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DLN: 93493208010796

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

Open to Public Inspection

A 21 A Avaction Way Frederick, MD 21701	A F	or the	2015 ca	endar year, or tax year beginn	ning 01-01-2015 , and ending 12-31-201	.5		
Section Schools of Comparison Section Sec	B Ch	eck if ap	pplicable		_		D Employer	identification number
Section State Section	┌ Ad	dress ch	nange		II		52-0636	210
Tark record	Г Nа	me char	nge					
The resum terminate and street (or Pr o lox of mail is not delived to street address) Application pending Find an analysis of promote, quantity, and ZIP or foreign postal code received, MD 21701 Find an analysis of promote, quantity, and ZIP or foreign postal code received, MD 21701 Find an analysis of promote, quantity, and ZIP or foreign postal code received, MD 21701 Find an analysis of promote, quantity, and ZIP or foreign postal code received, MD 21701 Find an analysis of ZIP or foreign postal code received with the promote authority, and zip auth		tıal retur	rn	· · · · · · · · · · · · · · · · · ·				
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Federack, MD 21701 Scheep and Section Pending Federack, MD 21701			mınated	421 Aviation Way			(301)69	5-2000
## And Raker CEOP resident #121 Austration Way Frederick, MD 21701 Tax-exempt status Splic(13) Splic(14) 4 (miset no) 4947(a)(1) or 527 Tax-exempt status Splic(13) Splic(14) 4 (miset no) 4947(a)(1) or 527 Website: Meximal Miset Mise					ountry, and ZIP or foreign postal code		G Gross receip	ots \$ 96,615,296
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Website:	I Ta	ax-exem	npt status	「 501(c)(3)	◀ (insert no)			
Breffy describe the organization or most significant activities		/ebsite	e: ► www	AOPA ora		11(9) 6100	ip exemption	number F
Part								M Charles of large I decreased a NI
Briefly describe the organization's mission or most significant activities Protect your freedom to fly by advocating, educating, supporting activities that ensure GA flight and securing sufficient rescribed to ensure our success 2 Check this box F If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)					tion j Other F	L Year of to	mation 1939	M State of legal domicile NJ
Protect your freedom to fly by advocating, educating, supporting activities that ensure GA flight and securing sufficient rescribers to ensure our success	ГС							
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)		Pr	rotect yo	ur freedom to fly by advocatir	_	ensure GA flig	ht and securi	ing sufficient resources
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3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 4 4 4 4 4 5 5	뙲	_						
3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 4 4 4 4 4 5 5	E E]	hock th	is how W if the organization of	discontinued its operations or disposed o	f mara than 2	F0/s of its not	accets
3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 4 4 4 4 4 5 5	05	2 0	_neck th	is box 😝 if the organization o	discontinued its operations or disposed o	r more than 2	5% orits net	assets
7a Total unrelated business revenue from Part VIII, column (C), line 12	2 6	3 N	Number	f voting members of the gover	ming body (Part VI, line 1a)		. з	11
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	1						10
7a Total unrelated business revenue from Part VIII, column (C), line 12	Ĕ	1						205
7a Total unrelated business revenue from Part VIII, column (C), line 12	ACI							2,130
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Ye	-			·	• •		7a	<u> </u>
Prior Year Current Year Current Year 1,868,238 2,1							. 7b	
9								
Total fundraising expenses (Part IX, column (A), line 11e)					·		r Year	Current Year
Total fundraising expenses (Part IX, column (A), line 11e)		8	Contri	butions and grants (Part VIII,	line 1h)			Current Year
Total fundraising expenses (Part IX, column (A), line 11e)						Prio	1,868,238	Current Year 2,126,428
12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	enue	9	Progra	m service revenue (Part VIII,	, line 2 g)	Prio	1,868,238 15,442,998	Current Year 2,126,428 17,745,295
12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Revenue	9 10	Progra Invest	m service revenue (Part VIII, ment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)	Prio	1,868,238 15,442,998 1,841,696	Current Year 2,126,428 17,745,295 6,800,305
14 Benefits paid to or for members (Part IX, column (A), line 4)	Revenue	9 10 11	Progra Invest Other Total	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364	Current Year 2,126,428 17,745,295 6,800,305 19,121,629
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	Revenue	9 10 11 12	Progra Invest Other Total (12)	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657
Sign Solution So	Revenue	9 10 11 12	Progra Invest Other Total (12) Grants	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Pa	nn (A), lines 3, 4, and 7d)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Revenue	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, emplo	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9 10 11 12 13 14 15	Progra Invest Other Total (12) Grants Benefi Salario	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Patts paid to or for members (Parts, other compensation, emploses, other compensation, emploses	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446
19 Revenue less expenses Subtract line 18 from line 12		9 10 11 12 13 14 15	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, emplosional fundraising fees (Part I	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446
Beginning of Current Year End of Year 20 Total assets (Part X, line 16)		9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes	m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplosional fundraising fees (Part Indraising expenses (Part IX, column of	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of whi preparer has any knowledge Sign Here ****** 2016-07-22 Date ERICA SACCOIA SVP-FINANCE		9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part s, other compensation, employsional fundraising fees (Part I adraising expenses (Part IX, column (A expenses (Part IX), column (A ex	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of whi preparer has any knowledge Sign Here ****** 2016-07-22 Date ERICA SACCOIA SVP-FINANCE		9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, employsional fundraising fees (Part I indraising expenses (Part IX, column (A expenses Add lines 13–17 (mexpenses Add lines Ad	Inne 2g)	Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of whi preparer has any knowledge Sign Here ****** 2016-07-22 Date ERICA SACCOIA SVP-FINANCE	Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, employsional fundraising fees (Part I indraising expenses (Part IX, column (A expenses Add lines 13–17 (mexpenses Add lines Ad	Inne 2g)	e Prio	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001 23,312,030 42,032,632 -3,263,336	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494 2,941,163
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of whi preparer has any knowledge Sign Here ****** 2016-07-22 Date ERICA SACCOIA SVP-FINANCE	Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, emploisional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines is setts (Part X, line 16)	Inne 2g)	e Beginning o	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001 23,312,030 42,032,632 -3,263,336 of Current Year	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494 2,941,163 End of Year 101,881,720
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of whip preparer has any knowledge Sign Here ERICA SACCOIA SVP-FINANCE	Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, emploisional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (male less expenses Subtract lines is sets (Part X, line 16)	Inne 2g)	e Beginning o	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001 23,312,030 42,032,632 -3,263,336 of Current Year	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494 2,941,163 End of Year 101,881,720 24,944,478
Sign Here ERICA SACCOIA SVP-FINANCE	Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, colum (A evenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, emploisional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines is sets (Part X, line 16)	Inne 2g)	e Beginning o	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001 23,312,030 42,032,632 -3,263,336 of Current Year	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494 2,941,163 End of Year 101,881,720 24,944,478
Sign Here ERICA SACCOIA SVP-FINANCE Date Date	Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Net as Sign alties of dge and	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, colum (A evenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, emploisional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines (Part X, line 16)	Inne 2g)	Beginning o	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001 23,312,030 42,032,632 -3,263,336 of Current Year 101,223,691 22,514,467 78,709,224	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494 2,941,163 End of Year 101,881,720 24,944,478 76,937,242
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Print/Type preparer's name Preparer's signature Date Check if PTIN P00847851	Signature of the second of the	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er pena nowled arer ha	Progra Invest Other Total 12) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total of Sign alties of dge and of as any ki	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A evenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, emploisional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines (Part X, line 16)	Inne 2g)	Beginning of the state of the s	1,868,238 15,442,998 1,841,696 19,616,364 38,769,296 97,900 0 18,578,701 44,001 23,312,030 42,032,632 -3,263,336 6 Current Year 101,223,691 22,514,467 78,709,224	Current Year 2,126,428 17,745,295 6,800,305 19,121,629 45,793,657 178,500 0 18,687,446 54,758 23,931,790 42,852,494 2,941,163 End of Year 101,881,720 24,944,478 76,937,242

