DLN: 93493210002179 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization
VIETNAM HELICOPTER PILOTS ASSOCIATION D Employer identification number B Check if applicable ☐ Address change 86-0485542 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2100 N HIGHWAY 360 STE 907 ☐ Amended return □ Application pending (800) 505-8472 City or town, state or province, country, and ZIP or foreign postal code GRAND PRAIRIE, TX $\,$ 75050 $\,$ G Gross receipts \$ 806,656 Name and address of principal officer H(a) Is this a group return for ART JACOBS □Yes ☑No subordinates? 2100 N HIGHWAY 360 STE 907 H(b) Are all subordinates GRAND PRAIRIE, TX 75050 ☐ Yes ☑No included? Tax-exempt status 501(c)(3) **✓** 501(c) (19) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www vhpa org L Year of formation 1981 M State of legal domicile TX K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO MAINTAIN A DIRECTORY OF HELICOPTER PILOTS WHO FLEW IN THE VIETNAM WAR, TO HOLD AN ANNUAL REUNION FOR MEMBERS, TO PUBLISH A BI-MONTHLY NEWSLETTER FOR MEMBERS Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 12,085 b Net unrelated business taxable income from Form 990-T, line 34 7b 2,850 **Prior Year Current Year** 209,756 8 Contributions and grants (Part VIII, line 1h) . . 167,343 9 Program service revenue (Part VIII, line 2g) . . 167,666 189,833 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 114,215 65,313 35,720 30,478 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 484,944 495,380 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 102,557 155,958 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 80,611 95,035 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 342,826 374,041 525,994 625,034 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -41,050 -129,654 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,754,021 1,508,272 21 Total liabilities (Part X, line 26) . 2,097 3,819 22 Net assets or fund balances Subtract line 21 from line 20 . 1.751.924 1,504,453 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-07-29 Signature of officer Sign Here JOHN SHAFER Secretary/Treasurer Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00446484 Paid self-employed Firm's name > Sutton Frost Carv LLP Firm's EIN ▶ 75-2593210 Preparer Use Only Firm's address ▶ 600 Six Flags Dr Suite 600 Phone no (817) 649-8083 Arlington, TX 76011 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page 2
Pa	rt III Statement	of Program Service Acc	complishments		
	Check if Sch	edule O contains a response oi	note to any line in this Part III .		🗆
1	Briefly describe the	organization's mission	·		
	AINTAIN A DIRECTOR MONTHLY NEWSLETT		IO FLEW IN THE VIETNAM WAR, T	O HOLD AN ANNUAL REUNION FO	DR MEMBERS, TO PUBLISH
2	=	, -	gram services during the year whi		□ Yes V No
	•	ese new services on Schedule			Lifes Lino
3	•		o gnificant changes in how it conduc	etc. any program	
3	-	· · · · · · · ·			☐ Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar		nplishments for each of its three la required to report the amount of ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, (, (,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program serv	ıces (Describe in Schedule O)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ►			
					Form 990 (2018)

Form 990 (2018)						
Pa	rt 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		No		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 $98-19^{\circ}$ If "Yes," complete Schedule C, Part III	5		No		
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? <i>If "Yes," complete Schedule D, Part V</i>	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			

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, VIII, 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			NI-

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

		NO
11a	Yes	
11b		No
11c		No
11d		No
11e	·	No

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

11f

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12b

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14a

14b

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20a

20b

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Yes

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III Form **990** (2018)

Form	990 (2018)			Page 4
Pa	tiv Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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		
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No

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Yes

Yes

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No

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Nο

Nο

Νo

Nο

Nο

Nο

Nο

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

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

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

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

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

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

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

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

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

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

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

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Part V

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13c

14a

14b

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No

Nο

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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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018)				Page							
Part VI												
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI											
Section A. Governing Body and Management												
				Yes	No							
1a Ente	r the number of voting members of the governing body at the end of the tax year	_!										

