental	unıt describ	 oed in		
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)								
6	\sqcap	A feder	al, state, or	ocal government or	governmenta	l unit descr	ıbed ın sectio ı	n 170(b)(1)(A)(v).				
7	⊽	describ	ed in	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	government	al unit or fron	n the genera	ıl public		
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
0	Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
1		one or r	nore publicly	anized and operated supported organiza ses the type of suppo b Type II	tions describ orting organiz	ed in sections	on 509(a)(1) d	or section 50 11e through	9(a)(2) See	section 509			
e	Γ	other th		x, I certify that the con managers and oth									
f		If the o check t	rganization r his box	eceived a written de 006, has the organiz						supporting	organization,		
g		followin	g persons?	ectly or indirectly co				·			Yes No		
		and (III)	below, the g	overning body of the	the support	ed organızat	ion?			11g(i)			
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abov	/e?				11 g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii			
h		Provide	the followin	g information about t	he supported	d organizatio	on(s)						
(i) Name suppo organiz		ne of (ii) (described on col (i) listed in your governing		(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?					
				ınstructions))	Yes	No	Yes	No	Yes	No	1		
											+		
											-		
											+		
				I	i	I	I	1	I	I	1		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I	i.)		
	ection A. Public Support	_		<u>, </u>		-	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			175,735	5,706,130	6,474,292	12,356,157
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			175,735	5,706,130	6,474,292	12,356,157
5	The portion of total contributions by each person (other than a governmental unit or publicly						F 672 10F
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,672,185
6	Public Support. Subtract line 5 from line 4						6,683,972
S	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	beginning in) A mounts from line 4			175,735	5,706,130	6,474,292	12,356,157
8	Gross income from interest,			110,100	3,7 5 3,7 2 3	9,111,252	12,000,101
•	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources			10	1,421	1,596	3,027
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				100,000	50,001	150,001
11	Total support (Add lines 7 through 10)						12,509,185
12	Gross receipts from related activiti	es, etc (See ins	tructions)	L		12	
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, secon	d, thırd, fourth, or f	ifth tax year as a		zation, ▶∕
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	9 (line 6 column	(f) divided by line	: 11 column (f))		14	
15	Public Support Percentage for 2008	8 Schedule A , Pa	ırt II, lıne 14			15	
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a public	ly supported org	anızatıon		,	▶ ┌
U	box and stop here. The organization	•			a, and the 15 is a	33 1/3% OF HIOTE,	► F
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee	tion meets the "f	acts and circums	stances" test, che	ck this box and st	op here. Explain	ted
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	nization meets th	e "facts and cırc	umstances" test, (check this box and	stop here.	▶□
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat						▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493257008120

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization		Employer identification number					
rne	AOPA Foundation Inc		20-	3817225				
Pa	rt I Organizations Maintaining Donor A							
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds		b) Funds and other accounts				
	Total number at end of year	(a) Donor advised funds	<u>'</u>	b) I ulius aliu otilei accounts				
	Aggregate contributions to (during year)							
	Aggregate grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor adv	Lears in writing that the assets held in don	or advi	ead				
	funds are the organization's property, subject to the	organization's exclusive legal control?		☐ Yes ☐ No				
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei conferring impermissible private benefit		•					
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.				
·	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quale easement on the last day of the tax year	rion or pleasure) Preservation of an Preservation of a G	certıfıe	d historic structure				
	easement on the last day of the tax year			Held at the End of the Year				
а	Total number of conservation easements		2a	neia at the Ena of the Fear				
b	Total acreage restricted by conservation easements	5	2b					
c	Number of conservation easements on a certified his		2c					
d	Number of conservation easements included in (c) a	` ,	2d					
3	Number of conservation easements modified, transfer the taxable year 🛌	erred, released, extinguished, or terminate	ed by th	e organization during				
ŀ	Number of states where property subject to conserv	ation easement is located ►						
•	Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of	violations, and Yes No				
•	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	uring the year 🛌				
•	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during	g the year ► \$				
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion	┌ Yes				
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial						
ar	TIII Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar Assets.				
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	for public exhibition, education or researc	ch ın fu					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i		·				
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$				
	(ii) Assets included in Form 990, Part X			-				
!	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan					
а	Revenues included in Form 990, Part VIII, line 1			► \$				
b	Assets included in Form 990, Part X			► \$				

