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DLN: 93493220006252

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)

OMB No 1545-0047

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

Open to Public

						mspection
		2011 calendar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-20	11	D Employer ic	lentification number
_		Aircraft Owners & Pilots Association				
Add	dress ch	Doing Business As		— I	52-06362 E Telephone r	
Na	me cha	nge			•	
_ Init	tıal retu	Number and street (or P O box if mail is not delivere	d to street address) Room/s	suite	(301)695	
— Tei	rmınate	421 Aviation Way		- 1	G Gross receipt	S \$ 49,421,920 ————————————————————————————————————
– _{Am}	ended i	City or town, state or country, and ZIP + 4		_		
— Арі	plication	Frederick, MD 21701 pending				
•		F Name and address of principal officer		11/5) 7 - 11 -		
		Craig L Fuller CEO President		affilia	s a group retu tes?	rn for
		421 Aviation Way Frederick, MD 21701				
		riederick, MD 21701		1 ' '	affiliates inclu	
r Ta	x-exem	pt status	4947(a)(1) or		o," attach a lis p exemption n	t (see instructions)
				H(c) Glou	p exemption n	uniber P
		:: ► www.AOPA org				
		anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨		L Year of for	mation 1939	M State of legal domicile NJ
Pa	rt I	Summary				
		Briefly describe the organization's mission or most sign				
		Serves the interests and needs of its members and est economy, safety, utility, & popularity of flight in Genera	•	rticulates posit	ion of leaders!	nip to promote the
<u>မ</u> ှိ	-	conomy, safety, atmey, a popularity of higherin General	I A Viacion anciaic			
Governance						
<u> </u>	-	 				
		Check this box 🔭 if the organization discontinued its			1	1
ර ර		Number of voting members of the governing body (Part	•		3	10
Activities &	1	Number of independent voting members of the governin			4	9
3	1	Total number of individuals employed in calendar year :			5	125
<u> </u>	1	Total number of volunteers (estimate if necessary)			6	2,446
		Total unrelated business revenue from Part VIII, colun			7a	53,435
	Ь	Net unrelated business taxable income from Form 990	-1, line 34		7b	10,510
				Prior	Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		•	253,747	295,808
Revenue	9	Program service revenue (Part VIII, line 2g)			17,046,016	17,286,075
Ž.	10	Investment income (Part VIII, column (A), lines 3, 4			2,348,636	3,836,488
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d Total revenue—add lines 8 through 11 (must equal P			12,982,828	13,052,445
	12	12)			32,631,227	34,470,816
	13	Grants and similar amounts paid (Part IX, column (A			0	0
	14	Benefits paid to or for members (Part IX, column (A),	, lıne 4)		0	0
	15	Salaries, other compensation, employee benefits (Pa	rt IX, column (A), lines			
Ϋ́		5-10)			14,644,793	11,820,805
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0	0
ă	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0				
	17	Other expenses (Part IX, column (A), lines 11a-11d			19,351,205	20,010,437
	18	Total expenses Add lines 13-17 (must equal Part I			33,995,998	31,831,242
	19	Revenue less expenses Subtract line 18 from line 1	2		-1,364,771	2,639,574
දී දී					of Current ear	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			93,264,538	90,333,696
8 B	21	Total liabilities (Part X, line 26)			16,685,078	16,784,550
ā S	22	Net assets or fund balances Subtract line 21 from li			76,579,460	73,549,146
	rt II	Signature Block			, ,	
<now< td=""><td></td><td>ties of perjury, I declare that I have examined this return, i and belief, it is true, correct, and complete. Declaration of</td><td></td><td></td><td></td><td></td></now<>		ties of perjury, I declare that I have examined this return, i and belief, it is true, correct, and complete. Declaration of				
		*****		20	12-08-06	
Sigr	1	Signature of officer		Da		
Her		douglas kıtanı CFO				
		Type or print name and title				
		Preparer's	Date	Check If	1 '	ayer identification number
Paid		signature		self- employed •	(see instruction	ns)
	arer's	Firm's name (or yours . GRANT THORNTON LLP	<u> </u>	1 -= 1 == 1		
Use (ıf self-employed),			EIN 🕨	
	-	, 2010 0011 011112 1112 00112 100			Phone no 🕨 (703) 847-7500
		MCLEAN, VA 22102			1 '''' '	•

May the IRS discuss this return with the preparer shown above? (see instructions)

	-				
C	(Code) (Expenses \$	including grants of \$) (Revenue \$)
ld	Other pregram convices	(Describe in Schedule O)			
u					_
	(Expenses \$	including grants o	of \$) (Revenue \$)