Firm's name F GRANT THORNTON

Firm's address ► 2010 CORPORATE RIDGE SUITE 400

MCLEAN, VA 22102 May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

. ✓ Yes ☐ No

Firm's EIN 🕨

Phone no (703) 847-7500

Form	1 990 (2015)					Page	<u> 2</u>
Par		of Program Servi	_		I		-
1		organization's mission					
SEE	SCHEDULE O						
SEE SCHEDULE O							_
2				ervices during the year v	which were not listed on	⊤Yes ▼No	
	If "Yes," describe th	ese new services on S	chedule O				
3		cease conducting, or n		nt changes in how it cond	ducts, any program	⊤Yes ▼No	
	If "Yes," describe th	ese changes on Sched	ule O				
4	expenses Section 5) organization:	s are required to report t	e largest program services, the amount of grants and allo		
4a	(Code SEE SCHEDULE O) (Expenses \$	37,886,687	ıncludıng grants of \$	178,500) (Revenue \$	17,745,295)	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
							_
							_
							_
	_						_
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
							_
	-						_
	-						_
							_
<u></u>	0.44						_
4d	Other program serv (Expenses \$	vices (Describe in Sche incl	edule O) udıng grants o	f\$) (Revenue \$)	
4e	Total program serv	ice expenses 🕨	37,886,687	,			_
	3		,,				_

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		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 \Box	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	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
	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	
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Νo

20a

20b

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
a	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,			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	28b		No
	an officer, director, trustee, or direct or indirect 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? If "Yes," complete Schedule M	30		Νo
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		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 11b and 19?	38	Yes	

	990 (2015)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of flote to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 260		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
		-55	103	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ▶BF, BD, CJ, EI			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities ————————————————————————————————————			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .

Νo

14a

14b

Part VI	Governance.	, Management,	and	Disclosure
	OUT CHILDREN	,	~	D10010041

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

Se	ction A. Governing Body and Management	•		~
<u> </u>	and a covering body and ranagement		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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 purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► AL , AK , AR , CA , CO , CT , DC , FL , C ME , MD , MA , MN , MS , MO , NH , NJ OK , PA , RI , SC , TN , UT , VA , WA , N	, NY , I	NC , ND	

- 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 of Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►ERICA SACCOIA SVP-FINANCE 421 AVIATION WAY Frederick, MD 21701 (301) 695-2000

Part VII

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

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

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

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

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

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

	(F)							(5)	(F)	(F)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM C TRIMBLE III CHAIRMAN	1 0	х		х				0	0	0
(2) LUKE R WIPPLER TRUSTEE	1 0	х						0	0	0
(3) HERMAN NEEL HIPP JR TRUSTEE	1 0	х						0	0	0
(4) MATTHEW J DESCH TRUSTEE	1 0	х						0	0	0
(5) BURGESS H HAMLET III TRUSTEE	1 0	х						0	0	0
(6) DARRELL W CRATE VICE CHAIRMAN	1 0	х		х				0	0	0
(7) LAWRENCE D BUHL III TRUSTEE	1 0	х						0	0	0
(8) JAMES G TUTHILL JR TRUSTEE	1 0	х						0	0	0
(9) MARK BAKER PRESIDENT/CEO	40 0	х		х				930,410	0	30,051
(10) AMANDA C FARNSWORTH TRUSTEE	1 0	х						0	0	0
(11) JAMES N HAUSLEIN TREASURER	1 0	х		х				0	0	0
(12) PAUL C HEINTZ TRUSTEE (TERM ENDED SEPT 2015)	1 0	х						0	0	0
(13) KENNETH M MEAD EVP/GENERAL COUNSEL	40 0			х				504,253	0	22,626
(14) ERICA J SACCOIA SVP-FINANCE	40 0			х				317,734	0	18,387
										Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	one bot rect	not box h ar or/tr	check, unle n office rustee	ess er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of othe compensation from the organization and related	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
(15) TIMOTHY J FORTUNE	40 0			×				449,868		25,927
Chief Administrative Officer	10 0			Ĺ						29,32.
(16) MELISSA K RUDINGER	40 0					x		208,250		22,410
VP GOVERNMENT AFFAIRS	40.0				_					
(17) THOMAS HAINESSVP - MEDIA	40 0					x		280,661		26,635
(18) KATIE PRIBYL	40 0									
SVP-COMMUNICATIONS						×		246,452	9	20,620
(19) JAMES COON	40 0					, , , , , , , , , , , , , , , , , , ,		400 274		22.402
SVP-GOVERNMENT AFFAIRS						X		408,271	1	22,492
(20) CRAIG SPENCE VP-OPERATIONS/INTN'L AFFAIRS	40 0					х		211,322	(20,254
1b Sub-Total	VII, Section A				*			3,557,221	0	209,402

\$100,000 of reportable compensation from the organization > 36

			Yes	N
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		N
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
-	Magazine Paper	819,382
Mach2 MGT Inc, 160 School Street VICTOR, NY 14564	Event Management	480,180
Quad Graphics Inc, 75 Remittance Drive CHICAGO, IL 60675	Magazıne Prıntıng	1,048,998
Orison Curpier Co, 73 Main Street COOPERSTOWN, NY 13326	Ad Commissions	1,156,988
VALTIM INCORPORATED, PO Box 114 FOREST, VA 24551	Fulfıllment	463,454

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 🕨 22

Part V	100	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
ons, Giffs, Grants Similar Amounts	С	Fundraising eve	ents 1c					
ft. FA	d	Related organiz	zations 1d	1,845,759				
:5 :E	e	Government grants						
Sin		_		200.660				
草草	f	similar amounts no	ons, gifts, grants, and 1f ot included above	280,669				
들ㅎ	g	Noncash contribute 1a-1f \$	ons included in lines					
Contributic and Other	h	Total. Add lines	s 1 a - 1 f		2,126,428			
0				Business Code				
Ξe	2a	MEMBERSHIP DUE:	S	900099	17,110,962	17,110,962		
9 <u>.</u>	ь	AIRPORT DIRECTO		900099	245,335	245,335		
ğ. Œ	С	AOPA FLY-IN'S		900099	388,998	388,998		
¥	d				,	,		
Program Serwce Revenue	e							
er Pa	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		17,745,295			
	3		ome (including dividen					
		and other simil	aramounts)		372,110			372,110
	4		stment of tax-exempt bond	proceeds	5,989,669			5,989,669
	5	Royallies	(ı) Real	(II) Personal	3,303,003			3,303,003
	6a	Gross rents	330,970	(II) I CISOIIII				
		Less rental	519,730					
	b	expenses	,					
	С	Rental income or (loss)	-188,760	0				
	d	Net rental inco	me or (loss)		-188,760			-188,760
	7a	Gross amount	(ı) Securities	(II) O ther				
	74	from sales of assets other than inventory	56,730,104					
	ь	Less cost or other basis and sales expenses	50,301,909					
	С	Gain or (loss)	6,428,195		6,428,195			6,428,195
anne	d 8a	Net gain or (los Gross income f events (not inc	rom fundraising		0,420,133			0,420,133
Other Revenue		s of contributions See Part IV , lin	reported on line 1c)					
돌	ь	Less direct ex	penses b					
-	С	Net income or ((loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С	Net income or ((loss) from gaming acti	vities	0			
	10a	Gross sales of						
		returns and allo	owances . a	11,809				
	b	Less cost of g	oods sold b					
	С	_	(loss) from sales of inv	entory 🛌	11,809	11,702	107	
		Miscellaneous	s Revenue	Business Code				
		COST SHARIN		900099	5,352,254			5,352,254
	b	ADVERTISING	SINCOME	511190	7,956,619		7,956,619	
	С	OTHER		900099	38			38
	d		ue	_				
	е		s 11a-11d	•	13,308,911			
	12	Total revenue.	See Instructions .	· · · · •	45,793,657	17,756,997	7,956,726	17,953,506

