DLN: 93493303020330

2019

OMB No. 1545-0047

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		e 2019 c		nning 01-01-2019 , and ending 1	2-31-	2019			
		pplicable:	C Name of organization	ming of of 2015 , and chang i			D Employe	er identifi	cation number
		change	The AOPA Foundation Inc				20-8817		
□ Nai	me ch	ange	% ERICA SACCOIA SVP FINANCE				20-8817	/225	
☐ Init			Doing business as						
		n/terminated I return	Number and street (or P.O. hov if r	mail is not delivered to street address) Roo	m/suite		E Telephon	e number	
		on pending	421 Aviation May	main is not delivered to street address) 1000	ing suite		(301) 69	95-2000	
		,		untry, and ZIP or foreign postal code			(301) 0.	2000	
			Frederick, MD 21701				G Gross red	ceipts \$ 20),953,718
			F Name and address of princip	al officer:		H(a) Is this			<u>, , , , , , , , , , , , , , , , , , , </u>
			Mark Baker CEOPresident				dinates?	unin ioi	□Yes ☑ No
			421 AVIATION WAY FREDERICK, MD 21701			H(b) Are all		es	☐ Yes ☐No
[Tax	-exen	npt status:		П П		include			
	. 1 74		☑ 501(c)(3) ☐ 501(c)() ◀	(insert no.)		,חוד זו H(c) Group		•	instructions)
J 994	ebsit	e:► ww	w.aopa.org/foundation		-	·(•) Gloup	exemption	Hullibei	
V			Corporation Trust Ass			Year of forma	tion: 2007	M State	of legal domicile:
K Forn	n or or	ganization	Corporation L Trust L Ass	ociation				MD	5
Pa	ırt I	Sum	mary						
			scribe the organization's mission						
မှ	<u> </u>	AFI works	to improve aviation safety, prese	erve community airports, and encoura	ige lear	ning to fly fo	or career an	d person	al benefit.
oue	_								
Ě	-								
Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization d	iscontinued its operations or disposed	of mor	e than 25%	of its net as	ssets.	
	3	Number o	of voting members of the governi	ng body (Part VI, line 1a)				3	12
×ο vn	4	Number o	of independent voting members o	of the governing body (Part VI, line 1b) .			4	11
E E	5	Total nun	nber of individuals employed in c	alendar year 2019 (Part V, line 2a) 🛭				5	8
Activities &	6	Total nun	nber of volunteers (estimate if ne	ecessary)				6	20
ğ	7a	Total unr	elated business revenue from Pa	rt VIII, column (C), line 12				7a	-718
	b	Net unrel	ated business taxable income fro	m Form 990-T, line 39			•	7b	-2,918
						Pric	or Year		Current Year
Qı	8	Contribut	ions and grants (Part VIII, line 1h)			7,880,8	305	8,788,993
Ravenue	9	Program	service revenue (Part VIII, line 2g)				0	59,000
λċ	10	Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d)			692,1	132	377,292
щ	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			73,0	000	0
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12	2)		8,645,9	37	9,225,285
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3)			5,700,0	000	8,459,333
	14	Benefits	paid to or for members (Part IX, o	column (A), line 4)				0	0
ς.	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5-1	.0)		692,0	060	808,902
ารย	16 a	Professio	nal fundraising fees (Part IX, colu	ımn (A), line 11e)				0	0
Expenses	ь	Total fundr	raising expenses (Part IX, column (D)	line 25) ▶685,794					
Щ				11a-11d, 11f-24e)	•		1,984,1	.63	1,940,192
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)			8,376,2	223	11,208,427
		•	less expenses. Subtract line 18 f				269,7		-1,983,142
× o			·			Beginning	of Current Ye		End of Year
Net Assets or Fund Balances									
SS (Bak	20	Total ass	ets (Part X, line 16)				34,532,6	524	37,804,657
2 2	21	Total liab	ilities (Part X, line 26)				603,4	115	809,846
žΞ	22	Net asset	s or fund balances. Subtract line	21 from line 20			33,929,2	209	36,994,811
	rt II		ature Block						
				nined this return, including accompan e. Declaration of preparer (other than					
any ki			1, it is true, correct, and complet	e. Declaration of preparer (other than	onneer) is based of	T dil illioitile	acion or v	mich preparer nas
		14							
		Signati	* ure of officer			2020 Date	0-10-29		
Sign		, "							
Here			SACCOIA SVP FINANCE r print name and title						
		17	·	Dranaror's cismature	L-1	, ,		OTTN	
n - ·			rint/Type preparer's name	Preparer's signature	Date	Ched	ck ∐ if p	PTI N P00847851	
Paic		<u> </u>	irm's name F Grant Thornton LLP				employed 's EIN ►		
Pre		ا	5 Harris P Grant Mornton LLP						
Use	Un	ıy [∓	irm's address ▶ 1000 WILSON BLVD S	UITE 1400	-	Phor	ne no. (703) 8	347-7500	
			ARLINGTON, VA 222	09					
May t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)				√ v	es 🗆 No