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI									
50	ction		• •		• •	• •	<u> </u>			
36	CLIOII	A. Governing Body and Management				Yes	No			
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	7		163	NO			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O								
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	7						
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?			2		No			
3		he organization delegate control over management duties customarily performed by icers, directors or trustees, or key employees to a management company or other i			3		No			
4	Did th	he organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No			
5	Did th	he organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No			
6	Did th	he organization have members or stockholders?			6	Yes				
7a		he organization have members, stockholders, or other persons who had the power bers of the governing body?	o elec	t or appoint one or more	7a	Yes				
b		ny governance decisions of the organization reserved to (or subject to approval by)		bers, stockholders, or	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	a The governing body?									
b	Each	committee with authority to act on behalf of the governing body?			8b	Yes				
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who o nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		be reached at the	9		No			
Se	ction	B. Policies (This Section B requests information about policies not requ	ıred t	y the Internal Revenue	e Code	e.)				
						Yes	No			
10a	Did th	he organization have local chapters, branches, or affiliates?			10a		No			
b		es," did the organization have written policies and procedures governing the activitie pranches to ensure their operations are consistent with the organization's exempt p			10b					
11a	Has t form?	he organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a		No			
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form	990							
12a	Dıd tl	he organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No			
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually intcts?	erests	that could give rise to	12b		No			
С		he organization regularly and consistently monitor and enforce compliance with the dule O how this was done	policy •	? If "Yes," describe in	12c		No			
13	Did th	he organization have a written whistleblower policy?			13		No			
14	Did th	he organization have a written document retention and destruction policy?			14		No			
15	Did th	he process for determining compensation of the following persons include a review	and ap	proval by independent						

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?	8 a	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)/3)s			

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request 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 19 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN SHAFER 2100 N HIGHWAY 360 STE 907 GRAND PRAIRIE, TX 75050 (800) 505-8472 20

Part VII

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

and Independent Contractors

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

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

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

• 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

	(=)	T			/= \					
(A) Name and Title	week (list is both an officer and a any hours director/trustee) organization organization (W-2/1000 (W-2/1000)								(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MIKE SHEUERMAN Past President	1 00	х		x				0	0	0
(2) DONALD LEMASTER	0 00	Х		х				0	0	0
MI MBR AT LARGE (3) JOHN SORENSEN President	0 00	Х		х				0	0	0
(4) JOHN POWELL JR MBR AT LARGE	0 00	х		х				0	0	0
(5) JOHN SHAFER SEC/TREAS	1 00	х		х				0	0	0
(6) ART JACOBS Vice President	1 00	Х		х				0	0	0
(7) ART PRICE SR MBR AT LARGE	1 00 0 00	Х		х				0	0	0
										Form 990 (2018)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											ntınued)
	(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t cho unles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Highes	2/1099-MISC)	organization and related organizations	

				_	

 \blacktriangleright c Total from continuation sheets to Part VII, Section A . \blacktriangleright d Total (add lines 1b and 1c) . . _

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

of reportable compensation from the organization ▶ 0

2 Yes No

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 3 No

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

4 4 No

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 J for such person . 5 Nο

Section B. Independent Contractors

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

5 1

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					

2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization \triangleright 0	eceived more than \$100,000 of	

Form 990 (2018)

1 99	90 (2018)									Page 9
art \	Statement of Revenue									
	Check if Schedule O contains	a respoi	nse or n	ote to any				· · ·		
						(A) revenue	f	(B) elated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campaigns	1a								
aut	b Membership dues	1 b		131,440						
Ē	c Fundraising events	1c								
Υ	d Related organizations	1d								
ī	e Government grants (contributions)	1e								
Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f		78,316						
a 0 t	g Noncash contributions included in lines 1a - 1f \$									
and	h Total. Add lines 1a-1f			>		209,756				
<u>. T</u>				Business	Code					
	2a REUNION FEES				900099	1	89,833	189	9,833	
:	b —									
	c		}							
;	d									
	e f All other program service revenue									
2	9 Total. Add lines 2a–2f		>	1	189,833					
	3 Investment income (including divided similar amounts)		nterest,	and other	.]	61,36	1			61,361
	4 Income from investment of tax-exe		nd proce			(
	5 Royalties			. •	•	(
	(ı) Rea	ıl	(II) P	ersonal	4					
	6a Gross rents									
	b Less rental expenses									
	c Rental income or (loss)									
	d Net rental income or (loss)			•		(
	7a Gross amount	ties	(11)	Other	-					
		306,000								
	L loss cost or				7		1			