Part IX Statement of Functional Expenses

Part	Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiz	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			<u></u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	178,500	178,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
5	Compensation of current officers, directors, trustees, and key employees	3,766,623	3,638,898	127,725	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	3,030,030	121,723	
7	Other salaries and wages	11,655,034	10,184,632	1,470,342	60
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,201,463	1,201,463		
9	Other employee benefits	465,378	446,824	18,554	
10	Payroll taxes	1,598,948	1,242,325	356,612	11
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	315,910	261,891	54,019	
c	Accounting	289,429	270,471	18,958	
d	Lobbying	93,750	93,750		
e	Professional fundraising services See Part IV, line 17	54,758			54,758
f	Investment management fees	303,472	303,472		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,109,641	4,009,676	99,965	
12	Advertising and promotion	818,423	818,226	197	
13	Office expenses	1,005,358	651,391	353,967	
14	Information technology	1,543,960	689,552	854,408	
15	Royalties	0			
16	Occupancy	686,527	97,359	589,168	
17	Travel	1,836,896	1,800,840	36,056	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,031,887	1,029,359	2,528	
20	Interest	201,515	183,210	18,305	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,073,793	1,603,236	470,557	
23	Insurance	380,941	349,868	31,073	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINT/MAIL/POSTAGE/PREMIUM	3,490,313	3,358,280	19,719	112,314
b	MAGAZINE PRODUCTION	1,580,424	1,580,424		
c	RENTALS	862,695	731,584	131,111	
d	DUES, LICENSES & SUBSCRIPTIONS	754,818	737,810	17,008	
e	All other expenses	2,552,038	2,423,646	128,392	
25	Total functional expenses. Add lines 1 through 24e	42,852,494	37,886,687	4,798,664	167,143
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X▽ (A) (B) End of year Beginning of year 1 3,012,475 1,277,702 Cash-non-interest-bearing 1 2 Savings and temporary cash investments . . 0 2 0 3 3 0 Pledges and grants receivable, net . . . 2,096,580 1,551,028 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 0 6 0 Notes and loans receivable, net 0 7 0 7 0 0 8 8 Inventories for sale or use 9 1,497,787 9 1,437,801 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis 10a 29,723,332 Complete Part VI of Schedule D 10a 10b 16.087.150 10.709.209 10c 13,636,182 b Less accumulated depreciation . 45.945.630 25.720.197 11 11 23,318,188 47, 199, 416 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . 14 5,280,835 14 5,280,835 9,362,987 5,778,559 15 15 Other assets See Part IV, line 11 101,223,691 Total assets.Add lines 1 through 15 (must equal line 34) . . 16 101,881,720 16 3.648.767 **17** 3.681.774 17 Accounts payable and accrued expenses . 18 18 0 Grants payable 13,593,259 13,624,098 19 19 20 Tax-exempt bond liabilities 20 0 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Ω 22 Ω 23 3,261,948 23 5,612,807 Secured mortgages and notes payable to unrelated third parties . . 24 0 24 0 Unsecured notes and loans payable to unrelated third parties 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 D 2,010,493 25 2,025,799 . 22.514.467 24.944.478 26 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 78.709.224 76.937.242 27 Unrestricted net assets 28 28 Temporarily restricted net assets 0 29 0 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶

and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 78,709,224 76,937,242 Total net assets or fund balances . 33 Total liabilities and net assets/fund balances 101.223.691 34 101,881,720

	Department of Not Accele			<u>'</u>	age =
Pal	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				┎
	eneck in schedule of contains a response of note to any line in this fare XI	$\dot{ o}$	<u> </u>		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		45,7	793,65
2	Total expenses (must equal Part IX, column (A), line 25)	2		42,8	352,49
3	Revenue less expenses Subtract line 2 from line 1	3		2,9	941,16
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		78.7	709,22
5	Net unrealized gains (losses) on investments	5			113,14
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		76,9	937,24
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	 -		<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	ite			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493208010796

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

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. www.irs.gov/form990.

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

	e organization is & Pilots Association	Employer identification number
		52-0636210
Part I-A	Complete if the organization is exempt under section 501(c) or is a	section 527 organization.
1 Provid 2	e a description of the organization's direct and indirect political campaign activities in Pai	tIV
Political exp	enditures	
•		\$
3		¥
v olunteer no	urs	
v olunteer no	urs	
	Complete if the organization is exempt under section 501(c)(3).	
Part I-B		\$
Part I-B 1 Entert	Complete if the organization is exempt under section 501(c)(3).	\$ \$
Part I-B 1 Enter t 2 Enter t	Complete if the organization is exempt under section 501(c)(3). he amount of any excise tax incurred by the organization under section 4955	\$\$ \$
 Enter t Enter t 	Complete if the organization is exempt under section 501(c)(3). the amount of any excise tax incurred by the organization under section 4955 the amount of any excise tax incurred by organization managers under section 4955	\$\$ \$\$

•	165 110						
b	b If "Yes," describe in Part IV						
ar	ort I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).						
L	Enter the amount directly expended by the filing organization for sect ▶	tion 527 exempt function activities \$					
2	2						
	nter the amount of the filing organization's funds contributed to other orga xempt function activities	inizations for section 527					
•	▶						
		\$	_				
3	Total exempt function expenditures Add lines 1 and 2 Enter here an	nd on Form 1120-POL, line 17b \$					
ı	1						
. d +	id the filing organization file Form 1120-DOL for this year?						

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

5	Enter the	names,	addı

┌ Yes ┌ No

lresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) 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-
2				
3				
4				
5				
6				

or Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.	Cat No 50084S	Schedule C (Form 990 or 990-EZ) 2
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	Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C	o (i Oilticai Campa	aigii Activities	5), 111
	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			
	e organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4			
	Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete F		•	
	Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Comp		•	
	e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate ins	tructions) or For	m 990-EZ, Paı	rt V,
	35c (Proxy Tax) (see separate instructions), then			
	Section 501(c)(4), (5), or (6) organizations Complete Part III			
	me of the organization craft Owners & Pilots Association	Employer identific	cation number	•
AllC	and Owners & Filous Association	52-0636210		
ar	t I-A Complete if the organization is exempt under section 501(c) or is a		ganization	
	- · · · · · · · · · · · · · · · · · · ·		<u></u>	
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	rt IV		
2				
olıt	cical expenditures			
•				
		\$ _		
3				
olu	inteer hours			
		_		
ar	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	\$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		□ Yes □	No
-			, ,	
4a				
/as	a correction made?			

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther 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	20% of the amount on line 1e
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 \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	filed Form 5768 (election under section 501(h)).	(a)	(b)
For each "Yes" r activity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
a 'olunteers?			
b Paid stat	for management (include compensation in expenses reported on lines 1c through 1i)?		J
c 1edıa advertıs	ements?		
	<u> </u>		
d 1aılıngs to me	mbers, legislators, or the public?		
1			
e Publicati	ions, or published or broadcast statements?		
f Grants to	o other organizations for lobbying purposes?		
g Direct co	 ontact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activitie	s?		
	- 		
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912		
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		I
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5).	or section
	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?	[1 Yes
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2 No
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3 No
Part III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
1 Dues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
a Current year			
2a			
b Carryover from	last year		
2b	, (450, 754)		
с			
otal 2c			
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
loes the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4			
5 Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		T. A. I.
	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groctions), and Part II-B, line 1 Also, complete this part for any additional information	oup list), Part I	1-A, lines 1 and
z (see msera	1		