Form	990 (2	019)				Page 2
Pa	rt III	Statement of Program S	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗹
1	Briefly	describe the organization's mis		•		
THER AVIA FUTU AND SAFE	REOF; TO TION TO IRE OF O LOCAL O	DEDUCATE THE PUBLIC AND US THE NATIONAL AIR TRANSPOR ENERAL AVIATION AS AN IMPO GOVERNMENTS IN CONNECTION SECURITY; AND TO ASSIST OT	ERS OF THE NATION, TATION SYSTEM; TO RTANT COMPONENT WITH THE MAINTEN HER CHARITABLE ANI	AL AIR TRANSPORTATIC ENCOURAGE AND SUPP OF THE NATIONAL AIR : ANCE AND ADVANCEME O OTHER ORGANIZATIO	ITY AND THE RESEARCH AND TESTION SYSTEM TO THE VALUE AND IMPPORT THE FLIGHT TRAINING OF PILESYSTEM; TO LESSEN THE BURDENS ON THE GENERAL AVIATION, AND AND IN THE CONDUCT OF SIMILAR AND	ORTANCE OF GENERAL OTS TO ASSURE THE OF FEDERAL, STATE //IATION AND AIRPORT ACTIVITIES TO THE
2	Did the	e organization undertake any sic	ınificant program serv	vices during the year wh	nich were not listed on	
_		, ,		- /	non mere met notes en	☐ Yes ☑ No
		," describe these new services of				_ 1c3 1t0
3		e organization cease conducting		changes in how it condu	cts, any program	
_	service	-				☐ Yes ☑ No
		," describe these changes on Sc	hedule O			
4	Descri Sectio	pe the organization's program s	ervice accomplishmer nizations are required	to report the amount of	largest program services, as measur f grants and allocations to others, th	
4a	(Code:) (Expenses \$	10,110,112	including grants of \$	8,459,333) (Revenue \$	59,000)
	See Ad	ditional Data				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
		, , ,				,
			<u> </u>			
	_					
4d		program services (Describe in S	•) (B	`
	(Expe	<u> </u>	including grants of	<u> </u>) (Revenue \$)
4e	Total	program service expenses 🕨	10,110,1	12		

Par	Checklist of Required Schedules		V.	
	Table annulation described in a string FOM/S/VON and MOMENTAL VALVE of the Control of the Contro		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes,"</i> 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 2	10	Yes	
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		

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

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

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

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

Nο

Nο

Yes

19

20a

20b

21

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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		No
	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	
	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		
	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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	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	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Part	Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ı

				Page 5					
	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes	No					
	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)? If "Yes," enter the name of the foreign country: •CJ	4a	Yes						
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes						
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
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?	13a							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	.							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
	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.	15 16		No					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.								

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
	Fight with a manifest of matter and another according to the second of the territory of the design of the second o	\vdash	Yes	No
Ia	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 11			
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		No
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? <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 Revenu	e Code		
		\longrightarrow	Yes	No
	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	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	
	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	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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	104		
	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 AL , AR , CA , FL , GA , HI , IL , KS , KY , I , NH , NJ , NM , NY , NC , OR , PA , RI , SO WI			
18	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.			
19	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.			
20	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		004	

Part VII

 \checkmark

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 director organization, more than \$10,000 of reportable co See instructions for the order in which to list the 	mpensation fro									
Check this box if neither the organization no		ganizat	ion c	omn	ens	ated a	anv i	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Positio tha pers	n (do in on on is	(C) o not e bo both	t chox, u		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Mark R Baker	10.0	X		×				0	1,421,130	95,883
President/CEO	40.0									
(2) Timothy J Fortune	10.0			X				0	712,477	10,342
Chief Administrative Officer	40.0							0	712,477	10,542
(3) Kenneth M Mead General Counsel & Secretary	10.0 40.0			x				0	607,434	25,126
(4) Erica J Saccoia SVP Finance & Accounting	10.0			x				0	326,398	21,133
(5) Gregory L Cohen SVP, Administration	10.0 40.0			x				0	254,175	31,245
(6) Jennifer M Storm Vice President	40.0					х		188,410	0	87,464
(7) Melissa K Rudinger Executive Director	40.0					x		24,189	205,346	27,017
(8) William C Trimble III Chairman	1.0	Х		×				0	0	0
(9) Luke R Wippler Trustee	0.0	Х						0	0	0
(10) Herman Neel Hipp jr Trustee	0.0	Х						0	0	0
(11) Burgess H Hamlet III Trustee	0.0	Х						0	0	0
(12) Darrell W Crate VICE CHAIRMAN	0.0	Х		х				0	0	0
(13) Lawrence D Buhl III Trustee	0.0	Х						0	0	0
(14) James G Tuthill Jr Trustee	0.0	Х						0	0	0
(15) Matthew J Desch Trustee	0.0	Х						0	0	0
(16) Amanda C Farnsworth Trustee	0.0	Х						0	0	0
(17) James N Hauslein TREASURER	1.0	Х		х				0	0	0

Form	1 990 (2019)													Page 8
Pa	rt VII Section A. Officers, Director	s, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	t Compensa	ted	Employees (cont	tinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than one box, unless person is both an officer and a director/trustee) r related anizations ow dotted					(D) Reportable compensati from the organizati (W-2/1099 MISC)	on •n	(E) Reportable compensation from relate organization (W-2/1099 MISC)	on d ns	Estima amount of compen from organizat relat organiza	ated of other sation the ion and ed	
(18)	William S Ayer	1.0												
		0.0	×							0		0		0
												\dashv		
												\dashv		
41- (Code Total					_						\perp		
	Sub-Total			΄.	•)	:					+		
	Total (add lines 1b and 1c)	•				•	•		212,599		3,526,96	0		298,210
2	Total number of individuals (including bu of reportable compensation from the org		those lis	sted a	abov	e) v	/ho re	ceive	ed more than	\$100	,000			
													Yes	No
3	Did the organization list any former offic						e, or h	ighe	est compensat	ed er	nployee on			
	line 1a? If "Yes," complete Schedule J fo			•	-	-		•		•	• •	3		No
4	For any individual listed on line 1a, is the organization and related organizations grandividual										he • • •	4	Yes	
5	Did any person listed on line 1a receive of services rendered to the organization?If				,			_	anization or in	ndivid	dual for	5	1.55	No
Se	ection B. Independent Contractors													_
1	Complete this table for your five highest from the organization. Report compensa	compensated in										npen	sation	
	Name and	(A) business address							De	ecrin	(B) tion of services		(C Compen	
1125	iance Creative, 0 Waples Mill Road	Dusiness address							Fundraisi				Соттрет	192,000
Comr 1312	FAX, VA 22030 nunications Corporation of Ameri, 9 Airpark Drive Suite 120 /OOD, VA 22718								Printing/N	1ailin	9			185,713