Part	Organizations Maintaining Co	llections of Art	, HIST	oric	cai ire	easur	es, or c	Jtne	r Simila	IF ASS	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	records, check an	y of the	e follo	owing th	hat are	a sıgnıfıc	ant u	ise of its o	ollectio	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın how	thev	further	r the or	aanizatio	n's ex	xempt pur	pose in		
•	Part XIV	meetions and expla		,	14111101		gamzatio		.cmpc par	p = 0 =		
5	During the year, did the organization solicit of			,					nılar	_		_
D -	assets to be sold to raise funds rather than t								(" - E		Yes	No
Раг	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	eu r	es to re	וווזכ	J,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						rotheras	sets	not	Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the	followi	ng ta	ble							
	· · ·	·		-						A mo	ınt	
c	Beginning balance							1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?				ı			Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV									,		
	rt V Endowment Funds. Complete		n ansv	were	d "Yes	" to F	orm 990	, Pai	rt IV, lıne	e 10.		
		(a)Current Year		Prior Y			o Years Bacl		Three Years		Four Y	ears Back
1a	Beginning of year balance	105,000										
b	Contributions				105,000							
c	Investment earnings or losses											
d	Grants or scholarships							\perp				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	105,000			105,000							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► 100 000 % %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	sion of the organiz	atıon tl	hat a	re held	and ad	lmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)	1	No
L	(ii) related organizations					•		•		3a(ii)	1	No I
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•		3b	1	<u> </u>
	t VI Investments—Land, Buildings					0. Pa	rt X. line	10				
	<u> </u>	,qaipiilo) Cost or		(b)Cost or		(c) Accur	mulated		
	Description of investment				sis (inves		basis (otl		deprec		(d) Bo	ook value
1a	Land		•									
			_									
	Buildings											
b	Buildings											
b c	•											
b c d	Leasehold improvements		•			122,865				13,677		109,188

Part VII Investments—Other Securities. See (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other	+		
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
ASSETS IN PROGRESS-SOFTWARE			47,487
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,525,889
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,599,915
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,925,974
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,925,974
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	6,381,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-144,016
3	Subtract line 2e from line 1	3	6,525,889
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,525,889
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	₁	3,455,899
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,455,899
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 144,016]	
c	Add lines 4a and 4b	4c	144,016
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,599,915
B -	* VIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Reconciliation of Revenue and Expense per Audited Financial Statements	Part XII, Line 2d and XIII, Line 4b	Contribution Revenue was offset against Bad Debt Expense per Audited Financials in the amount of \$144,016 The amounts on Part XII, Line 2d and XIII, Line 4b is to reclassify Bad Debt expense from Revenue to Expense
SCHEDULE D, PAGE 2 - PART V, ENDOWMENT FUNDS, LINE 4		ENDOWMENT FUNDS ARE USED TO SUPPORT AOPA FOUNDATION'S MISSION STATEMENT SEE FORM 990, PART III FOR DETAILED MISSION STATEMENT
FIN 48 Footnote - SCHEDULE D, PART X-2		Effective in 2009, the Foundation adopted new guidance that creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in its financial statements. Under the requirements of this guidance, the organization could now be required to record an obligation as the result of tax positions they have historically taken on various tax exposure items. The impact of the adoption of this guidance did not have a material effect on the financial statements of the Foundation. Prior to the adoption of this guidance, the determination of when to record a liability for a tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with guidance concerning recording of contingencies.

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

As Filed Data -

DLN: 93493257008120

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

The AOPA Foundation Inc.

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

20-8817225

1 Indicate whether the o	rganızatıon raısed fund	s through a	ny of the	following activities Che	ck all that apply					
a 🔽 Mail solicitations			e	☐ Solicitation of non	-government grants					
b 🔽 Internet and e-mai	l solicitations		f	f						
c Phone solicitations	3		g	☐ Special fundraisin	g events					
d 🔽 In-person solicitat	ions									
or key employees liste b If "Yes," list the ten high	d in Form 990, Part VI ghest paid individuals (I) or entity or entities (ın conne fundraise	lividual (including officer ction with professional f ers) pursuant to agreeme 0-EZ filers are not requi	undraising activities? nts under which the fun					
		(iii) Did fundraiser h custody o control o			(v) A mount paid to					
(i) Name of individual or entity (fundraiser)	(ii) Activity	contr	ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
or entity (fundraiser)		contr	ol of	1 ` '	(or retained by) fundraiser listed in	(or retained by)				
	(ii) Activity TELEMARKET	contr contribu	ol of Itions?	1 ` '	(or retained by) fundraiser listed in	(or retained by)				
or entity (fundraiser)		contr contribu	ol of tions? No	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization				