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DLN: 93493208010796

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

nal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.i</u> 1	rs.gov/form990.	Inspection
ame of the orga			Employer identif	ication number
rcraft Owners & Pilo	DIS ASSOCIATION		52-0636210	
		Advised Funds or Other Similar F		its.
Comp	plete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.		
Tatal	har at and of year	(a) Donor advised funds	(b) Funds and o	ther accounts
	ber at end of year			
A ggregate year)	e value of contributions to (during			
Aggregate	e value of grants from (during year)			
Aggregate	value at end of year			
funds are the	e organization's property, subject to	advisors in writing that the assets held in do the organization's exclusive legal control?		┌ Yes ┌ No
		and donor advisors in writing that grant fund: benefit of the donor or donor advisor, or for a		
	permissible private benefit?			┌ Yes ┌ No
rt III Cons	servation Easements. Comple	ete if the organization answered "Yes"	on Form 990, Par	t IV, line 7.
	· · · · · · · · · · · · · · · · · · ·	ne organization (check all that apply)		
	tion of land for public use (e g , recre	· · · · · · · · · · · · · · · · · · ·	n historically import	
Protectio	n of natural habitat	Preservation of a	certified historic str	ructure
☐ Preserva	tion of open space			
	es 2a through 2d if the organization the last day of the tax year	held a qualified conservation contribution in	the form of a conser	vation
	_		Held at 1	the End of the Yea
	r of conservation easements		2a	
-	e restricted by conservation easeme		2b	
	onservation easements on a certified	` ,	2c	
	onservation easements included in (of cture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of co	onservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organization	on during the
tax year 🟲				
Number of st	ates where property subject to cons	ervation easement is located ►		
	anization have a written policy regar nd enforcement of the conservation o	ding the periodic monitoring, inspection, har easements it holds?	ndling of	Yes
Staff and volu year	unteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	cing conservation ea	sements during the
<u> </u>				
	rpenses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conservation easem	ents during the yea
► \$				
	onservation easement reported on li ction 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes
balance shee		ts conservation easements in its revenue ar : of the footnote to the organization's financia isements	•	•
t IIII Orga	nizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	r Assets.
works of art,	historical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, note to its financial statements that describe	, or research in furth	
works of art,		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
i) Revenue ind	cluded on Form 990, Part VIII, line	1	► \$	
	uded in Form 990, Part X		 \$	
	·	historical treasures, or other similar assets 1		
		SFAS 116 (ASC 958) relating to these items		, vide tile

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

b Buildings 4,479,440 6,902,786 7,427,229 3,954,9 c Leasehold improvements 21,459 1,910,086 1,436,194 495,3 e Other 15,184,081 7,223,727 7,960,3	Part	1111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal T	reasure	es, or C	Other Si	milar As	ssets	
b Scholarly research e Other	3			ession, and other reco	ords, ch	neck a					uficant use	e of its	
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parx XIII 5 During the year, did the organization solicit or receive denations of art, historical treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's exempt purpose in Parx XIII 5 During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. 1a is the organization an segnit, fundsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization and segnit, fundsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization and segnit, fundsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization and segnity for exemption of the asset in the part XIII and complete the following table: 1a is the organization during the year. 2 Distributions during the year. 2 Distributions during the year. 3 If "Yes," explain the arrangement in Part XIII check here if the explanation has been provided in Part XIII. 4 Part Y is "Rodowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2 Part Y is "Rodowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 3 Answertment earnings, gains, and losses 4 Ginnts or scholarships. 5 Contributions. 5 Rot investment earnings, gains, and losses 6 Ginnts or scholarships. 6 Other expenditures for facilities and organizations into the propagation of the organization with the region of the organizations. 7 Part Y I I I I I I I I I I I I I I I I I I	а	ГР	ublic exhibition		d		Loan	or exchar	nge prog	rams			
part XII Secretary to the organization's collections and explain how they further the organization's exempt purpose in Part XII Source No. Source Part XII Secretary Part XII Source Part XII Part XII Source Part XII Part	b	┌ s	cholarly research		е	Γ	Othe	r					
Part XIII South by ear, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? Part XIV Excow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part XV, line 21. Is is the organization an agent, tristee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Is it be organization an agent, tristee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Is it be organization and great the arrangement in Part XIII and complete the following table. Beginning balance Is it is did Additions during the year Is it is did a support of the organization include an amount on Form 990, Part XV, line 21, for escrower custodial account liability? Tes No If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Fart V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Contributions Contributions Contributions Contributions Administrative expenses of Contributions Administrative expenses of Contributions Administrative expenses of Endowment Funds or the organization with a respect to Form 990, Part IV, line 10. Provide the estimated percentage of the current year end balance (line 1g, column (s)) held as a Board designated or quasi-endowment Funds not in the possession of the organization that are held and administered for the organization by (lip related organizations is tend as required on Schedule R? 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c	ГР	reservation for future generations										
### Part V Endowment Funds cather than to be maintained as part of the organization's collection? Tes No	4			s collections and expl	laın hov	w they	y furth	er the org	anızatıor	ı's exemp	t purpose	ın	
Secrow and Custodial Arrangements. Complete if the organization has been provided in Part IV, line 9, or reported an amount on Form 990. Part IV, line 9, or reported an amount on Form 990. Part IV, line 9, or reported an amount on Form 990. Part IV, line 10. In	5										_ v		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	Dar				s part o	of the	organ	ization's d	collection	17	Yes) No	
b if if Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Chang balance Distributions during the year Ending balance Distributions during the year Ending balance Tending balance Distributions during the year Ending balance Distributions during the year Ending balance Distributions during the year Ending balance Tending balance Distributions during the year Ending balance Tending balance Distributions during the year Ending balance Distributions during the year Ending balance Tending balance Distributions during the year Ending balance Tending balance Distributions during the year Ending balance Tending balance Distributions during the year Ending balance Ending balance Ending balance Tending balance Tending balance (a) Current year (b) From 990, Part IV, line 10. Ending balance Ending balance (a) Current year (b) From year Distributions during the year Endong balance (b) From year be (c) Trom 990, Part IV, line 10. Ending balance Ending balance (b) From year Distributions during the year Endong balance (b) From year be (c) Trom 990, Part IV, line 10. Ending balance Endong balance (b) From year Distributions during the year Distributions during the year Endong balance (d) From year balance during balance during year balance dur		LIV	Complete if the organization a		Form	990,	Part :	[V, line 9	ə, or re _l	oorted a	n amoun	t on For	m 990,
C Additions during the year	1a			todian or other intern	nediary	forc	ontribi	itions or d	other ass	ets not	☐ Yes	┌ No	
Additions during the year 1d	b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fol	lowin	g table	:	÷		Amo	ount	
Ending balance It It It It It It It It	C	Beg	ginning balance						1c				
Ending balance If	d	A d	ditions during the year						1d				
Description include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Dis	tributions during the year						1e				
Part V Endowment Funds. Complete if the organization has been provided in Part XIII Check here if the explanation has been provided in Part XIII Check here if the organization answered "Yes" to Form 990, Part IV, line 10. Interpretation Part XIII Check here if the explanation has been provided in Part XIII Check here if the organization answered "Yes" to Form 990, Part IV, line 10. Interpretation Part XIII Check here if the explanation has been provided in Part XIII Check here if the explanation answered "Yes" to Form 990, Part IV, line 10. Interpretation Part XIII Check here if the explanation has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here if the organization has been provided in Part XIII Check here is been provided in Part XIII Ch	f	End	ding balance						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. For year b (e) From year b (e	2a	Did th	ie organization include an amount oi	n Form 990, Part X, Iı	ne 21,	for es	scrow	or custodi	al accou	nt liability	y ^っ Yes	┌ No	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. For year b (e) From year b (e	b	T f "V o	a " avalain the arrangement in Dart	VIII Chark have if th	a aval	- n - t -		haan nua	udod in I	Dawt VIII			Г
1a Beginning of year balance													•
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Other expenditures for facilities and programs Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ Permanent endowment ▶ C Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (ii) unrelated organizations 5a(ii)													ears back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Begir	nning of year balance										
Grants or scholarships	b	Cont	ributions · · · · · · ·										
the and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii)	c												
and programs f Administrative expenses	d	Gran	ts or scholarships										
per lend of year balance	е												
per lend of year balance	f	• A dmi	nistrative expenses										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization by (i) unrelated organizations													
Board designated or quasi-endowment ► b Permanent endowment ► c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	_			Lurrent vear end halai	nce (lir	ne 1 a	colum	ın (a)) hel	d as		<u>1</u>		
Permanent endowment Permanent endowment Permanent Permane			· -	currence year ena barar	iicc (iii	ic ig,	Colum	iii (a)) iici	u u3				
The percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on lines 2a, 2b, and 2c should equal 100% Sac Percentages on Sac Percenta	_												
The percentages on lines 2a, 2b, and 2c should equal 100% 3a													
Total Tota		•	•	should equal 100%									
Sa(i) Image: Sa(i	За			session of the organi	zatıon	that a	are hel	d and adn	nınıstere	d for the			
Sa(ii) s		_									3a		No
b If "Yes" on 3a(III), are the related organizations listed as required on Schedule R?												_	
Land, Buildings, and Equipment.	b		_								3	b	†
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Cost or other basis (other) Cost or other bas					ndowm	ent fu	ınds						
Cost or other basis (investment)	Par	t VI			orm 0	00 [)art IV	/ lung 11	12 500	Form 00	0 Dart V	luno 10	1
1a Land 640,871 584,609 1,225,4 b Buildings 4,479,440 6,902,786 7,427,229 3,954,9 c Leasehold improvements 21,459 1,910,086 1,436,194 495,3 e Other 15,184,081 7,223,727 7,960,3				niswered res to r	Co	(a st or of	a) ther bas	ıs Cost or	(b) r other bas	Ac	cumulated		
b Buildings 4,479,440 6,902,786 7,427,229 3,954,9 c Leasehold improvements 21,459 1,910,086 1,436,194 495,3 d Equipment 15,184,081 7,223,727 7,960,3		and			+	(111462)		- 		09			1,225,480
c Leasehold improvements 4,479,440 6,902,786 7,427,229 3,954,9 d Equipment 21,459 1,910,086 1,436,194 495,3 e Other 15,184,081 7,223,727 7,960,3					·		3.0,0		231,00				_,,
e Other			·		. -		4,479,4	40	6,902,78	36	7,427,229		3,954,997
	d I	Equipm	·		.		21,4	59	1,910,08	36	1,436,194		495,351
	е (otner							15,184,08	31	7,223,727		7,960,354
	Tota	l. A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, colu	mn (B	3), line	10(c).)					13,636,182