orm 9 Part	•	Statement								Page 9
		Check if Sched	dule_	O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns		1a		l	revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership due	s.	· i	1 b					
6r2	С	Fundraising even	nts .	· į	1 c					
fts, ir A	d	Related organiza	tions	;	1 d					
nj8.	е	Government grants	(cont	tributions)	1e					
ons Sir	f	All other contribution and similar amounts			1f	8,788,993				
buti the	"	above Noncash contribution	ons in	l cluded in l	-11	0,700,993				
Contributions, Gifts, Grants and Other Similar Amounts	9	lines 1a - 1f:\$,,,,,		1 g	274,361				
	h	Total. Add lines	1a-1	f		•	8,788,993			
						Business Code				
	2a	REGISTRATION REVE	NUE			900099	59,000	59,000		
Program Service Revenue						-				
Pe K	b									
ųce	c									
Ser	d									
an										
Togi	е									
٦	f	All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	. •	59,000				
	3 I	nvestment income	(inc	luding divide	ends, i	interest, and other		2	-718	3 205,890
		milar amounts) . ncome from invest		· · · · · · · · · · · · · · · · · · ·		ond proceeds		0	1	
						_	<u></u>	0		
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
		Less: rental								
		expenses Rental income	6b							
		or (loss)	6с		(o l	0			
	d	Net rental income	or (•	<u> </u>	(0		
	_	Control		(i) Secur	ities	(ii) Other				
		Gross amount from sales of assets other	7a	11,9	900,553	3				
		than inventory								
	_	Less: cost or other basis and	7b	11,	728,433	3				
		sales expenses								
		Gain or (loss)	7с		172,120					
		Net gain or (loss)		· · ·		· · · >	172,120	0		172,120
ne		Gross income from fu (not including \$		of						
-Ke		contributions reporte See Part IV , line 18			8a					
Re	b	Less: direct expen	ses		8b)			
Other Revenue		Net income or (los			ing ev	ents		0		
	0 2	Gross income from	nami	ing activities						
ľ		See Part IV, line 19			9a					
		Less: direct expen			9b)			
	C	Net income or (los	ss) fr	om gaming	activit	ies 🕨		0		
		Gross sales of inve								
		returns and allowa			10a					
		Less: cost of good			10b			0		
ŀ	С	Net income or (los Miscellaneo			invent	Business Code		9		
-	11 a		18				=			
	b									
	C									
	-	All other revenue	-							
		Total. Add lines 1				•		0		
	12	Total revenue. S	ee ir	structions		• • • •	9,225,28	59,000	-718	378,010
										Form 990 (2019)

Form	990 (2019)				Page 10
Pa	rt IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,459,333	8,459,333		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	668,839	352,180	101,372	215,287
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,000	15,969	6,733	14,298
9	Other employee benefits	3,993	1,797	1,098	1,098
10	Payroll taxes	99,070	48,618	18,671	31,781
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	3,867		2,400	1,467
c	Accounting	61,491		61,491	
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	101,864		101,864	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	309,686	146,426	73,751	89,509
12	Advertising and promotion	133,447	82,819		50,628
	Office expenses	27,197	12,495	7,064	7,638
	Information technology	0		·	
	Royalties	0			_
	Occupancy	0			
	Travel	69,811	41,215	3,402	25,194
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	<u> </u>
19	Conferences, conventions, and meetings	73,577	40,257	8,712	24,608
	Interest	0			
21	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	0			
	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.)				
á	SHARED COSTS & OVERHEAD	696,564	634,897	19,317	42,350
	PRINT, MAIL & POSTAGE	422,549	261,142	1,772	159,635
•	BAD DEBTS	14,383			14,383
•	RENTALS, REPAIRS, MAINTENANCE	4,655	928	3,160	567
	e All other expenses	21,101	12,036	1,714	7,351
25	Total functional expenses. Add lines 1 through 24e	11,208,427	10,110,112	412,521	685,794
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1,773,031	1,097,998		675,033

Check here ► ✓ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

1 2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 (B)

End of year

Beginning of year

2.615

2,615

5,350,662

1,895,852

0 4

0 5

0 6 0

0

0

0 18

0 19

0

0 21

0 22

0

0 24

349,328

603.415

16,997,222

16,931,987

33,929,209

34,532,624

29,113

9,696,064

16.974.580

586,353

254,087

34,532,624

1

2

3

7

9

10c

11

12 0 13

14

15

16

17

20

23

25

26

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28

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31

32

33

Page **11**

3,668,651

1.453.107

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0

0

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0

0

0

0

0

0

330,788

809.846

19,328,114

17,666,697

36,994,811

37,804,657

Form 990 (2019)

5,769

10,714,988

21.631.354

330,788

479.058

37,804,657

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

Accounts receivable, net .