Cat No 50083H

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

OMB No 1545-0047

2009

DLN: 93493257008120

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Name of the organization
The AOPA Foundation Inc

Employer identification number

20-8817225

Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants	or assistance?	· · · · · · · ·	·		•	√ Yes
Part II Grants and Oth Form 990, Part I	ner Assistance to V, line 21 for any i	• Governments and received 0) if additional space	Organizations in d more than \$5,000.	the United States Check this box if n	o one recipient rece		00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aircraft Owners & Pilots Association421 Aviation Way Frederick, MD 21701	520636210	501c4	60,000				SEE PART IV
AOPA Air Safety Foundation 421 Aviation Way Frederick, MD 21701	526042953	501c3	5,498				SEE PART IV
Aircraft Owners & Pilots Association421 Aviation Way Frederick, MD 21701	520636210	501c4	500,000				SEE PART IV
Aircraft Owners & Pilots Association421 Aviation Way Frederick, MD 21701	520636210	501c4	500,000				SEE PART IV
Aircraft Owners & Pilots Association421 Aviation Way Frederick MD 21701	520636210	501c4	300,000				SEE PART IV

2	Enter total number of section 501(c)(3) and government organizations	1
3	Enter total number of other organizations	1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Ident if ier	Return Reference	Explanation						
Part I, Line 2		The AOPA Foundation (Foundation) has written procedures for requesting funding. The request for funding must conform to, and foster the purposes set forth in the Foundation's Articles of Incorporation. All organizations awarded grants by the Foundation must complete and return, upon completion of the project, a final report detailing and accounting for how the grant funds were spent. Grant funds may only be spent in furtherance of the project documented on the grant application. Final reports should be as complete as possible and include receipts of items purchased with grant funds. Any unused funds must be returned.						
PART II, COLUMN H - PURPOSE		The following grant descriptions relate to monies granted to Aircraft Owners & Pilots Association for 2009. I Support the image and education for the GA Serves America campaign by providing decision makers, the general public and influencers with information about the importance and contribution to society made by General Aviation in the United States. II The purpose is to provide a live feed from the 2009 AOPA Summit which is made available to the public, government officials and leaders as well as archived footage for later viewing. The AOPA Live communications vehicle will provide the ability for AOPA to share the key discussions from the convention hall to those who could not personally attend the event. This expanded opportunity for distribution will increase the reach of the Summit and will increase the awareness of issues surrounding the users of the national air transportation system by educating the public and government officials on the importance of general aviation and the general aviation airport. III The purpose is to fund the Influencer Study which will educate the general public and local and federal officials about the importance of general aviation and the general aviation airport in the national air transportation system. IV The purpose is to establish a student engagement e-mail system to increase student completion. The program will benefit the pilot community by increasing the percentage of student pilots who follow through the entire flight training program to obtain a pilot's license. By increasing this completion percentage it will help to improve student pilot satisfaction and engagement later as a member of the pilot community.						
PART II, COLUMN H - ASF		The following grant descriptions relate to monies granted to AOPA Air Safety Foundation for 2009 AFI granted funds to ASF in order to increase aviation safety through education of pilots by providing free live safety seminars to pilots						

Compensation Information

DLN: 93493257008120

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

The AOPA Foundation Inc

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			20-8817225			
Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line ${f 1}{f a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	, .	•			
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name					(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	bellettes	(8)(1) (8)	Form 990 or Form 990-EZ
Roger C Myers Jr	(I) (II)	0 247,984	0 7 1,7 50	0 792		0 12,569	0 372,307	0 0
Craig L Fuller	(I) (II)	0 500,000	0 0	0 41,526	·	0 14,083	0 582,484	o 0
Harvey Cohen	(I) (II)	0 205,025	0 95,000	0 1,141	- 1	0 13,700	0 351,776	o 0
Philip B Boyer	(I) (II)	0 36,538	0 285,750	0 1,223,001	0 225,000	0 0	0 1,770,289	0 583,401
	ı							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	· ·	PHIL BOYER PARTICIPATED IN A 457F PLAN WITH A \$225,000 CONTRIBUTION AMOUNT DURING 2009 PHIL BOYER RECEIVED DISTRIBUTIONS OF \$1,215,125 FROM 457F PLANS

Schedule J (Form 990) 2009

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SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493257008120

Open to Public Inspection

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

Attach to Form 990.