See Form 990, Part X, line 12.			· · · · · · · · · · · · · · · · · · ·
(a) Description of security or categor(including name of security)	ry	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)O ther			
(A) ALTERNATIVE INVESTMENTS		47,199,416	F
	*	47.100.416	
Part VIII Investments—Program Related.		47,199,416	
Complete if the organization answere	ed 'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	tion answered 'Ves' on	Form 990 Part IV line 1	1d See Form 990 Part X June 15
(a) Des	scription	roim 550,1 die IV, ime I	(b) Book value
(1) INVESTMENT IN SUB (NET) (2) REAL ESTATE INVESTMENT			5,779,755 -7,884
(3) DEFERRED TAXES			6,688
Table (Calcord (b) more to and Farm 2000 Part V and (D) to a	- 15 \		5 770 550
Part X Other Liabilities. Complete if the or		d 'Yes' on Form 990, P	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value	<u> </u>	
1. (a) Description of liability	(2) Book value		
Federal income taxes		0	
AIRCRAFT RESERVES	43,	601	
DEFERRED RENT LIABILITY	188,	263	
LIFETIME MEMBERSHIP LIABILITY	1,793,	935	
	1,,,,,,,,		
		\dashv	
		\blacksquare	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 2,025,	799	
2. Liability for uncertain tax positions. In Part XIII, prov	<u> </u>		financial statements that reports the

Part		Revenue per Audited Financial Stat Inization answered 'Yes' on Form 990, F		oer Retur	n
1		er support per audited financial statements		1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses)	on investments	2a		
b	Donated services and use of	facilities	2b		
c	Recoveries of prior year gran	ts	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d .			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line	12)	5	
Part		expenses per Audited Financial Sta Inization answered 'Yes' on Form 990, F		s per Ret	urn.
1		er audited financial statements		1	
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25			
а	Donated services and use of	facilities	2a		
b	Prior year adjustments .		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d .			2e	
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, lir	ne 18)	5	
Part	XIII Supplemental In	formation			
Part \	de the descriptions required fo / , line 4 , Part X, line 2 , Part X nation	r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and	and 4, Part IV, lines 1b and 2l 4b Also complete this part to	o, provide an	y addıtıonal
	Return Reference	Explanation			
	FOOTNOTE - SCHEDULE D, <, LINE 2	The Association follows guidance that clar or expected to be taken in a tax return, inc and measurement. This guidance provides be recognized in the financial statements if the position were to be challenged by a tax solely on the technical merits of the position be challenged.	luding issues relating to finang that the tax effects from an ur f the position is "more-likely-t ang authority The assessmen	cial statemencertain tax han-not" to t of the tax	position can only be sustained if position is based

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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As Filed Data -

DLN: 93493208010796

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Aircraft Owners & Pilots Association

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

Open to Public **Inspection**

Employer identification number

52-0636210

Pa	rt I General Informatio Complete if the organ				14b.		
1	For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	antees' eligibil	lity for the gra	nts or assistance, and	the selection criteria	┌ Yes ┌ No	
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.						
3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)							
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1	Central America and the Caribbean			Investments		32,429,020	
(2	Europe (Including Iceland and Greenland)			Investments		2,224,976	
(3							
(4)						
(5)						
	Sub-total Total from continuation sheets to Part I					34,653,996	
	Totals (add lines 3a and 3b)					34,653,996	
For F	aperwork Reduction Act Notice, see	the Instructions	tor Form 990.	Cat	No 50082W Schedu	le F (Form 990) 2015	

Schedule F (Form 990) 2015

_		(b) IRS code		(d) Purpose of	t IV, line 15, for an	(f) Manner of	(g) A mount	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(e) region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, othe
(1)								
(2)								
(3)								
(4)								
2					recognized as charit ovided a section 501				
3	Enter total nu	mber of other or	ganızatıons or ent	ities					

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

Part III can be	<u>duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					,		
(2)		+			1		1
(3)		1	·		'		
(4)		+			+		1
(5)		+ +			†		
(6)		+			†		1
(7)		+			†		1
(8)		+ +			<u> </u>		
(9)		+ + +					1
(10)		+ +	·		<u> </u>		
(11)		+ + +			1		
(12)		+ + +					
(13)		+ +	·		<u>'</u>		'
(14)		†			1		
(15)		+ + +			1		
(16)		1			1		
(17)					1		
(18)					1		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	▽	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	~	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	্ব	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	দ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u>~</u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>ত</u>	Νo

Schedule F (Form 990) 2015

Additional Data

Software ID: **Software Version:**

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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OMB No 1545-0047

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SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Aircraft Owners & Pilots Association

Department of the Treasury Internal Revenue Service

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

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Employer identification number

								52-0636210		
Pa	_	ctivities.Comple ers are not requir		_			on Form	າ 990, Part IV	, line 17.	
1	Indicate whether the orga	anızatıon raised fund	ds through	anv of th	e follo	wing activities C	heck all t	hat apply		
а	Mail solicitations									
b	✓ Internet and email so									
c	Phone solicitations		g Special fundraising events							
d	_	าร		·		•	J			
2a	Did the organization have or key employees listed i services?	e a written or oral ag n Form 990, Part V	reement v II) or enti	with any ir ty in conr	ndıvıdı nectior	ial (including offic i with professiona	ers, direc I fundrais	tors, trustees ing V Ye	s No	
b	If "Yes," list the ten high to be compensated at lea				ısers)	pursuant to agree	ements ur	nder which the fu	ındraiser is	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?		Gross receipts om activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No						
1	Allegiance Creative Group	Advisor		No				54,758		
2										
3										
4										
5										
6										
7										
8										
9										
10										
Tot	al		1	 				54,758		
				F			<u> </u>	·		
3	List all states in which the	organization is regi:	stered or I	licensed t	o solic	it contributions o	r has bee	n notified it is e	xempt from	

registration or licensing

Schedule G	(Form 990 or 990-E2) 2015 Pag
Part II	Fundraising Events.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
	fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
	receipts greater than \$5,000

	receipts greater than \$5,000	-			
		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
ф.					
Revenue	1 Gross receipts				
_	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
မှာ	6 Rent/facility costs				
Expenses	7 Food and beverages				
ă	8 Entertainment				
Direct	9 Other direct expenses				
à	10 Direct expense summary Add lines 4	through 9 ın column (c	1)		
	11 Net income summary Subtract line 1	0 from line 3, column (d	i)		
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Revenue		(a) Bıngo	(b)P ull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
- Se	2 Cash prizes				
bens:	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>a</u>					
	5 Other direct expenses	_		_	
	6 Volunteerlabor		│		
	7 Direct expense summary Add lines :	2 through 5 in column (1)		_
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)	<u> ▶</u>	
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				□ Yes □No
b	If "No," explain				
10a	Were any of the organization's gaming l				「Yes 「No
b	If "Yes," explain				
					J