Notes and loans receivable, net

Inventories for sale or use . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

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

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

Escrow or custodial account liability. Complete Part IV of Schedule D

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

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Cash-non-interest-bearing								
Savings and temporary cash								
Pledges and grants receivab	le, r	net						

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Additional Data

Software ID:

Software Version:

also developed a new Scalable Safety Framework to help flying clubs and groups develop a strong safety culture.

FIN: 20-8817225

Name: The AOPA Foundation Inc.

Form 990 (2019)

Form 990, Part III, Line 4a:

The AOPA Foundation (the Foundation) is a tax-exempt charitable, educational, and scientific organization that educates the public about the value of general aviation. Our mission is to ensure the future of general aviation by improving safety through the Aircraft Owners and Pilots Association's (AOPA) Air Safety Institute, preserving community airports, and encouraging learning to fly for career and personal benefit. Foundation Grants During 2019, the AOPA Foundation granted \$8,500,000 to various projects in support of its mission. Amounts are rounded throughout the entire narrative. The Foundation provided \$7,240,000 to AOPA to support coordinated programs designed to strengthen the pilot community. This included AOPA's You Can Fly program which is a set of initiatives designed to get people flying and keep them flying. With initiatives to introduce high school students to career opportunities in aviation and aerospace, provide support for flight schools and students, deliver tools and resources to help pilots create and grow flying clubs, and help lapsed pilots get back in the air, You Can Fly is supporting aviators at every stage of their journey. The grant provided to AOPA enabled it to develop and deliver a free four-year aviation STEM curriculum to thousands of high school students nationwide and award \$1 million in scholarships annually to high school teachers and students to help them earn a pilot certificate. In addition, the grant supported AOPA in delivering training and tools designed to help reduce the flight school dropout rate by making training more efficient, transparent, and customer focused; in building a stronger community of aviators through launching and growing flying clubs; and in delivering in-person seminars that give pilots three hours of ground training that fulfills the FAA's flight review requirements for ground instruction for lapsed pilots who want to return to flying. In addition to the You Can Fly programs, the grant also provided support to AOPA to conduct events that reached over 30,000 attendees in 2019. These events provide educational programming over a two-day period and introduce attendees to the many aspects of general aviation. The Foundation provided a \$320,000 grant to support the AOPA Airport Support Network. The Airport Support Network is a group of nearly 1,650 volunteers tasked with promoting, protecting, and defending America's community airports from pressures mounting against such airports. The Foundation provided a \$940,000 grant to support AOPA's Air Safety Institute (ASI). ASI serves all pilots by providing free or low-cost education programs to pilots and flight instructors nationwide, analyzing safety data, and conducting safety research. As a result of the grant, ASI's material was accessed more than 7.7 million times, reaching a new record. This was made possible in part by the release of 93 new products including videos, podcasts, publications, and the delivery of 180 nationwide seminars to more than 18,000 pilots and aviation enthusiasts. ASI

efil	e GR	GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349				3493303020330		
SCI	HED	ULE A	Dubli	c Charity Stat	ue and Du	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if th	e organization is a se 4947(a)(1) none ▶ Attach to Forr	ection 501(c)(3) exempt charitable n 990 or Form 99	organization of trust. 90-EZ.	r a section	2019
		f the Treasury	► Go to <u>www</u>	<u>.irs.gov/Form990</u> fo	r instructions and	d the latest info	ormation.	Open to Public Inspection
Nam	e of tl	he organiza undation Inc	tion				Employer identific	ation number
							20-8817225	
	rt I		for Public Charity Starting for Public Charity Starting S				See instructions.	
1	n gannz		onvention of churches, o	•			(Δ)(i).	
2		·	scribed in section 170(
3			or a cooperative hospital		,	, ,		
4		·	esearch organization ope	-				ntor the beenital's
•	Ц	name, city,		rated in conjunction wi	tii a ilospitai desci	ibed iii section	170(b)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	ation operated for the be (iv). (Complete Part II.)	-	,	, , ,		bed in section 170
6		A federal, s	tate, or local governmen	t or governmental unit	described in secti	on 170(b)(1)(A	A)(v).	
7	✓		ation that normally receives (b)(1)(A)(vi). (Comp		f its support from a	a governmental ι	unit or from the gener	al public described in
8			ty trust described in sec	•). (Complete Part I	II.)		
9			ural research organization ant college of agriculture					ege or university or a
10		from activit investment	ation that normally receivies related to its exempt income and unrelated by section 509(a)(2).	functions—subject to cusiness taxable income	ertain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized and opera	ated exclusively to test	for public safety. S	See section 509	(a)(4).	
12		more public	ation organized and oper ly supported organizatio through 12d that descri	ns described in sectior	1 509(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization on n(s) the power to regular Part IV, Sections A and	perated, supervised, or ly appoint or elect a m	controlled by its s	supported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting orga plete Part IV, Sections	supervised or controlled nization vested in the s				
С		Type III f	unctionally integrated. organization(s) (see instr	A supporting organizat				ated with, its
d		Type III n	on-functionally integrated. The organization You must complete	ated. A supporting organication generally must sa	anization operated tisfy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organization re or Type III non-function	ceived a written detern	nination from the I		/pe I, Type II, Type II	I functionally
f	Enter		of supported organization				<u> </u>	
g			ing information about th				1	
	(i) N	Name of supp organizatior		(iii) Type of organization (described on line 1- 10 above (see instructions))	nization in your governing document? sed on lines shove (see		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see th		Cat. No. 1128			<u> </u> 90 or 990-EZ) 2019