Part IV	Chec	klist of	Required	Schedules
	CHEC	KIISL UI	Reduired	Scriedures

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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		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		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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	Yes	
e	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, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 and IV.	15		No
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 ? If "Yes," complete Schedule F, Part 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	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		No
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F:	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [고	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 133			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Tracteast one is reported on fine 2a, did the organization me an required lederal 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)			
a	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," provide an explanation in Schedule O	3b	Yes	
а	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 or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ, BF, EI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_	December the comment of the comment	5c	V -	
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
ь	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	7a		
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
٠	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		
	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	7h		
1	Form 1098-C?	/"		
,	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
	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)			
	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_		.		N.I
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
n	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 10 Enter the number of voting members included in line 1a, above, who are 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Yes **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Yes Section 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 , FL , GA , HI , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA, WV, WI

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 made these available. Check all that apply

☐ Own website ☐ Another's website ☐ Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ERICA SACCOIAVP-CONTROLLER 421 AVIATION WAY

Frederick, MD 21701

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, 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

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

◆ 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

(A) Name and Tıtle	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) WILLIAM C TRIMBLE III CHAIRMAN		Х		х							
(2) PAUL C HEINTZ TRUSTEE		х									
(3) HERMAN NEEL HIPP JR TREASURER & ASSIST SECRETARY		х		х							
(4) R ANDERSON PEW TRUSTEE		х								_	
(5) MATTHEW J DESCH TRUSTEE		х									
(6) BURGESS H HAMLET III TRUSTEE		х								_	
(7) DARRELL W CRATE TRUSTEE		х									
(8) LAWRENCE D BUHL III TRUSTEE		х									
(9) CRAIG L FULLER PRESIDENT AND CEO	40 0	х		Х				719,473	45,690	50,120	
(10) JAMES G TUTHILL JR TRUSTEE		х									
(11) JOHN S YODICE SECRETARY				Х							
(12) ROGER C MYERS JR FORMER CFO	40 0			Х				447,305	42,107	311,405	
(13) ERICA SACCOIA VP-CONTROLLER	40 0			Х				109,114	0	18,483	
(14) ROBERT H MORAN EXECUTIVE VP/COO	40 0			Х				384,283	0	78,104	
(15) DOUGLAS KITANI EXECUTIVE VP/CFO	40 0			х				47,053	0	10,265	
(16) DIANA ROBERTS DIRECTOR	20 0				х			402,652	0	13,567	
(17) MELISSA RUDINGER SENIOR VP GOVERNMENT AFFAIRS	40 0					х		257,664	0	64,093	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe	unles ar	ion (d e tha	n on rson er a	ie bo is b nd a	ox, ooth a		(D) Reportable compensation from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-) ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relat organiza	
	TIMOTHY FORTUNE OR VP OF HUMAN RESOURCES	40 0					х		259,538		0		29,940
. ,	STEVE SHAFFER IO-INFORMATION&TECHNOLOGY	40 0					х		220,808		0		32,775
(20)	LORRAINE HOWERTON EGISLATIVE AFFAIRS	40 0					Х		230,587		0		32,712
	CRAIG SPENCE PERATIONS & INTERNATIONAL	40 0					Х		193,107		0		30,488
(22)	PHILIP B BOYER er President							х	774,251		0		
				_							\dashv		
											\dashv		
											\dashv		
											\dashv		
								Ļ			ightharpoonup		
1b	Sub-Total			•	•		- 1	<u>* </u>			+		
				•	<u> </u>	•	-	-	4,045,835	87,7	97		671,952
2	Total number of individuals (included \$100,000 of reportable compensed)					ed al	bove)	who	received more than	1			
												Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sche						nploye • •	-	highest compensa	ted employee • •	3	Yes	
4	For any individual listed on line 1a organization and related organization dividual										4	Yes	
5	Did any person listed on line 1a re services rendered to the organiza		•						-	· individual for	5		No
_										·	_		
1	ection B. Independent Conti Complete this table for your five h \$100,000 of compensation from t or within the organization's tax ye	ighest compens he organization											
	-	(A) e and business addre	·ss						Descrip	(B) otion of services		(C Comper	
PO Bo	Risk Services Inc ox 7247 ADELPHIA, PA 19170	. In Dusiness dudic	-50						Insurance/A0I				,348,284
Mark 625 I	eting General N Washington St ANDRIA, VA 22314								Marketing Age	ency		1	,010,053

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AON Risk Services Inc PO Box 7247 PHILADELPHIA, PA 19170	Insurance/AOPAIA Pmt	1,348,284
Marketing General 625 N Washington St ALEXANDRIA, VA 22314	Marketing Agency	1,010,053
Crawford Advisors LLC PO Box 21228 TULSA, OK 74121	Health Insurance	1,870,655
AOPA Membership Publications Inc 421 Aviation Way FREDERICK, MD 21701	Mag Prod/Comm Svcs	7,302,814
VALTIM INCORPORATED PO Box 114 FOREST, VA 24551	MARKETING	1,510,340
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶40