							function revenue	revenue	tax under sections 512 - 514			
	1a Federated campaign	s	1a			L						
Grants amounts	b Membership dues .		1b	131,440								
Gra not	c Fundraising events		1c									
Š, (Ar	d Related organization	<u>. </u>	1d									
Gifts, ilar A	e Government grants (cor		1e									
s, (imi	f All other contributions,	ie										
Contributions, Giffs, Grants and Other Similar Amounts	and similar amounts no	1f	78,316									
but the	Noncash contribution	ـــا لممامینامینیم										
ntri A O	in lines 1a - 1f \$											
Cont and	h Total. Add lines 1a-:	1f		. •		209,756						
				Business	Code				$\overline{}$			
E C	2a REUNION FEES				900099	18	39,833 18	9,833				
.¥-	h				300033				 			
Se F									_			
er vi	d —											
Š	e —											
gran	f All other program ser	vice revenue										
Program Service Revenue			_		189,833							
	gTotal. Add lines 2a-2f											
	3 Investment income (in similar amounts)			, and other j		61,361			61,361			
	4 Income from investme	nt of tax-exem	pt bond pro	ceeds I	•	C						
	5 Royalties			. 1	•	C						
		(ı) Real	(11)	Personal	4							
	6a Gross rents											
	b Less rental expenses				1							
	<u> </u>				_							
	c Rental income or (loss)											
	d Net rental income or	(loss)		· •	┪	C						
	Γ	(ı) Securitie	5 (11) Other								
	7a Gross amount from sales of	306	,000									
	assets other than inventory		,,,,,,									
	<u> </u>				4							
	b Less cost or other basis and	302	,048									
	sales expenses C Gain or (loss)	3	,952		\dashv							
	d Net gain or (loss) .			•	┪	3,952			3,952			
	8a Gross income from fu			•								
ne	(not including \$ contributions reported	of										
/e	See Part IV, line 18		a									
Other Revenue	b Less direct expenses		ь									
ē	c Net income or (loss) f	rom fundraisin	g events .	. •		C						
Oth	9a Gross income from ga											
	See Part IV, line 19		a									
	b Less direct expenses		ь		1							
	c Net income or (loss) f			. •		C						
	10aGross sales of invento											
	returns and allowance	es	a	18,608	3							
	b Less cost of goods so	old	b	9,228	_							
	c Net income or (loss) f				_	9,380			9,380			
	Miscellaneous F			ness Code								
	11aADVERTISING INCOM	4E			1	12,085	:	12,085	5			
	b OTHER REVENUE			90009	19	9,013	9,01	3				
	с							1				
	d All other revenue .								 			
	e Total. Add lines 11a-	11d		>		34.000						
	12 Total revenue. See 1	Instructions -				21,098			 			
			- •	• •		495,380	198,84	6 12,085				
									Form 990 (2018)			

	Part	IX	State	ement	of	Functio	onal	Expenses	
$\overline{}$									

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	120,958	120,958	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,000	35,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	88,324	61,827	26,497	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	6,711	4,698	2,013	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	13,331	3,732	9,599	
12 Advertising and promotion	0			
13 Office expenses	6,660	4,662	1,998	
14 Information technology	6,744	4,353	2,391	
15 Royalties	0			
16 Occupancy	12,938	9,057	3,881	
17 Travel	6,285	6,285		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	240		240	
23 Insurance	6,474	4,532	1,942	
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)				
a REUNION EXPENSES	146,337	146,337		
b MEMBERSHIP DEVELOPMENT	70,944	70,944		
c HISTORICAL PRESERVATION	64,266	64,266		
d Postage and Shipping	10,244	7,170	3,074	
e All other expenses	29,578	14,903	14,675	
25 Total functional expenses. Add lines 1 through 24e	625,034	558,724	66,310	0
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 In the following SOP 98-2 (ASC 958-720)				