3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	6,154,727	6,223,034	7,611,506	7,880,805	8,788,993	36,659,065
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,847,499
6	Public support. Subtract line 5						29,811,566
	from line 4.						29,811,300
5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6,154,727	6,223,034	7,611,506	7,880,805	8,788,993	36,659,065
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,417	121,825	188,561	192,692	205,172	866,667
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5,413	11,744				17,157
10	Other income. Do not include gain	·					

	income from similar sources					
9	Net income from unrelated business activities, whether or not the	5,413	11,744			
	business is regularly carried on	,	,			
10	Other income. Do not include gain or loss from the sale of capital	-125.705		132.500	73,000	
	assets (Explain in Part VI.)	,			,	
11	Total support. Add lines 7 through					

10 Gross receipts from related activities, etc. (see instructions)

79,795

37,622,684

2,836,395

79.238 %

83.820 %

12

14

15

Schedule A (Form 990 or 990-EZ) 2019

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 Schedule A, Part II, line 14 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

other distributions (describe in Fart 42). See mandedons					
7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID: Software Version:

EIN: 20-8817225

Name: The AOPA Foundation Inc.

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

SCHEDULE D

DLN: 93493303020330

OMB No. 1545-0047

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.

Department of the Treasury

(Form 990)

tern	al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructio	ns and the latest info	rmation.	In	spection
Na	me of the organ	ization			Employer id	entification	number
The	AOPA Foundation In	nc			20-8817225		
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Otl	her Similar Funds o			
	Comple	te if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·				
			(a) Donor	advised funds	(b) Fund	ds and other	accounts
•		end of year					
2		of contributions to (during year)					
•		of grants from (during year)					
ŀ	33 3	at end of year					
5		ation inform all donors and donor adviso roperty, subject to the organization's ex					Yes 🗌 No
i	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor, or	for any other purpose			Yes 🗌 No
Pa		vation Easements.					
		te if the organization answered "Ye	·				
•		onservation easements held by the orga	•				
	☐ Preservation	on of land for public use (e.g., recreation	n or education)	☐ Preservation of ar	n historically imp	ortant land a	area
	☐ Protection	of natural habitat		☐ Preservation of a	certified historic	structure	
	☐ Preservation	on of open space					
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation	on contribution in the fo		ation at the End o	of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
c	Number of conse	ervation easements on a certified histori	c structure included	in (a)	2c		
d		ervation easements included in (c) acquin the National Register	ired after 7/25/06, a	nd not on a historic	2d		
1	Number of constax year ▶	ervation easements modified, transferre	d, released, extingu	ished, or terminated by	the organization	n during the	
Ļ	Number of state	es where property subject to conservation	n easement is locate	ed ▶			
5		zation have a written policy regarding that of the conservation easements it holds			of violations,	☐ Yes	□ No
•	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of vio	lations, and enforcing c	onservation eas		
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing conse	rvation easemen	its during the	∍ year
3	Does each cons	ervation easement reported on line 2(d)			.70(h)(4)(B)(i)		
)	In Part XIII, des	scribe how the organization reports cons	ervation easements	in its revenue and expe			∐ No
	the organization	and include, if applicable, the text of the 's accounting for conservation easemen	ts.				
GII	Comple	zations Maintaining Collections te if the organization answered "Ye	s" on Form 990, P	Part IV, line 8.			
.a	art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, ed	ucation, or research in			
b	historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub its relating to these items:					
(-	led on Form 990, Part VIII, line 1			> \$		
		in Form 990, Part X					
2	If the organizati	ion received or held works of art, historints required to be reported under SFAS	cal treasures, or oth	er similar assets for fina		ide the	
а	-	ed on Form 990, Part VIII, line 1	,	-	▶\$		
b		in Form 990, Part X			· -		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	t III	Organizations M	aintaining Coll	lections of .	Art, Histori	ical T	reasu	ires, or O	ther S	Similar As	sets (cont	inued)	
3		g the organization's acq s (check all that apply):		n, and other re	ecords, check	any of	the fo	llowing that	t are a	significant us	se of its col	lection	
а		Public exhibition			d		Loan	or exchang	je prog	rams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII.	organization's coll	lections and ex	xplain how the	ey furt	her the	e organizati	on's ex	empt purpos	se in		
5		ng the year, did the org									☐ Yes	□ N	lo.
Pa	rt IV	Escrow and Cust	todial Arrange	ments.									
		Complete if the or X, line 21.	ganization answ	vered "Yes" o	on Form 990), Part	IV, li	ne 9, or re	eporte	d an amoui	nt on Forr	n 990,	Part
1a		e organization an agent ded on Form 990, Part									☐ Yes	□ N	lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the following	table:				Ar	nount		
С		nning balance		•	_			1	.с				_
d	_	ions during the year .						1	.d				_
е		ibutions during the yea							.е				_
f		ng balance							Lf				
2a		he organization include							ount lia	hility2	□ v ₌₌	□ N	_
_		_								•	_		10
b		es," explain the arrange Endowment Fun		. Check here if	the explanat	ion nas	s been	provided in	i Part X	.111	<u> </u>		
Pa	rt V	Complete if the or		vered "Yes" o	on Form 990). Part	IV. li	ne 10.					
			9	(a) Current y		Prior yea			s back	(d) Three yea	rs back (e)	Four yea	rs back
1 a	Beginn	ning of year balance .		13,69	94,534	13,44	4,534	13,3	364,742	13,3	309,740	13,	203,965
b	Contrib	butions		7	75,999	25	0,000		79,792		55,002		105,775
c	Net inv	vestment earnings, gair	ns, and losses										
d	Grants	or scholarships											
е		expenditures for faciliti ograms	ies										
f	Admin	istrative expenses .											
g	End of	year balance		13,77	70,533	13,69	1,534	13,4	144,534	13,3	64,742	13,	309,740
2	Provi	de the estimated perce	entage of the curre	ent year end b	alance (line 1	g, colu	mn (a))) held as:			•		
а	Board	d designated or quasi-e	endowment 🕨	19.000 %									
b	Perm	anent endowment ►											
С	Temp	oorarily restricted endo	wment >										
	The p	percentages on lines 2a	a, 2b, and 2c shoul	ld equal 100%).								
3а		here endowment funds nization by:	not in the posses	sion of the org	ganization tha	t are h	eld an	d administe	ered for	the		Yes	No
	(i) u	nrelated organizations									3a(i)		No
		elated organizations .									3a(ii)		No
b		es" on 3a(ii), are the re	=				.?				3b		
4		ribe in Part XIII the inte			s endowment	funds.							
Pa	rt VI	Land, Buildings, Complete if the or			on Form 900) Dar+	- T\/ - I:	no 113 C	00 E05	m 990 Par	t V lino 1	Λ	
	Descr	iption of property	(a) Cost or oth (investme	ner basis (I	b) Cost or other							o. Jook valu	e
1 ~	Land												
	Land												
		ngs											
С.	_easer	nold improvements					2.615			2.645			