Form 99			of Dougnus					Page 9
Paru	7111	Statement of	or 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
##	1a	Federated cam	paigns 1a					
恵吉	b	Membership du	es 1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents 1c					
焦衷	d	Related organiz	zations 1d	281,250				
<u>∞</u> E	e	Government grant	s (contributions) 1e					
r Sign	f	All other contribution	ons, gifts, grants, and 1f	14,558				
돌 돌	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
뒫								
လူမှ	h	Total. Add lines	s 1a-1f	▶	295,808			
				Business Code				
nue	2a	AOPA SUMMIT REV	/ENUE	900099	1,175,944	1,175,944		
æ	ь	MEMBERSHIP DUE	S	900099	16,051,829	16,051,829		
9.0	c	AOPA ROUNDTABL	E REVENUE	900099	58,302	58,302		
ē. Z	d							
Program Serwoe Revenue	e		_					
⊕ Gra	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		17,286,075			
	3		ome (including dividen		1,,200,073			
			aramounts)	 	2,091,246			2,091,246
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		▶ [10,231,982			10,231,982
			(ı) Real	(II) Personal				
	6a	Gross rents	633,002					
	b	Less rental expenses	579,046					
	c	Rental income or (loss)	53,956					
	d		me or (loss)	+	53,956			53,956
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	16,117,300					
		assets other than inventory						
	ь	Less cost or	14,372,058					
		other basis and sales expenses						
	C	Gain or (loss)	1,745,242		. 7.5 0.0			. 7.5 0.0
	d	Net gain or (los		▶	1,745,242			1,745,242
nue	8a	events (not inc						
Other Revenue			s reported on line 1c) ne 18 a					
Ē	ь	Less direct ex	penses b					
ᅙ	C		(loss) from fundraising	events . 🕨	0			
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	c	Net income or	(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	b		oods sold b (loss) from sales of inv	entory 🕨	0			
		Miscellaneous	•	Business Code				
	11a	AD&D STABIL	IZATION	900099	1,219,281			1,219,281
		RESERVE DIS	TRIBUTION					
	Ь	COST SHARIN	IG	900099	1,468,476			1,468,476
	C	ADVERTISING		511190	53,435		53,435	
	d		ue		25,315			25,315
	е	Total. Add lines			2,766,507			
	12	Total revenue.	See Instructions .	· · •	34,470,816	17,286,075	53,435	16,835,498

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 0 Grants and other assistance to individuals in the United States See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 3,576,634 3,053,406 523,228 key employees . . . 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 6,003,849 4,852,535 1,151,314 0 Pension plan contributions (include section 401(k) and section 1,454,096 403(b) employer contributions) 1,454,096 0 539,571 276,289 263,282 0 Other employee benefits 246,655 1,673,393 -1,426,738 0 10 Fees for services (non-employees) 11 Management 957,012 39,375 0 917,637 Legal 0 Accounting 284,726 284,726 428,661 Lobbying 428,661 Professional fundraising See Part IV, line 17 . . 0 Investment management fees 198,709 198,709 0 5,030,256 4,920,663 109,593 0 g Other Advertising and promotion . . . 368,544 368,544 0 12 Office expenses 76,838 47,418 29,420 0 13 14 Information technology 0 15 Royalties . . 0 677,962 16 435,524 242,438 0 1,018,072 1,004,152 13,920 0 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 1,271,994 1,261,332 10,662 0 O 20 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 1,097,629 566,995 530,634 0 23 126,270 106,481 19,789 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) PRINT, MAIL, POSTAGE, PREMIUMS 4,972,752 17,739 4,955,013 RENTALS 70,838 906,611 835,773 BANK & CREDIT CARD FEES 429,950 48,548 381,402 DUES, LICENSES & SUBSCRIPTIONS 599,359 567,871 31,488 d е All other expenses 1,565,092 1,197,672 367,420 25 Total functional expenses. Add lines 1 through 24f 31,831,242 27,850,761 3,980,481 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,731,326 -146.304 1 1 0 2 0 2 0 0 3 3 1.578.835 2.255.637 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 8 9 1,209,136 9 1.070.444 Prepaid expenses and deferred charges 10a 22,625,307 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 12,090,665 10,599,079 b Less accumulated depreciation 10c 10,534,642 67,581,144 61,050,734 11 11 5,622,746 9,037,307 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . ol 0 14 Intangible assets 14 4,942,272 15 6,531,236 15 93,264,538 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 90,333,696 4,523,087 5,138,691 17 17 Accounts payable and accrued expenses . 18 18 19 10,149,757 19 10,664,331 20 20 Ω 21 Escrow or custodial account liability Complete Part IV of Schedule D . . ol 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,012,234 25 981,528 D 26 16,685,078 26 16,784,550 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 76,579,460 73,549,146 Unrestricted net assets ol 28 0 28 Temporarily restricted net assets Fund 29 ol 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 76.579.460 33 73.549.146 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 93.264.538 34 90.333.696