11	Does the organization conduct	gaming activities with nonme	mbers?	□Yes □No
12	Is the organization a grantor, b	eneficiary or trustee of a trus	t or a member of a partnership or other entity	
	formed to administer charitable	e gamıng?		┌Yes ┌No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility		1	L3a %
b	An outside facility			L3b %
14	Enter the name and address of	the person who prepares the	organization's gaming/special events books and	d records
12 13 a b 14 15a c	Name 🟲			
	Address 🟲			
15a			n whom the organization receives gaming	
	revenue?			┌Yes ┌No
ь	If "Yes," enter the amount of ga	aming revenue received by th	e organization 🟲 \$ and t	
	amount of gaming revenue reta			
c	If "Yes," enter name and addre			
	11 Too, enter hame and addre	oo or the tima party		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	J			
	Name 🟲			
	Gaming manager compensation	n 🟲 \$		
	Description of services provide	ed		
	Director/officer	☐ Employee	☐ Independent contractor	
17	Mandatory distributions			
а	Is the organization required un	der state law to make charital	ble distributions from the gaming proceeds to	
	retain the state gaming license			ΓYes ΓNο
ь	Enter the amount of distribution	ns required under state law di	stributed to other exempt organizations or spen	it
	ın the organization's own exem	pt activities during the tax ye	ar 🕨 💲	
Pai		10b, 15b, 15c, 16, and 17	planations required by Part I, line 2b, colub, as applicable. Also complete this part t	
	Return Reference		Explanation	
	I, Line 2(b)(1) giance Creative		Group was not a fundraiser for AOPA Allegianco dvice pertaining to AOPA membership notices	e Creative Group was hired to

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Schedule I

DLN: 93493208010796OMB No 1545-0047

2015

Open to Public Inspection

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

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Aircraft Owners & Pilots Association

Employer identification number 52-0636210

Part I General Information	on Grants and	Assistance				•	
Does the organization maintain re the selection criteria used to awa Describe in Part IV the organizat	ird the grants or ass	sistance?				tance, and	√Yes 「N
Part III Grants and Other Assistan that received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
·							

Enter total number of other organizations listed in the line 1 table.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
(1) Flight Training Scholarships	25	68,500							
(2) AV8RS Scholarships	5	110,000							
Part IV Supplemental Inform	ation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.				
Return Reference Explan	ation								
Part I, Line 2 Flight Training Scholarships The scholarship rules require the recipient(s) to be (a)U S citizen (b)at least 16 years of age (c)current AOPA member (d)hold a current FAA student pilot certificate and not have completed the FAA practical test/checkride. The money is to be used for flight training									

art I, Line 2

Flight Training Scholarships The scholarship rules require the recipient(s) to be (a)U S citizen (b)at least 16 years of age (c)current AOPA member (d)hold a current FAA student pilot certificate and not have completed the FAA practical test/checkride. The money is to be used for flight training expenses and if the money is not used for that purpose to be returned to AOPA. AV8RS Scholarships. The applicants must meet the following criteria 1)Be current AOPA AV8R member 2)U.S. Citizen 3)Parent approval if under 18 years of age 4)Students be in good standing with their respective schools 5)All awards will be sent directly to approved schools 6)All current members of AOPA. AV8RS pursuing an aviation related goal including a Primary pilot's certificate b. Study in an aviation/areospace field through an accredited aviation program at a college/university, technical school or aviation academy. C. Attendance at an aviation or aerospace camp.

Schedule I (Form 990) 2015

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DLN: 93493208010796

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

2015

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization Aircraft Owners & Pilots Association

52-0636210 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel 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) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract 굣 Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III Yes If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) (iii) other deferred benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990			
1 KENNETH M MEAD EVP/GENERAL COUNSEL	(i)	385,289	105,511	13,453 	20,008	2,618 	526,879 	
2 ERICA J SACCOIA SVP-FINANCE	(ii) (i)	200,423	38,911	78,400	16,601	1,786	336,121	
	(ii)							
3 MELISSA K RUDINGER VP GOVERNMENT AFFAIRS	(i)	182,156	16,138	9,956 	14,677 	7,733 	230,660	
	(ii)							
4 TIMOTHY J FORTUNE Chief Administrative Officer	(i)	272,045 	73,539 	104,284	20,008	5,919 	475,795 	
	(ii)							
5 THOMAS HAINES SVP - MEDIA	(i)	218,619	50,711	11,331	18,203	8,432	307,296	
	(ii)							
6 MARK BAKER PRESIDENT/CEO	(i)	609,233	307,500	13,677	20,008	10,043	960,461	
	(ii)							
7 KATIE PRIBYL SVP-COMMUNICATIONS	(i)	197,731 	46,450 	2,271	16,516 	4,104 	267,072 	
	(ii)							
8 JAMES COON SVP-GOVERNMENT AFFAIRS	(i)	337,298	66,011	4,962 	20,008	2,484	430,763	
	(ii)							
9 CRAIG SPENCE VP-OPERATIONS/INTN'L	(i)	183,623	 17,694	10,005	14,779	5,475	231,576	
AFFAIRS	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	Certain directors and officers received first class air travel, travel for companions as well as tax indemnification payments. It is the Organization's policy to treat the above items as taxable compensation and report the applicable amounts to the IRS on Form W-2 or Form 1099-Misc. for the applicable tax year.
Part I, Line 3	THE COMPENSATION LEVELS AND SALARY RANGES FOR OFFICERS AND CERTAIN EMPLOYEES OF THE ORGANIZATION ARE ESTABLISHED BASED ON COMPETITIVE MARKET DATA OBTAINED THROUGH PERIODIC SALARY SURVEYS PERFORMED BY OUTSIDE COMPENSATION EXPERTS ENGAGED BY THE ORGANIZATION THESE INDEPENDENT SURVEYS PROVIDE GUIDANCE FOR ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY ALL POSITIONS ARE EVALUATED AND PLACED IN THE APPROPRIATE GRADES/SALARY RANGES AN INDIVIDUAL EMPLOYEE'S SALARY, WITHIN THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND PERFORMANCE THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE" PHILOSOPHY ALLOWING MANAGERS TO AWARD MERIT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS THE ORGANIZATION'S ANNUAL MERIT INCREASE BUDGET IS APPROVED BY THE BOARD OF TRUSTEES BASED ON MARKET SURVEYS OFFICERS AND CERTAIN EMPLOYEES ALSO PARTICIPATE IN THE ORGANIZATION'S INCENTIVE PAY PROGRAM
Part I, Line 7	TARGET INCENTIVE AMOUNTS, AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED BASED ON THE PARTICIPANT'S POSITION THE ACTUAL BONUS PAID IS PROPOSED BY THE EXECUTIVE MANAGEMENT TEAM AND THE PRESIDENT BASED ON THEIR ASSESSMENT OF THE PARTICIPANT'S INDIVIDUAL PERFORMANCE AND THAT OF THE ORGANIZATION AGAINST PRE-ESTABLISHED GOALS THE BOARD OF TRUSTEES AND COMPENSATION COMMITTEE REVIEW AND MAKE A FINAL DETERMINATION AS TO THE ACTUAL BONUS AMOUNT PAID TO PARTICIPANTS NONE OF THE PERSONS MENTIONED ABOVE PARTICIPATE IN THE DELIBERATION OF THEIR COMPENSATION ARRANGEMENT THE DELIBERATIONS AND DECISIONS OF THESE COMPENSATION ARRANGEMENTS ARE MAINTAINED IN CONTEMPORANEOUS DOCUMENTATION WITH OUR HUMAN RESOURCES DEPARTMENT
Part I, Line 8	THE PRESIDENT/CEO IS PAID PURSUANT TO A BOARD APPROVED EMPLOYMENT CONTRACT THAT WAS BASED ON COMPETITIVE MARKET DATA FROM OUTSIDE COMPENSATION EXPERTS
Part II	There were several individuals listed on Schedule J, Part II whose compensation and/or benefits changed due to the following Mark Baker received a full year bonus in 2015 compared to partial year in 2014