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

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F (a) Description of security or category (including name of security)	orm 990, Part IV, lii	ne 11b	(c) Metho	Part X, line 12. d of valuation: -year market value
(1) Financia	` <u>-</u> '/				
(3) Other	ATIVE INVESTMENTS	21,631,354			F
(B)		21,001,004			·
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	21,631,354			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, lii	ne 11c.	See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)				_	
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo (a) Description		ne 11d.	See Form 990, Par	t X, line 15. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lin	ne 11e	or 11f.See Form	
1. (1) Federal	(a) Description of lia				(b) Book value
(1) Federal (2)	meome taxes				0
(3)					
(4)					
(5)					
(6)					_
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>	330,788
	or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7				

2

b

C

Part XII

5

1

2

d

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2019

Page 4

14,172,161

5,048,740

9,123,421

101,864

9,225,285

11,106,563

11,106,563

101,864

11.208.427

Schedule D (Form 990) 2019

Add lines 4a and 4b .

b	Donated services and use of facilities
C	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Net unrealized gains (losses) on investments . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

2a

2b 2c 2d

4a

4b

2a 2b

2c 2d

4a

4b

Explanation

5,048,740

101,864

2e

3

4c

5

1

2e

3

4c

5

101,864

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 20-8817225

Name: The AOPA Foundation Inc.

Supplemental Information

Return Reference

Explanation SCHEDULE D, PAGE 2 - PART V, ENDOWMENT FUNDS ARE USED TO SUPPORT AOPA FOUNDATION'S MISSION STATEMENT. SEE FORM 990, ENDOWMENT FUNDS, LINE 4 PART III FOR DETAILED MISSION STATEMENT.

Supplemental Information	upplemental Information						
Return Reference	Explanation						
FIN 48 FOOTNOTE - SCHEDULE D, PART X, LINE 2	AOPA Foundation ("Foundation") follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statement if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Foundation is exempt from federal income tax under IRC section 501(c) (3), though it is subject to tax on income unrelated to its exempt purpose, unless that in come is otherwise excluded by the Code. The Foundation has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and to identify and evaluate other matters that may be considered tax positions. The tax years ending December 31, 2019, 2018, 2017 and 2016 are still open to audit for both federal and state purposes. The Foundation has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.						

State	ement of A	Activities (Outside the Un	ited States	OMB No. 1545-0047
•	-		2019 Open to Public Inspection		
				Employer id	entification number
		Outside the U	Jnited States. Comple		answered "Yes" on
s. Does the o	ganization mai	ntain records to	substantiate the amoun	t of its grants and	
the grantees'	eligibility for th	e grants or assi	stance, and the selection	criteria used	
ts or assistan	ce?				☐ Yes ☐ No
	Part V the orga	anization's proce	dures for monitoring the	use of its grants and	other assistance
n. (The followir	ng Part I, line 3 t	able can be dupli	icated if additional space is	s needed.)	
	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	
I the	0	0	Investments		8,582,24
	0	0			8,582,24
tion sheets to					
	Information, Part IV, line s. Does the or the grantees' ats or assistants. Describe ind States.	Footo www.irs.g Go to www.irs.g Information on Activities Part IV, line 14b. Solutions. Does the organization main the grantees' eligibility for the nts or assistance? Solutions. Describe in Part V the organization. (b) Number of offices in the region	► Complete if the organization answered " ► Attach ► Go to www.irs.gov/Form990 for in the Inc. Information on Activities Outside the Information records to the grants or assistance or assistanc	► Complete if the organization answered "Yes" to Form 990, Part IV, I ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest in Information on Activities Outside the United States. Complete, Part IV, line 14b. Is. Does the organization maintain records to substantiate the amount the grantees' eligibility for the grants or assistance, and the selection acts or assistance? Is. Describe in Part V the organization's procedures for monitoring the distance. In (The following Part I, line 3 table can be duplicated if additional space is fundraising. Program services, investments, grants to recipients located in the region)	Employer id 20-8817225 Information on Activities Outside the United States. Complete if the organization, Part IV, line 14b. Is. Does the organization maintain records to substantiate the amount of its grants and the grantees' eligibility for the grants or assistance, and the selection criteria used into or assistance? Is. Describe in Part V the organization's procedures for monitoring the use of its grants and d States. In. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in the region (d) Activities conducted in program service, describe specific type of service(s) in the region