Раг	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34.4	170,816
2	Total expenses (must equal Part IX, column (A), line 25)	2			331,24
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	39,574
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		76,5	579,460
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-5,6	69,888
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		73,5	549,146
Par	t XII Financial Statements and Reporting			৮	
	Check if Schedule O contains a response to any question in this Part XII	• •	•		
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 t 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued	20	103	
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

Additional Data

Software ID: Software Version:

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Form 990, Special Condition Description:

Special Condition Description

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

DLN: 93493220006252

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

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

If the organization answered "Yes," to Form 990, Part IV, 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organı	zation
Aırcraft	Owners	& Pilots	Association

exempt funtion activities

Employer identification number

Airc	raft Owners & Pilots Association					
		52-063621				_
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	section 52	7 org	ganizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities on bein opposition to candidates for public office in Part IV	nalf of or				
2	Political expenditures	F	\$_			
3	V olunteer hours					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$ _			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶-	\$ <u>_</u>			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No	
4a	Was a correction made?			☐ Yes	┌ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except	section 50)1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🕨	\$ _			
2	Enter the amount of the filing organization's funds contributed to other organizations for section	527				

Did the filing organization file Form 1120-POL for this year? Yes 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

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 Figure Since Sover \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Figure Since Sover \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 Figure Since Sover \$1,500,000	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S11,000,000 S11,000,000 F11,000,000			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	Totals
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

che	edule C (Form 990 or 990-EZ) 2011				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has f (election under section 501(h)).	NOT f	iled F	orm	5768	3
		(a)		(b)	
		Yes	No	1	Amoun	it
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			4		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
C	Media advertisements?		<u> </u>	╀		
d	Mailings to members, legislators, or the public?			ــــــ		
e	Publications, or published or broadcast statements?			ـــــــ		
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	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
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					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					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?		L	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
С	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?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Identifier Return Reference Explanation

5

DLN: 93493220006252

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

2

3

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Aircraft Owners & Pilots Association

Name of the organization **Employer identification number** 52-0636210 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization do	ırıng	
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, are balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation of the		

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2011

sing the organization's accession and other ems (check all that apply) · Public exhibition	r records, check an	y of th	ne foll	_	_		e of its collection	n	
Public exhibition		d		_					
		u	ı	Loan or ex	change progra	ıms			
Scholarly research		e	Γ	Other					
Preservation for future generations									
rovide a description of the organization's co art XIV	ollections and expla	iin hov	w they	further the	organization's	sexe	mpt purpose ın		
								Yes	┌ No
					n answered	"Ye	s" to Form 99	0,	
the organization an agent, trustee, custod cluded on Form 990, Part X?	ıan or other ınterme	ediary	forc	ontributions	or other asse	ts no		Yes	┌ No
"Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able	_		Λ mo	unt	
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-		e 21 /					ı	res	│ No
				d !!Voo!! to	Form 000	Dowt	TV line 10		
Endowment Funds. Complete I								e ì Four Y	ears Back
eginning of year balance	(a)carrent rear	(2)	y	(6).	TO TOUTS BUCK	(4)	ree rears back (-	ears back
ontributions									
vestment earnings or losses									
rants or scholarships									
ther expenditures for facilities									
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' ovide the estimated percentage of the yea'	r end balance held	as					.		
oard designated or quasi-endowment 🕨									
ermanent endowment 🕨									
erm endowment 🕨									
re there endowment funds not in the posses ganization by	ssion of the organiz	ation	that a	re held and	admınıstered	for th	ne 	Yes	No
						•			
								<u> </u>	<u> </u>
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Lanu, bununys, and Equipme	. 3ee ronn 99	70, Pa	Τ ΄		(1)		,,,,		
Description of property							(c) Accumulated depreciation	(d) Bo	ok value
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ldıngs				4,479,440	5,928,4	41	5,694,954		4,712,927
sehold improvements									
unmant					1,203,5	512	788,652		414,860
upment		•			_,,		, 55,552		,
ner	· · · · · ·	<u>. </u>		21,460		_	5,607,059		4,181,375
	rovide a description of the organization's contributions during the year, did the organization solicit of sets to be sold to raise funds rather than the organization and the organization and agent, trustee, custodiculded on Form 990, Part X? "Yes," explain the arrangement in Part XIV eginning balance diditions during the year istributions during the year instributions during the year instributions during the arrangement in Part XIV in the organization include an amount on Formatical instributions. "Yes," explain the arrangement in Part XIV in the organization include an amount on Formatical instributions. "Yes," explain the arrangement in Part XIV in the organization includes an amount on Formatical instributions. "Yes," explain the arrangement in Part XIV in the expenditures for facilities and programs. "In the responditures for facilities and programs. "In the responditures for facilities and of year balance. 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"Yes," explain the arrangement in Part XIV and complete the following table "Yes," explain the arrangement in Part XIV and complete the following table It is individual to the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization include an amount on Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization answered "Yes" to Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization answered "Yes" to Form 990, Part X, line 21? "Yes," explain the arrangement in Part XIV Individual to the organization answered "Yes" to Form 990, Part X, line 10. Individual to the organization that are held and administered for the organization by lower land organizations In related organization of property In related organization of property In related organization of property	The purpose of the organization of the organization's collections and explain how they further the organization's exempt purpose in the XIV If you have year, did the organization solicit or receive donations of art, historical treasures or other similar issets to be sold to raise funds rather than to be maintained as part of the organization's collection? If year, and Custodial Arrangements. Complete if the organization answered "Yes" to Form 99 Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not clude on Form 990, Part XIV and complete the following table Amount of the organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The agent of the arrangement in Part XIV If the organization include an amount on Form 990, Part X, line 10. The agent of the arrangement in Part XIV If the organization answered "Yes" to Form 990, Part IV, line 10. The agent of the organization answered "Yes" to Form 990, Part IV, line 10. The organization of the organization answered "Yes" to Form 990, Part IV, line 10. The organization of the organization of the organization that are held and administered for the ganization by the estimated percentage of the year end balance held as organization by the organization of the organization beat of the organization of the organization of the organizatio	Types and eacription of the organization's collections and explain how they further the organization's exempt purpose in art XIV Wescrow and Custodial Arrangements. Complete if the organization's collection? Wescrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not cluded on Form 990, Part X, line 21. The organization in the arrangement in Part XIV and complete the following table Amount 1c Amount