E

Name of the organization The AOPA Foundation Inc Employer identification number 20-8817225

		20-8817225
ldentifier	Return Reference	Explanation
Part VI, Section C Disclosure, Line 19		THE ORGANIZATION DOES MAKE AVAILABLE ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, FORM 990 RETURNS, AND FORM 1023 TO THE GENERAL PUBLIC ALTHOUGH IT DOES NOT MAKE AVAILABLE ITS GOVERNING DOCUMENTS THE PUBLIC CAN RECEIVE COPIES BY CONTACTING THE ORGANIZATION'S HEADQUARTERS
Part VI, Section B Policies, Line 12c		THE AOPA FOUNDATION'S BOARD HAS A WRITTEN CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY REQUIRES PERSONS COVERED (OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES) TO ANNUALLY DISCLOSE AND UPDATE, ON A STANDARD FORM, TO THE SECRETARY/LEGAL COUNSEL AND/OR SENIOR VP OF HUMAN RESOURCES INTERESTS THAT COULD GIVE RISE TO CONFLICT(S) SECRETARY/LEGAL COUNSEL REVIEWS THE ANNUAL DISCLOSURES BY THE BOARD MEMBERS AND THE PRESIDENT THE SENIOR VP OF HUMAN RESOURCES REVIEWS THE ANNUAL DISCLOSURES BY THE OFFICERS, AND KEY EMPLOYEES ANY PROPOSED AND/OR ONGOING TRANSACTIONS FLAGGED AS POTENTIALLY CONFLICTING WILL BE MONITORED BY THE PRESIDENT AND CFO AND DISCLOSED TO THE BOARD THIS POLICY IS DOCUMENTED AND MADE AVAILABLE TO EMPLOYEES VIA COMPANY INTRANET NEW EMPLOYEES, WHO ARE COVERED BY THIS POLICY, RECEIVE A HARD COPY OF THE POLICY AND A DISCLOSURE FORM AT THE OUTSET OF THEIR EMPLOYMENT
Part VII, Section B Independent Contractors		AOPA Foundation does not have any Independent Contractors to disclose since it did not pay any vendors directly. Instead, AOPA Foundation reimbursed its 501c4 related organization, Aircraft Owners & Pilots Association, for all the expenses on this return
Part IX, Line 7, 9 & 10		AOPA Foundation does not have any employees Instead, AOPA Foundation shared employees who are employed by its related 501c4 organization, Aircraft Owners & Pilots Association (AOPA)FEIN 52-0636210 The amounts shown on the tax return as salaries/wages, benefits and payroll taxes are a reimbursement to AOPA for those employee's time worked for AOPA Foundation
Part VI, Section A, Line 11A		THE FORM 990 RETURN IS REVIEWED BY OUR OUTSIDE TAX ACCOUNTING FIRM, GRANT THORNTON LLP, AND BY APPROPRIATE INTERNAL AOPA STAFF BEFORE IT IS SENT TO OUR BOARD OF TRUSTEES FOR REVIEW THE BOARD HAS AN OPPORTUNITY TO MAKE ANY COMMENTS/RECOMMENDATIONS BEFORE RETURN IS FILED
Part III, Line 4D		The other program services accomplished during the year in the amount of \$1,041,640 supports AOPA Foundation's mission to promote, advance and encourage aviation and airport safety and security and the research and testing in the support thereof, to educate the public and users of the national air transportation system to the value and importance of the general aviation to the national air transportation system, to encourage and support the flight training of pilots to assure the future of general aviation as an important component of the national air system, to lessen the burdens of federal, state and local governments in connection with the maintenance and advancement of general aviation, and the aviation and airport safety and security, and to assist other charitable and other organizations in the conduct of similar activities to the extent that such activities are in the furtherance of charitable, educational, and/or scientific purposes
Part VI, Section A, Line 6		The AOPA Foundation's Bylaws state the members shall be those persons who, from time to time, constitute the Board of Trustees of Aircraft Owners & Pilots Association, a non profit New Jersey corporation. Whenever any person shall cease to be a member of the Board of Trustees of said Association, for any reason, he shall contemporaneously cease to be a member of this Foundation, and his successor upon the Board of Trustees of said Association shall forthwith become a member of this Foundation. No member of the Foundation shall have any right or interest in or to the property or assets of the Foundation, but such property and assets shall at all times be devoted to the purposes and objects stated in the Certificate of Incorporation. Each member of the Foundation shall be entitled to one vote at any annual or special meeting of the members of the Foundation. The Board of Trustees may at any time appoint from among its members such committees as the Board may deem advisable, to perform such functions as the Board shall designate. The officers of the Foundation shall be elected by the Board of Trustees to serve at the will of the Board of Trustees. The officers of the Foundation shall consist of the following. President, Vice President, Secretary, and Treasurer. The Board of Trustees may also appoint one or more Assistant Secretaries or Assistant Treasurers. The Board of Trustees in its discretion may leave unfilled any office except the offices of the Secretary and Treasurer and one of the offices of President or Vice. President. One person may hold more than one office, except that the President and Secretary may not be the same person. The officers shall be elected at any meeting of the Board of Trustees. The officers so elected at any such meeting shall take office immediately and shall hold office at the will of the Board of Directors.
Part VI, Section B, Line 15		The compensation for the President is set by the Board of Trustees and Compensation Committee and contractually confirmed through an employment agreement betw een the Board and the incumbent. The base salary for this position may be adjusted by the Board from time to time at its sole discretion. The President is also considered annually by the Board for an incentive bonus which is a target percent of base salary. The actual bonus paid is determined by the Board based on its assessment of the President's performance and that of the organization against appropriate goals set by the Compensation Committee and the President Periodic independent reviews of the President's compensation are conducted by outside compensation experts to ensure that the compensation paid is reasonable based on appropriate data as to comparability of compensation paid by similar organizations for positions of similar scope of responsibility. The compensation levels and salary ranges for Officers and Key employees of the organization are established based on competitive market data obtained through periodic salary surveys performed by outside compensation rates as compared to compensation These surveys provide guidance for establishing reasonable compensation rates as compared to compensation paid by similarly situated organizations for positions of similar scope of responsibility. All positions are evaluated and placed in the appropriate grades/salary ranges. An individual employee's salary, within their assigned range, varies depending primarily upon experience and performance. No employee's base salary may exceed their assigned salary range. The organization has adopted a "pay for performance" philosophy allowing managers to award merit increase budget is approved by the Board of Trustees based on market surveys. Officers and Key employees also participate in the organization's bonus program. Target bonus amounts, as a percentage of base salary, are established based on participants position. The actual bonus paid is determined by the e