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□Yes	✓ No
		□ 162	E 140
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)		П.,
		✓ Yes	∐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 8005)	☐Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990).	☐ Yes	✓ No

	Page	dule F (Form 990) 2019	Schedule F			
required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting m vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting olumn (c) (estimated number of recipients), as applicable. Also complete this part to pr	Provide the information requamounts of investments vs.	Part V				
Explanation	Explanation	ReturnReference				

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

DLN: 93493303020330 OMB No. 1545-0047

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** The AOPA Foundation Inc 20-8817225 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No Advisor Allegiance Creative No 192,000 192,000 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV,

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		d gross income on Form	n 990-EZ, lines 1 and 6	6b. List events with
	gross receipts greater than \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
NO POR					
	1 Gross receipts				
	2 Less: Contributions3 Gross income (line 1 minus				
4	line 2) . `				
	4 Cash prizes				
	6 Rent/facility costs				
5	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
- 1					1
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		. .	
	10 Direct expense summary. Add lines 4 t11 Net income summary. Subtract line 10	-		>	
	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organization	from line 3, column (d)	es" on Form 990, Part I		I more than \$15,000
ar	11 Net income summary. Subtract line 10	from line 3, column (d)	es" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 111 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar on one of the same	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		1
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
ar	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
ar	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add
ar	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add
	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No nn (d)	(c) Other gaming Yes% No	(d) Total gaming (add
a	11 Net income summary. Subtract line 10 Gaming. Complete if the organization form 990-EZ, line 6a. Gross revenue	(a) Bingo (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No nn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019					F	Page 3		
11	Does the organization conduct gaming	activities with nonmember	ers?		Yes	□No			
12	Is the organization a grantor, beneficial formed to administer charitable gamin		r a member of a partnership or other entity		□Yes				
13	Indicate the percentage of gaming act	vity conducted in:			res				
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of the per	son who prepares the org	ganization's gaming/special events books and	records:					
	Name								
	Address •								
15a	Does the organization have a contract		hom the organization receives gaming		□Yes	□No			
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by		organization 🕨 \$ and	the					
С	If "Yes," enter name and address of th	e third party:							
	Name ▶								
	Address •								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17	Mandatory distributions:								
	Is the organization required under state		distributions from the gaming proceeds to		☐Yes	Пы			
b	Enter the amount of distributions requ	ired under state law distri	ibuted to other exempt organizations or spen		□ 162	110			
	in the organization's own exempt activ	ities during the tax year	\$						
Par			ations required by Part I, line 2b, colum oplicable. Also provide any additional inf				s.		
	Return Reference		Explanation						
Part :	I, Line 2b	guidance and direction in	Mill Road, Suite 310 Fairfax, VA 22030 Allegia ncluding creative development for The AOPA I s creative package testing, message testing a	oundatio	n's direct r	esponse	gic		

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

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.

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

OMB No. 1545-0047

DLN: 93493303020330

Open to Public Inspection

nternal Revenue Service		7 Go to <u>1771</u>	101	the latest information	····		
Name of the organization						Employer identific	ation number
The AOPA Foundation Inc						20-8817225	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used to	to award the grants	or assistance?			for the grants or assistance	ce, and	☑ Yes ☐ No
2 Describe in Part IV the orga	•	_	-				
Part II Grants and Other I that received more			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	' on Form 990, Part IV, line	21, for any recipient
(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
Enter total number of sectiEnter total number of othe							1

Department of the

lunused funds must be returned.

Return Reference Explanation

The AOPA Foundation (Foundation) has written procedures for requesting funding. The request for funding must conform to, and foster the purposes set forth in the Part I, Line 2 Foundation's Articles of Incorporation. All organizations awarded grants by the Foundation must complete and return, upon completion of the project, a final report detailing and accounting for how the grant funds were spent. Grant funds may only be spent in furtherance of the project documented on the grant application. Any

Additional Data

Frederick, MD 21701
Aircraft Owners & Pilots

Association 421 Aviation Way Frederick, MD 21701 Software ID: Software Version:

EIN: 20-8817225

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

501c4

Name: The AOPA Foundation Inc

52-0636210

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aircraft Owners & Pilots Association 421 Aviation Way	52-0636210	501c4	6,962,688				Grow Pilot Population

936,270

Safety Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Aircraft Owners & Pilots 52-0636210 501c4 323.350 Airport Support Association 421 Aviation Wav Frederick, MD 21701