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives	9,037,307	
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	9,037,307	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
(1) INVESTMENT IN SUB-AOPAIA (NET)		6,384,600
(2) REAL ESTATE INVESTMENT		146,636
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ACCRUED RETIREMENT	184,021	
AIRCRAFT RESERVES	155,790	
BUILDING RESERVES/MAINTENANCE	293,104	
CURRENT/DEFERRED TAXES	238,770	
OTHER LONG TERM OBLIGATIONS	75,000	
DEFERRED RENT LIABILITY	34,843	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	261.75	
Total. (Column (b) Should equal Form 990, Part X, COI (B) line 25)	981,528	

Pal	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,470,816
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,831,242
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,639,574
4	Net unrealized gains (losses) on investments	4	-5,669,886
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	- 2
9	Total adjustments (net) Add lines 4 - 8	9	-5,669,888
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,030,314
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	51,809,403
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	16,759,542
3	Subtract line 2e from line 1	3	35,049,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-579,045
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	34,470,816
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1 1	54,249,101
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		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	21,838,814
3	Subtract line 2e from line 1	3	32,410,287
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)]	
c	Add lines 4a and 4b	4c	-579,045
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,831,242
Pai	rt XIV 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

Identifier	Return Reference	Explanation
RECONCILIATION OF REVENUE AND EXPENSE PER AUDITED FINANCIALS		REVENUE PURSUANT TO THE GAAP REPORTING REQUIREMENTS, THE AUDITED FINANCIALS ARE PRESENTED ON A CONSOLIDATED BASIS AND INCLUDE INCOME FROM FOUR RELATED ORGANIZATIONS THE AMOUNT OF \$22,429,428 REPORTED ON PART XII, LINE 2D REPRESENTS A REDUCTION IN REVENUE FROM THE RELATED ENTITIES (\$22,652,477) NOT SHOWN ON THIS RETURN OFFSET BY INVESTMENT FEES OF \$223,049 SHOWN IN EXPENSES ON FORM 990 THE AMOUNT REPORTED ON LINE 4B REPRESENTS REAL ESTATE INVESTMENT EXPENSES WHICH OFFSET GROSS RENTS ON FORM 990, PART VII, LINE 6B (\$579,045) EXPENSE PURSUANT TO THE GAAP REPORTING REQUIREMENTS, THE AUDITED FINANCIALS ARE PRESENTED ON CONSOLIDATED BASIS AND INCLUDE EXPENSES FROM FOUR RELATED ORGANIZATIONS THE AMOUNT REPORTED ON PART XIII, LINE 2D REPRESENTS A REDUCTION IN EXPENSES FROM RELATED ENTITIES (\$22,061,863) OFFSET AGAINST INVESTMENT FEES OF \$223,049 FOR A TOTAL OF (\$21,838,814) THE AMOUNT REPORTED ON LINE 4B REPRESENTS REAL ESTATE INVESTMENT EXPENSES WHICH OFFSET GROSS RENTS ON FORM 990, PART VII, LINE 6B (\$579,045)
FIN 48 FOOTNOTE - SCHEDULE D, PART X-2		The Association recognizes or derecognizes tax positions on a "more likely than not" threshold. This applies to a position taken or expected to be taken in a tax return. The Association does not believe it has any material uncertain tax positions.