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

Form 990, Schedule J, Pa	<u>ırt I</u>	.I - Officers, Direc	tors, Trustees, Ke	≥y Employees, and	I Highest Compens	sated Employees	<u>غ</u>	
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits		column (B)
		Base Compensation	Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
1KENNETH M MEAD EVP/GENERAL COUNSEL	(1)		105,511	13,453	20,008	2,618	526,879	
1ERICA J SACCOIA SVP-FINANCE	(I)		38,911	78,400	16,601	1,786	336,121	
2MELISSA K RUDINGER VP GOVERNMENT AFFAIRS	(1)) 182,156	16,138	9,956	14,677	7,733	230,660	
3TIMOTHY J FORTUNE Chief Administrative Officer	(11)		73,539	104,284	20,008	5,919	475,795	,
4THOMAS HAINES	(11)		-	-	-	<u>-</u>		-
SVP - MEDIA	(1) (11)		50,711	11,331	18,203	8,432 	2 307,296	
5MARK BAKER PRESIDENT/CEO	(I) (II)		307,500	13,677	20,008	10,043	960,461	
6KATIE PRIBYL SVP-COMMUNICATIONS	(I) (II)		46,450	2,271	16,516	4,104	267,072	
7JAMES COON SVP-GOVERNMENT AFFAIRS	(I) (II)		66,011	4,962	20,008	2,484	430,763	
8CRAIG SPENCE VP-OPERATIONS/INTN'L AFFAIRS	(1)		17,694	10,005	14,779	5,475	231,576	

DLN: 93493208010796

Schedule L

(Form 990 or 990-EZ)

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, line 38a or 40b.

Department of the Treasury

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

Open to Public Inspection

OMB No 1545-0047

Aircraft Owners &											fication	n number	•
												4.0.1	
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization (c) D transaction (c)					ected?								
1 (4) (14)	ne or arsquarii	icu pc	.13011	(b) Kei	•	-	nea person an	"	-	saction		Yes	No
												e 40b (d) Corre Yes or If the (i)Writ	
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2 Ftth												I	
	amount of tax									section > \$			
	amount of tax									-			
5 Enter the	amount or tax,	, ii uii,	y, on mic 2,	, above, ren	inbursed by the	ne organizacio	,,,,	<u> </u>	•	- Ψ			
Part II Lo													
							line 38a, or F	orm 99	0, Pai	t IV, lır	ıe 26, o	r ıf the	
or	ganization rep	ortea	an amount	on Form 95	90, Part X, IIn	e 5, 6, or 22							
(a) Name of	(b) Relationship (c)		(d) Loan	(d) Loan to (e)Ori-		(f)Balance	(g) In		(h		(i)Wri	tten	
interested			Purpose of	or from the			due	default?		Appro		agreement?	
			ı loan l			amount				by board or committee?			
			 	T0	From	1		Vac	No	Yes	No	Ves	No
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					(C) Amount	. OI assistance	e (u) Type	01 0551	Stallt		Fulpos	e 01 a551	istalic
			organiza	tıon									
										_			

(a) Name of Interested person	ation answered "Yes" on F (b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sh	_
	organization			reven	
				Yes	No
(1) Mark Baker Baker Planes LLC	President/aircraft rental	106,089	aircraft rental		No
_					

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
. ,	When appropriate, AOPA utilizes employee-owned aircraft for business purposes. Reimbursement for fuel & operating costs are based on industry determined rates dependent on type of aircraft. These types of arrangements are documented on contracts and help minimize the on-going costs of maintaining an organization owned fleet.

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493208010796

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
Aircraft Owners & Pilots Association	
	52-0636210

Return Reference	Explanation
Part III, LINE 1	AIRCRAFT OWNERS & PILOTS ASSOCIATION (AOPA), A NOT-FOR-PROFIT INDIVIDUAL MEMBERSHIP ORGANIZATION, EFFECTIVELY SERVES THE INTERESTS AND NEEDS OF ITS MEMBERS AND ESTABLISHES, MAINTAINS, AND ARTICULATES POSITION OF LEADERSHIP TO PROMOTE THE ECONOMY, SAFETY, UTILITY AND POPULARITY OF FLIGHT IN GENERAL AVIATION AIRCRAFT AOPA PRESERVES THE FREEDOM TO FLY BY ADVOCATING ON BEHALF OF OUR MEMBERS, EDUCATING PILOTS, NONPILOTS, AND POLICY MAKERS ALIKE, SUPPORTING ACTIVITIES THAT ENSURE THE LONG-TERM HEALTH OF GENERAL AVIATION, FIGHTING TO KEEP GENERAL AVIATION ACCESSIBLE TO ALL, AND SECURING SUFFICIENT RESOURCES TO ENSURE OUR SUCCESS

For til LINE General avvistor piblist throughout the United States rely on the Aircraft Owners and Picts Association (AOPA) to protect their freedom to fill, as the worlds bitgest avvistor membre association, AOPA advocates for the interests of general valvation piblish and all levels of government, rowdes file information piblish need to get the most from their filling, and a farceable AOPA also is nearbed beyond the fyling community for the piblish and all levels of government, rowdes fill and an avvision of the piblish and all levels of government on the piblish and all levels of government of the piblish and all levels of government of the piblish and avvision of the piblish and all levels of the piblish and ale	Return	Explanation
pilots a way to return to flying in a matter of hours through a	Reference Part III, LINE	central system plots throughout the United States rely on the Aircraft Contract and Plots Association (ACPA) to protect than feedborn fly. At the vorteb largest avaitant member association. ACPA advancation for the insertion of general avaitant plots is at levels of government, provides the information plots are all levels of government provides in the information plots are all levels of government provides in the information plots are all levels of government provides the information of the public about the value and fully go general avaitant on ACPA who have free for only our members, to all about the public about the value and fully gogernal avaitant on ACPA who where the formation or management and a community by helping to ensure that GA remans a vitaria and value form of transportation and recreation for generations to once A1 the assist member. ACPA provides its members with an extrainse profition of pending that can be losely grouped into five areas advicacy, plot community development, education, events, and products and services. Advicacy in order to effectively arrange the many issues that affect general avaitant, ACPA as advicacy, and solved in groups responsible for legislative affairs, regulatory affairs, operations and international affairs, and aproves and state advicacy. Each of these groups were vita within the own area of expertise while coordinating across the entire advicacy from the groups are provided to the provided avaitant of the service and advicacy and the service and advicacy across the service and advicacy and across the entire that areas and a provided and across the entire that areas and advicacy and across the entire across the service and advicacy and across the entire across the service and advicacy and across the entire across the government of the general avaitant of the service and advicacy and across the service of the service and advicacy and across the service of the service of the service and advicacy and across the service of the service and advicacy and across the ser

Return Reference	Explanation
Part VI, SECTION A, LINE 2	There are two trustees (Mr Trimble and Mr Crate) who have a business relationship outside of AOPA These two trustees are partners in the same company. Another trustee, James Hauslein, serves on the board of Mr Trimble & Mr Crate's company.