ldentifier	Return Reference	Explanation
Part I, Summary Describe Activities		A non-profit tax exempt organization established to promote, advance and encourage the maintenance and development of all aspects of General Aviation as an important part of the national air transportation system by means of General Aviation specific research, information, education, and advocacy activities

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Department of the Treasury

Frederick, MD 21701 52-6042953

Internal Revenue Service

DLN: 93493257008120

OMB No 1545-0047

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public . Inspection

entity

Name of the organization The AOPA Foundation Inc	Employer identi	Employer identification number						
				20-8817225				
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)								
(a) Name address and EIN of discentified entity	(b)	(c)	(d)	(e)	(f)			

or foreign country)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
Aircraft Owners & Pilots Association					
421 Aviation Way	Membership	NJ	4	N/A	NA
Frederick, MD 21701 52-0636210 AOPA Air Safety Foundation					
421 Aviation Way	Charitable	DE	3	7	NA

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

Yes No

Part V	Transactions With Related Organizations	(Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35, or 36.)
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f	f Sale of assets to other organization(s)	1f		No
g	g Purchase of assets from other organization(s)	1 g		No
h	h Exchange of assets	1 h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Reformance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	n Sharing of paid employees	1n	Yes	
0	• Reimbursement paid to other organization for expenses	1o	Yes	<u> </u>
	Reimbursement paid by other organization for expenses	1 p		No
a	q Other transfer of cash or property to other organization(s)	1q		No
	Other transfer of cash or property from other organization(s)	1r	Yes	
_	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	- holds		
2	(b) Name of other organization True answer to any of the above is "res," see the instructions for information on who must complete this line, including covered relationships and transaction thres (b) Transaction type(a-r)		(c) : involv	ed
1) /	AIRCRAFT OWNERS & PILOTS ASSOCIATION		1,3	60,000
2) /	AIRCRAFT OWNERS & PILOTS ASSOCIATION		2,0	69,019

(5)

(3) AIRCRAFT OWNERS & PILOTS ASSOCIATION

(6)

(4)

1,029,375

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 20-8817225

Name: The AOPA Foundation Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINT, MAIL, & POSTAGE	360,767	198,427		162,340
BAD DEBT	144,016			144,016
TELEPHONE	20,913	10,020	38	10,855
DUES, LICENSES & SUBSCRIPTIONS	33,270	15,969		17,301
A GENCY TEMPS				