Compensation Information

DLN: 93493220006252

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

AIIC	rart Owners & Pilots Association	52-0636210			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a		vided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant				
	Form 990 of other organizations	Approval by the board or compensation committee			
4 a	During the year, did any person listed in Form 990, lor a related organization Receive a severance payment or change-of-control	Part VII, Section A, line 1a with respect to the filing organization	4a		No
	Participate in, or receive payment from, a supplement	· ·	4b	Yes	-110
c	Participate in, or receive payment from, a supplement		4c	103	No
Ī		ovide the applicable amounts for each item in Part III			110
	Only 501(c)(3) and 501(c)(4) organizations only mu	ist complete lines E.O.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	-			
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	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," of		7		No
8	Were any amounts reported in Form 990, Part VII, psubject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow the	e rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) PHILIP B BOYER	(I) (II)	0		774,251			774,251 0	525,000
(2) ROGER C MYERS JR	(I) (II)	254,766 42,107	182,404	10,135	282,889	28,516	758,710 42,107	
(3) CRAIG L FULLER	(I) (II)	463,453 45,690	193,125	62,895	37,169	12,951	769,593 45,690	
(4) DIANA ROBERTS	(I) (II)	99,301 0		303,351	9,572	3,995	416,219 0	
(5) MELISSA RUDINGER	(I) (II)	204,482 0	52,365	817	52,007	12,086	321,757 0	
(6)TIMOTHY FORTUNE	(I) (II)	201,764 0	55,200	2,574	20,180	9,760	289,478 0	
(7) ROBERT H MORAN	(I) (II)	271,410 0	99,360	13,513	67,792	10,312	462,387 0	
(8) STEVE SHAFFER	(I) (II)	190,717 0	29,740	351	19,445	13,330	253,583 0	
(9) LORRAINE HOWERTON	(I) (II)	196,039 0	29,264	5,284	20,258	12,454	263,299 0	
(10) CRAIG SPENCE	(I) (II)	168,070 0	24,213	824	17,302	13,186	223,595 0	
	+							

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

Identifier	Return Reference	Explanation
Part I, Line 1a		Certain directors and officers were provided benefits to health and social clubs In addition, certain directors and officers received first class air travel, travel for companions as well as tax indemnification payments. It is the Organization's policy to treat the above items as taxable compensation and report the applicable amounts to the IRS on Form W-2 or Form 1099-Misc for the applicable tax year.
Part II, Compensation Information		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 EXPERTS ENGAGED BY THE ORGANIZATION THESE SURVEYS PROVIDE GUIDANCE FOR ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY ALL POSITIONS ARE EVALUATED AND PLACED IN THE APPROPRIATE GRADES/SALARY RANGES AN INDIVIDUAL EMPLOYEE'S SALARY, MITHIN THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND PERFORMANCE THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE" PHILOSOPHY ALLO WING MANAGERS TO A WARD MERIT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS THE ORGANIZATION'S ANNUAL MERIT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS THE ORGANIZATION'S ANNUAL MERIT INCREASES BASED ON BY PROGRAM TARGET BONUS AMOUNTS, AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED BASED ON THE PARTICIPANT'S POSITION THE ACTUAL BONUS PAID IS PROPOSED 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 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 ALL PERSONS MENTIONED ABOVE DO NOT PARTICIPANTS ALL PERSONS MENTION OF THEIR COMPENSATION ARRANGEMENT THE DELIBERATION OF THESE COMPENSATION ARRANGEMENT ARE MAINTAINED IN CONTEMPORANGEMENT THE DELIBERATION SOND FRIESE COMPENSATION ARRANGEMENT OF THE PARTICIPANT ALL PERSONS MENTIONED ABOVE DO NOT PARTICIPANTS ALL PERSONS MENTIONED ABOVE DO NOT PARTICIPANT BY ALL PERSONS MENTIONED ABOVE OF THESE COMPENSATION OF THESE COMPENSATION OF THESE COM