Page **11**

1,500,700

1,504,453

1,508,272 Form **990** (2018)

3,753

		Check if Schedule O contains a response or not	e to any	/ line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			43,723	1	113,662
	2	Savings and temporary cash investments .		[2	645,961
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net		[996	4	763
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated em	ployees Complete		5	0
ssets	7	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(ations of (see ins	c)(3)(B), and section 501(c)(9) tructions) Complete		6	0
386	8	Inventories for sale or use				8	0
Ř	9	Prepaid expenses and deferred charges		·		9	0
	_	Land, buildings, and equipment cost or other	 I I				
		basis Complete Part VI of Schedule D	10a	1,199			
	b	Less accumulated depreciation	10b	520	919	10 c	679
	11	Investments—publicly traded securities .	raded securities .				746,507
	12	Investments—other securities See Part IV, line	11 .			12	0
	13	Investments—program-related See Part IV, line	e 11 .			13	0
	14	Intangible assets		[14	0
	15	Other assets See Part IV, line 11		[700	15	700
	16	Total assets.Add lines 1 through 15 (must equ	ial line 3	4)	1,754,021	16	1,508,272
	17	Accounts payable and accrued expenses			2,097	17	3,819
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25			2,097	26	3,819
S		Organizations that follow SEAS 117 (ASC 0)	F0\ -b				

1,750,726

1,751,924

1,754,021

1,198

27

28

29

30

31

32

33

34

Net Assets or Fund Balance

27

28

29

30

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright \square and complete lines 30 through 34. Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2018)

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
	T				405 300
1	Total revenue (must equal Part VIII, column (A), line 12)	1			495,380
2	Total expenses (must equal Part IX, column (A), line 25)	2			625,034
3	Revenue less expenses Subtract line 2 from line 1	3			-129,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,751,924
5	Net unrealized gains (losses) on investments	5			-117,817
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)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,504,453
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	MODIFIED				
_	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			
	consolidated basis, or both				
	☐ 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		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale			
	Audit Act and OMB Circular A-133?		3a	l	No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

Additional Data

Software ID: 18007218 Software Version: 2018v3.1

EIN: 86-0485542

Form 990, Part III, Line 4a:

Form 990 (2018)

Name: VIETNAM HELICOPTER PILOTS ASSOCIATION

HELD ANNUAL REUNION AND BUSINESS MEETING FOR GENERAL MEMBERSHIP ATTENDANCE INCLUDED MEMBERS AND THEIR GUESTS

Form 990, Part III, Line 4b: PUBLISHED MEMBERSHIP DIRECTORY AND DISTRIBUTED BIMONTHLY NEWL SETTERS TO MEMBERS.

Form 990, Part III, Line 4c: VARIOUS MEMBERSHIP SERVICES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

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. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