Return Reference	Explanation
PART VI, Section A, Lines 6 and 7a	At the annual meeting of members, AOPA members in good standing are entitled to vote for the AOPA Board of Trustees AOPA members are entitled to one vote. Each member entitled to vote may do so either in person or by proxy

Return Reference	Explanation
PART VI, Section B,	IN CONJUNCTION WITH GRANT THORNTON LLP TAX SPECIALISTS, AOPA MANAGEMENT REVIEWS THE FORM 990
Lines 11a and 11b	WITH THE AUDIT COMMITTEE PRIOR TO PRESENTING THE RETURN TO OUR BOARD OF TRUSTEES FOR REVIEW

Return Reference	Explanation
PART VI, Section B, Line 12c	THE AIRCRAFT OWNERS & PILOTS ASSOCIATION'S BOARD IS PROVIDED A WRITTEN "Code of Ethics, CONFLICT OF INTEREST QUESTIONNAIRE AND DISCLOSURE FORM" ("FORM") THE FORM REQUIRES PERSONS COVERED (OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES) TO ANNUALLY DISCLOSE AND UPDATE THE FORM AND PROVIDE TO LEGAL COUNSEL INTERESTS THAT COULD GIVE RISE TO CONFLICT(S) LEGAL COUNSEL REVIEWS THE ANNUAL DISCLOSURES BY ALL COVERED PERSONS DISCLOSURES ARE REGULARY MONITORED BY COUNSEL, ANY POTENTIALLY CONFLICTING OR OTHERWISE QUESTIONABLE RESPONSES ARE FLAGGED AND THE ETHICS POLICY IS ENFORCED

AND THE PRESIDENT PERIODIC INDEPENDENT REVIEWS OF THE PRESIDENT'S COMPENSATION ARE CONDUCTED BY OUTSIDE COMPENSATION EXPERTS TO ENSURE THAT THE COMPENSATION PAID IS REASONABLE BASED ON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY THE COMPENSATION LEVELS AND SALARY RANGES FOR OFFICERS AND CERTAIN EMPLOYEES OF THE ORGANIZATION ARE ESTABLISHED BASED ON COMPETITIVE MARKET DATA OBTAINED THROUGH PERIODIC SALARY	Return Reference	Explanation
IS APPROVED BY THE BOARD OF TRUSTEES BASED ON MARKET SURVEYS OFFICERS AND CERTAIN EMPLOYEES ALSO PARTICIPATE IN THE ORGANIZATION'S INCENTIVE PAY PROGRAM TARGET INCENTIVE AMOUNTS, AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED BASED ON THE PARTICIPANT'S POSITION THE ACTUAL BONUS PAID IS PROPOSED BY	Section B, Lines 15a	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 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 COMPANSATION EXPERTS TO ENSURE THAT THE COMPENSATION PAID IS REASONABLE BASED ON APPROPRIATE DATA AS TO COMPANSATION EXPERTS TO ENSURE THAT THE COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY THE COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR POSITIONS OF FILE 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 EMPLOYEES SALARY, WITHIN THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILY UPON EXPERIENCE AND PERFORMANCE. THE ORGANIZATION HAS ADOPTED A "PAY FOR PERFORMANCE" PHILOSOPHY ALLOWING MANAGERS TO AWARD MERIT INCREASES BASED ON AN INDIVIDUAL'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS. THE ORGANIZATIONS ANNUAL MERIT INCREASE BUDGET IS APPROVED BY THE BOARD OF TRUSTEES BASED ON MARKET SURVEYS OFFICERS AND CERTAIN EMPLOYEES ALSO PARTICIPANT'S INDIVIDUAL PERFORMANCE AND THAT OF THE ORGANIZATION SHOULD AGAINST PRE-ESTABLISHED GOALS. THE PARTICIPANT'S INDIVIDUAL PERFORMANC

Return Reference	Explanation
B, Line 16b	The organization does have a written management policy to evaluate all contracts & agreements, to ensure that all contract and joint venture arrangements are in accordance with federal, state and local laws and related regulations. In addition, all joint venture agreements are required to be reviewed by the organization's general counsel.

Return Reference	Explanation
PART VI, Section C, Lines 18 and 19	THE ORGANIZATION DOES MAKE AVAILABLE ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, FORM 990 RETURNS, AND FORM 1024 TO THE GENERAL PUBLIC THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS TO THE EXTENT REQUIRED BY LAW THE PUBLIC CAN RECEIVE COPIES BY CONTACTING THE ORGANIZATION'S HEADQUARTERS COPIES OF THE RETURNS CAN BE OBTAINED AT WWW AOPA ORG/ABOUT-AOPA/GOVERNANCE AND WWW GUIDESTAR ORG

Return Reference	Explanation
Part VII Hours worked for The AOPA Foundation, Inc	Mark Baker, Kenneth Mead, Erica Saccoia and Timothy Fortune are full-time employees of Aircraft Owners & Pilots Association (AOPA), although they devote approximately ten hours per week to the related 501(c)(3) public charity organization. The AOPA Foundation, Inc.

Return Reference	Explanation						
Part XI, Line 9	The \$2,700,000 is related to Subsidiary dividend						

Return Reference	Explanation
	Allegiance Creative Group was paid a total of \$113,511 for services during the year for various services Services for our Membership Marketing totaled \$58,753 and Advisor services for our fundraising totaled \$54,758

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

DLN: 93493208010796

SCHEDULE R (Form 990)

Name of the organization Aircraft Owners & Pilots Association

Related Organizations and Unrelated Partnerships

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

2015

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury
Internal Revenue Service

Employer identification number 52-0636210

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

	omplete if the organization					(6)		
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dır	(f) rect controlling entity		
art II Identification of Related Tax-Exempt Orgon or more related tax-exempt organizations dur	ganizations Complete If	the organization ans	swered "Yes" o	n Form 990, Pa	rt IV, lıı	ne 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	Public charity (if section 501)	status (c)(3))	status Direct controlling c)(3)) entity		g) 512(ontroll
THE AOPA FOUNDATION INC	CHARITABLE	MD	501(C)(3)	7		AOPA	Yes Yes	No
11 AVIATION WAY REDERICK, MD 21701 0-8817225								
AOPA POLITICAL ACTION COMMITTEE 1 AVIATION WAY	PAC		527	N/A		AOPA	Yes	
REDERICK, MD 21701 5-3014117								

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV,	line 3
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile (state or foreign	unrelated, excluded from	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	amount in box 20 of Schedule K-1	mana partr	ralor Iging	(k) Percentage ownership						
						country)	tax under sections 512- 514)			tax under ections 512- 514)		Yes	No	(Form 1065)	Yes	No	
	_		 														

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(contro enti	n 512 13) olled ty?
(1) AOPA INSURANCE AGENCY 1995 MIDFIELD ROAD WICHITA, KS 67209 52-1813554	INSURANCE	MD		C CORP	6,947,349	5,906,844	100 000 %	Yes Yes	No
AOPA HOLDINGS (2)CORPORATION 421 AVIATION WAY FREDERICK, MD 21701 46-1036265	Holdings Comp	DE	NA	C CORP	7,012,711	9,551,109	100 000 %	Yes	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f	Yes	
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ır	าvolved	
ee Additional Data Table						

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

revenue) that was not a related organization. See instructions													
(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) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	İ

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 52-0636210

Name: Aircraft Owners & Pilots Association

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

	bbo, beneaute in the transactions with Related organizations			
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	THE AOPA FOUNDATION INC	С	1,845,759	FMV
(1)	AOPA HOLDINGS CORPORATION	R	4,241,156	FMV
(2)	THE AOPA FOUNDATION INC	N,O,Q	3,397,003	FMV
(3)	AOPA INSURANCE AGENCY	Q	3,502,738	FMV
(4)	THE AOPA FOUNDATION INC	R	211,148	FMV
(5)	AOPA HOLDINGS CORPORATION	N,O,Q	3,952,186	FMV
(6)	AOPA HOLDINGS CORPORATION	М	1,435,595	FMV
(7)	AOPA INSURANCE AGENCY	F	2,700,000	FMV