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As Filed Data -

DLN: 93493220006252

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Aircraft O	wners & Pilots Association								2-06362	1.0		
Part I	Excess Benefit Trar Complete if the organizat							organı	zations c	nly).	ıne 40b	
1	(a) Name of disqu					(b) Desc						(c) rected?
							· 				Yes	No
2 Fni	ter the amount of tax Impos	ed on tl	he organ	nization man	agers or	disqualified perso	ons duri	ing the v	ear under			
sed	tion 4958								🟲	\$ —		
	cer the amount of tax, if any		·		•	e organization .			•	\$		
Part I	Loans to and/or F Complete if the organiz), Part IV, line 26	, or Forr	n 990-E	Z, Part V	, line 38	a	
			(b) Loan to				(e) In		(f) Approved		(g)Writ	ton
(a) Nam	ne of interested person and purpose	1	m the zation?	(c)Orig principal a		(d)Balance due	defau		by board or		agreeme	
		То	From				Yes	No	Yes	Yes No		No
								<u> </u>			_	
Total . Part II					► \$	Persons						
raicii	Complete if the orga	nızatıd	n ansv	vered "Yes	" on Fo	rm 990, Part IV		27.				
((a) Name of interested pers	on	(1	b) Relationsh an	nip betwe id the or	een interested per ganization	rson	(c) A m	ount of gr	ant or ty	pe of assı	stance
							-+					

Part IV	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organız	aring of zation's nues?
	organization			Yes	No
(1) JOHN YODICE	SECRETARY	321,098	CORPORATE LEGAL COUNSEL		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
raciicii ici	itecarii itererene	Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493220006252

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization Aircraft Owners & Pilots Association

Employer identification number

52-0636210

		[52-0636210
ldentifier	Return Reference	Explanation
PART VI, SECTION A, LINE 6 AND 7A		At annual meeting of members, AOPA members in good standing are entitled to vote for the AOPA Board of Trustees AOPA members are entitled to one vote Each member entitled to vote may do so either in person or by written proxy
PART VI, SECTION B, LINE 11A&B		IN CONJUNCTION WITH GRANT THORNTON LLP TAX SPECIALISTS, AOPA MANAGEMENT REVIEWS THE FORM 990 WITH THE AUDIT & FINANCE COMMITTEE PRIOR TO PRESENTING THE RETURN TO OUR BOARD OF TRUSTEES FOR REVIEW
PART VI, SECTION B, LINE 12C		THE AIRCRAFT OWNERS & PILOTS ASSOCIATION'S BOARD 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 ALL PERSONS MENTIONED ABOVE DO NOT PARTICIPATE IN DELIBERATIONS OR DECISIONS WITH REGARDS TO THESE TRANSACTIONS 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 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 EMPLOY MENT AGREEMENT BETWEEN THE BOARD AND THE INCUMBENT. THE BASE SALARY FOR THIS POSITION MAY BE ADJUSTED BY THE BOARD FROM TIME TO TIME AT ITS SOLE DISCRETION. THE PRESIDENT IS ALSO CONSIDERED ANNUALLY BY THE BOARD FOR AN INCENTIVE BONUS WHICH IS A 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 PAID BY SIMILAR ORGANIZATIONS FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE ESTABLISHED BASED ON COMPENSATION PAID BY THE ORGANIZATION THESE SURVEYS PROVIDE GUIDANCE FOR ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID BY SIMILAR SCOPE OF RESPONSIBILITY AND 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 EMPLOYEES SALARY, WITHIN THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND PERFORMANCE. THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE" PHILOSOPHY ALL OWING MANAGERS TO AWARD MERT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS THE ORGANIZATION SHOULD HAVE PRESIDENT BASED ON THE ACTUAL BONUS PROPOSED BY THE DEACHTURY BASES BASED ON THE PRESIDENT BASED ON THEIR ASSESSMENT OF THE PERCENTANTS INDIVIDUAL PERFORMANCE AND THE PRESIDENT BASED ON THEIR ACTUAL BONUS PRO
PART VI, SECTION B, LINE 16b		The organization does have a written management policy to evaluate all contracts & agreements, to ensure that all contract and joint venture arrangements are in accordance with federal, state and local laws and related regulations. In addition, all contracts and joint venture agreements are required to be reviewed by the organization's general counsel.
PART VI, SECTION C, LINE 18 & 19		THE ORGANIZATION DOES MAKE AVAILABLE ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, FORM 990 RETURNS, AND FORM 1024 TO THE GENERAL PUBLIC ALTHOUGH IT DOES NOT MAKE AVAILABLE ITS GOVERNING DOCUMENTS EXCEPT 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 GUIDESTAR ORG
Part VII, Hours worked for the AOPA Foundation Inc		Craig Fuller, Robert Moran, Douglas Kitani, Erica Saccoia and Roger Myers are full-time employees of Aircraft Owners & Pilots Association (AOPA), although they devote approximately ten hours per week to the related 501 (c)(3) public charity organization. The AOPA Foundation, Inc
Part XI, Line 5 - Reconciliation of Net Assets, Line 5		Other changes in net assets of (\$5,669,886) represent unrealized investment losses and rounding adjustment