DLN: 93493210002179

Open to Public Inspection

Name of the organization **Employer identification number** VIETNAM HELICOPTER PILOTS ASSOCIATION 86-0485542 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Par	t III	Organizations Maintaining Col	lections of Art, F	Histori	ical T	reası	ures, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	ollowing t	hat are a	significant	use of it	s colle	ction	
а		Public exhibition		d		Loan	or excha	ange prog	ırams				
b		Scholarly research		е		Othe	r						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's col KIII	lections and explain	how the	ey furtl	ner the	e organız	ation's ex	kempt purpo	se in			
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ular	□ Y	es	□ N	0
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990), Part	IV, lı	ine 9, or	reporte	ed an amoi			990,	Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other Intermed	ıary for	contri	bution	s or othe	er assets	not	□ Y	es	□ n	o
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table				F	mount			_
c	Begin	ning balance						1c					_
d	Addıtı	ions during the year						1d					_
е	Dıstrıl	butions during the year						1e					_
f	Endın	g balance					Į	1f					_
2a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or cu	ıstodıal a	ccount lia	ability?	□ Y	es	\square N	0
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the ex	xplanat	ion has	been	provided	d in Part)	ΧΙΙΙ				
Pa	rt V	Endowment Funds. Complete If	the organization a	answer	red "Y	es" oı	n Form	990, Par	t IV, line :	LO.			
			(a)Current year	(b) P	rıor yea	r	(c) Two ye	ears back	(d)Three ye	ars back	(e) Fo	ur year	rs back
	_	ing of year balance											
		putions											
		restment earnings, gains, and losses											
		or scholarships											
	and pro	expenditures for facilities ograms											
		strative expenses											
_		year balance											
2		de the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (a)) held a	s					
а		d designated or quasi-endowment >											
b		anent endowment ►											
С		orarily restricted endowment	L L 1000/										
За	•	ercentages on lines 2a, 2b, and 2c shou nere endowment funds not in the posses		uon tha	t are h	ald an	d admini	stered fo	r the				
Ja		nization by	sion of the organizat	.1011 1116	t are ii	eiu aii	iu aumini	stered 10	i tile			Yes	No
	(i) ur	nrelated organizations								3	a(i)		
		elated organizations									a(ii)		
		es" on 3a(II), are the related organization	•			.7					3b		
4		the in Part XIII the intended uses of the		wment	runas								
Pal	rt VI	Land, Buildings, and Equipment Complete if the organization answ		m 990). Part	IV. lı	ne 11a.	See For	rm 990. Pa	rt X. lı	ne 10		
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Cost						lepreciation			ok valu	e
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements											
d	Equipm	nent				1,199			520				679
Tota	II. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B)	, line .	10(c)) .	•	>				679

Part VII Investments—Other Securities.	Complete if the organizat	ion answe	rea res on r	orm 550, rare iv, mie 115.
See Form 990, Part X, line 12. (a) Description of security or cal (including name of security		(b) Book value	(c Cost o	c) Method of valuation r end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests 3)Other	· · · · · · · ·			
A)				
3)				
))				
5)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	2)			
Investments—Program Related. Complete if the organization answe		art IV line	11c See Form	n 990 Part Y line 13
(a) Description of investment		ok value	(0	c) Method of valuation
.)			Cost o	r end-of-year market value
2)				
3)				
, (1)				
· · · · · · · · · · · · · · · · · · ·				
· ·)				
· ')				
3)				
9)				
9) ntal. (Column (h) must equal Form 990, Part X, col (R) line 1	3 }			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1.		n 990, Part	IV, line 11d Sei	e Form 990, Part X, line 15 (b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organize)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize)))	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize () () () () () () () () () (ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other Assets. Ot	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other	ation answered 'Yes' on Form	n 990, Part	IV, line 11d Sec	
Other Assets. Complete if the organize Other Liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15)			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (Part X) Other Liabilities. Complete if the Control See Form 990, Part X, line 25.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description		n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Federal income taxes	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
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Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value

1

Page 4

2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on ir	nvestments	2a		
b	Donated services and use of facilit	ties	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	Part VIII, line 12, but not on line 1			
а	Investment expenses not included	d 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 and 4c	c. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari	•	per Return.	
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt X, line 2, Part
	Return Reference	Explanation			

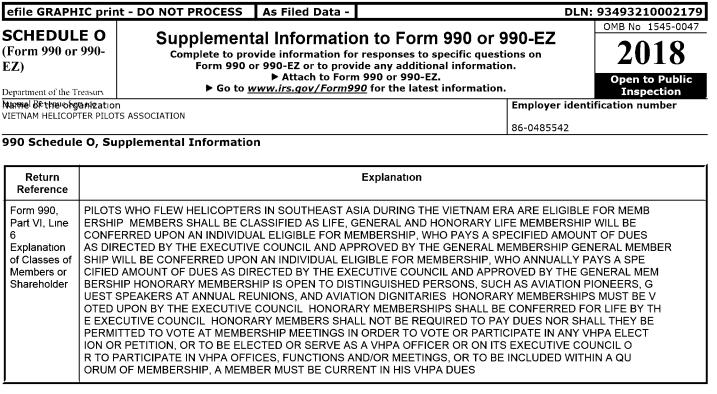
Schedule D (Fo	orm 990) 2018		Page 5
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

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Schedule I (Form 990)		Governments	Other Assistand and Individuals	C	OMB No 1545-0047 2018 Open to Public				
Department of the Treasury Internal Revenue Service		► Go to ww	► Attach to Form w.irs.gov/Form990 for		on.			Inspection	
Name of the organization VIETNAM HELICOPTER PILOTS							ployer identific -0485542	cation number	
Part I General Infor	mation on Grants	and Assistance							
the selection criteria use	d to award the grants	or assistance?			for the grants or assistance	e, and		☑ Yes	□ No
	<u> </u>		e of grant funds in the Un						
		estic Organizations and can be duplicated if add		nts. Complete if the oi	rganization answered "Yes"	on Form 99	J, Part IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of assistance	(h) Purpose o or assistance	f grant
(1) AAAA SCHOLARSHIP FOUNDATION 593 MAIN STREET MONROE, CT 06468	06-0799487	501(C)(3)	14,125	0				TO PROVIDE SCHOLARSHIPS	5
(2) TEXAS TECH FOUNDATION IN PO BOX 41081 LUBBOCK, TX 79409	75-6043842 NC	501(C)(3)	106,833	0				TO HOUSE THE VIETNAM ARCH	=
		-	listed in the line 1 table .				· . •		2
For Paperwork Reduction Act No	tice, see the Instructioi	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990) 2018

SUMMARY STATUS REPORT FOR ALL VHPA VNCA EFFORTS ARE PRESENTED TO THE MEMBERSHIP AT THE ANNUAL BUSINESS MEETING

AMOUNT). TASKS COMPLETED BY NUMBERED COLLECTION 2 AT LEAST TWICE ANNUAL NEG REVIEW MEETINGS ARE HELD SINCE 2016 THESE HAVE BEEN ONE DAY + ON-SITE MEETINGS WITH ELECTRONIC LINKS TO OTHER VHPAERS THE PROGRESS (RESULTS) AND PRIORITIZATION FOR APPROXIMATELY TWENTY SUBTASKS ARE REVIEWED AGAINST THE ESTABLISHED SCOPE STATED IN THE SPECIFIC NEG NEW COLLECTIONS ARE ADDED AND COMPLETED COLLECTIONS ARE REMOVED FROM THE SCOPE OF WORK MID-COURSE CORRECTIONS ARE DISCUSSED AND APPROVED FOR IMPLEMENTATION 3 MONTHLY TELEPHONE AND EMAIL EXCHANGES CONCERNING SPECIFIC TASKS FOR INDIVIDUAL COLLECTIONS. THERE ARE A NUMBER OF PROTO-TYPE EFFORTS WITHIN THE SCOPE OF WORK. IT IS PRUDENT TO REVIEW "GOOD IDEAS" AND "SAD RESULTS" MONTHLY RATHER THAN WAIT FOR THE NEXT FORMAL REVIEW MEETING THE VHPA MONITORS THE ENDOWMENT FUND BY REVIEWING THE ANNUAL FINANCIAL REPORT AGAINST THE OUARTERLY DONATION CHECKS SENT BY THE VHPA. THE CURRENT SCOPE OF THE ENDOWMENT FUND IS TO PROVIDE THE CORPUS FOR FUTURE YEARS NEG AT THE \$9K LEVEL AND THUS FUND AT LEAST ONE FULL-TIME STUDENT POSITION FOR VHPA TASKS A

(6) (7)



990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VI, Line	THE FORM 990 IS DISTRIBUTED TO THE SECRETARY/TREASURER FOR APPROVAL AND PROVIDED TO OTHER BOARD MEMBERS FOR REVIEW
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Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
19 Other
Organization
Documents
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