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(Form 990)

DLN: 93493220006252

Related Organizations and Unrelated Partnerships

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

2011

OMB No 1545-0047

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Department of the Treasury
Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Aircraft Owners & Pilots Association						Employer id	mployer identification number			
Aircraft Owners & Pilots Association						52-063621	10			
Part I Identification of Disregarded Entities (Com	plete if the org	anızatıon	answered "Yes	" on Form 990, Pa	art IV	, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b Primary a		(c) Legal domicile (stat or foreign country)		End-of	(e) -year assets	I	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Cor g the tax year.)	mplete ıf	the organization	n answered "Yes"	on F	orm 990, Pa	art IV	, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activi		(c) egal domicile (state or foreign country)	(d) Exempt Code section	Pu (if s	(e) blic charity statu section 501(c)(3	ıs 3))	(f) Direct controlling entity	Section 5 conti organ	g) 12(b)(13 rolled ızatıon
(1) THE AOPA FOUNDATION INC									Yes	No
421 AVIATION WAY FREDERICK, MD 21701 20-8817225	CHARITABLE		MD	501C3			7		Yes	
(2) AOPA POLITICAL ACTION COMMITTEE										
421 AVIATION WAY FREDERICK, MD 21701 56-3014117	PAC			527		N	I/A		Yes	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 99	90.	Cat No 5	0135Y				Schedule R (F	orm 990)	2011

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.)

(k) Percentage ownership				
ral or iging	No		<u>. </u>	
(j) Genera manag partn	Yes			
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)				
	No			
(h) Dispropition allocation	Yes I			
(g) Share of end-of- year assets				
(f) Share of total Income				
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

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
(1) AOPA SERVICE CORPORATION 421 AVIATION WAY FREDERICK, MD 21701 53-0211507	MARKETING	DC	NA	C CORP	6,992,921	7,110,105	100 000 %
(2) AOPA MEMBERSHIP PUBLICATIONS INC 421 AVIATION WAY FREDERICK, MD 21701 52-2055960	MAGAZINES	MD	NA	C CORP	16,370,361	4,735,736	100 000 %
(3) AOPA INSURANCE AGENCY 1995 MIDFIELD ROAD WICHITA, KS 67209 52-1813554	INSURANCE	MD	NA	C CORP	6,674,011	5,720,805	100 000 %
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Par	t V	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	ırıng th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Part	s II-IV?			
а	Recei	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, g	ant, or capital contribution to related organization(s)			1b		No
c	Gıft, g	ant, 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	Sale o	assets to related organization(s)			1f		No
g	Purch	se of assets from related organization(s)			1 g		No
h	Excha	nge of assets with related organization(s)			1h		No
i	Lease	of facilities, equipment, or other assets to related organization(s)			1 i		No
j	Lease	of facilities, equipment, or other assets from related organization(s)			1 j		No
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
- 1	Perfori	nance of services or membership or fundraising solicitations by related organization(s)			11	Yes	
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes	
n	Sharır	g of paid employees with related organization(s)			1n		No
o	Reımb	ursement paid to related organization(s) for expenses			10		No
р	Reimb	ursement paid by related organization(s) for expenses			1 p	Yes	
q	Other	transfer of cash or property to related organization(s)			1 q	Yes	
r	Other	ransfer of cash or property from related organization(s)			1r		No
	Ifthe	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds		
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
	e Addıtıc	nal Data Table					
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

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Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	THE AOPA FOUNDATION INC	С	447,388	FMV
(2)	AOPA SERVICE CORPORATION	L	240,000	FMV
(3)	AOPA MEMBERSHIP PUBLICATIONS INC	L	7,302,814	FMV
(4)	THE AOPA FOUNDATION INC	M,P	4,671,895	FMV
(5)	AOPA POLITICAL ACTION COMMITTEE	Р	216,070	FMV
(6)	AOPA SERVICE CORPORATION	M,P	3,655,619	FMV
(7)	AOPA INSURANCE AGENCY	Р	3,648,383	FMV
(8)	AOPA MEMBERSHIP PUBLICATIONS INC	M,P	5,817,009	FMV
(9)	AOPA SERVICE CORPORATION	Q	6,099,003	FMV
(10)	AOPA MEMBERSHIP PUBLICATIONS INC	Q	436,994	FMV
(11)	AOPA POLITICAL ACTION COMMITTEE	Q	783	FMV
(12)	THE AOPA FOUNDATION INC	Q	845,709	FMV