237.025 FMV

Aircraft

Grow Pilot Population

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

501c4

Aircraft Owners & Pilots

Association 421 Aviation Way Frederick, MD 21701 52-0636210

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Sch	nedule J	Co	mpensat	ion Information	01	MB No.	1545-0	0047	
(For	m 990)	For certain Office	hest	20					
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.)	
Depar	tment of the Treasury	► Go to <u>www.irs.go</u> u		n to Form 990. · instructions and the latest inforr	mation.	Open to Public			
Intern	al Revenue Service				F		ectio		
	ne of the organiza AOPA Foundation In				Employer identifica	tion nt	ımber		
Do	rt I Questi	ons Regarding Compensat	ion		20-8817225				
Pa	Questi	ons Regarding Compensat	ion				Yes	No	
1 a				f the following to or for a person liste by relevant information regarding the					
		s or charter travel		Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of perso					
		nification and gross-up payments		Health or social club dues or initiation					
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chaut	ffeur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2				or allowing expenses incurred by all	20 127	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lir	ne la?				
3				ed to establish the compensation of the	he				
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	☐ Compens	ation committee	П	Written employment contract					
		ent compensation consultant		Compensation survey or study					
		of other organizations		Approval by the board or compensa	tion committee				
4	During the year related organiza		90, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a	Yes		
b		r receive payment from, a supple				4b	Yes		
c	Participate in, o	r receive payment from, an equit	y-based compe	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Par	t III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9					
5			=	the organization pay or accrue any					
	compensation c	ontingent on the revenues of:							
а	The organization	1?				5a		No	
b	-					5b		No	
_	,	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any					
a	-	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	التلا علاموا المر	the eventination provide any profite	۵.				
7	payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	ı A, iine 1a, did ," describe in Pa	the organization provide any nonfixe ort III	a 	7	Yes		
8	subject to the ir	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do					
	in Part III . .					8		No	
9				presumption procedure described in		9			
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	1 990)	2019	

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

(A) Name and Title	ı	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Kenneth M Mead General Counsel & Secretary		427.000						
	(ii)	,	165,696	13,938	21,140	3,986	632,560	
2 Timothy J Fortune Chief Administrative Officer	(i) (ii)	074.405	148,310	193,062	6,619	3,723	722,819	343,769
3 Mark R Baker	(i)				-,	1		
President/CEO	(i) (ii)	040.040	450,500	29,820	81,140	14,743	1,517,013	
4 Erica J Saccoia SVP Finance & Accounting	(i)							
	(ii)	231,922	91,696	2,780	19,147	1,986	347,531	
5 Gregory L Cohen SVP, Administration	(i)	316.004						
	(ii)		36,943	1,148	17,952	13,293	285,420	4
6 Melissa K Rudinger Executive Director	(i)			286	8,172	1,141	33,502	1
	(ii)	175,280	27,752	2,314	8,291	9,413	223,050	1
7 Jennifer M Storm Vice President	(i)		16,032	2,371	85,789	1,675	275,874	
	(ii)	<u> </u>	 		 		<u> </u>	1
	⊥'					<u> </u>	!	
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Page 3

Schedule 1 (Form 990) 2019

Schedule J (Form 990) 2019

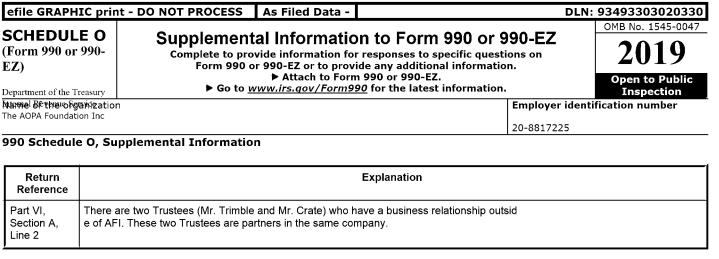
Return Reference	Explanation
PART I, LINE 1A	Certain directors and officers received first class air travel, and travel for companions. It is the Organization's policy to treat the above items as taxable
	componentian and report the applicable amounts to the IDS on Form W-2 or Form 1000-Micc. for the applicable tay year

PART I, LINE 4A Tim Fortune received a severance payment, which is included in the amount reported in Part II, Row 2, Column B(iii). PART I, LINE 4B Mark Baker participated in a supplemental nongualified 457(f) plan, which is included in Part II, Row 3, Column C. The 2019 contribution to this plan was \$60,000. PART II. COMPENSATION THE COMPENSATION LEVELS AND SALARY RANGES FOR CERTAIN EMPLOYEES OF THE ORGANIZATION ARE ESTABLISHED BASED ON COMPETITIVE MARKET DATA

INFORMATION OBTAINED THROUGH PERIODIC SALARY SURVEYS PERFORMED BY OUTSIDE COMPENSATION EXPERTS ENGAGED BY THE ORGANIZATION. THESE SURVEYS PROVIDE GUIDANCE FOR ESTABLISHING REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY. ALL POSITIONS ARE EVALUATED AND PLACED IN THE APPROPRIATE GRADES/SALARY RANGES. AN INDIVIDUAL EMPLOYEE'S SALARY, 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. CERTAIN EMPLOYEES ALSO PARTICIPATE IN THE ORGANIZATION'S INCENTIVE PAY PROGRAM. PART I, Line 7: TARGET INCENTIVE PAY AMOUNTS, AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED BASED ON THE PARTICIPANT'S POSITION. THE ACTUAL INCENTIVE PAY AWARDED 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 INCENTIVE AWARDS PAID TO PARTICIPANTS. ALL PERSONS MENTIONED ABOVE DO NOT 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. The Foundation does not compensate any of its officers. These individuals

DLN: 93493303020330 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** The AOPA Foundation Inc 20-8817225 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 274,361 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2				
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
Number of Contributions	Part I, Column (b) The organization is reporting the number of contributions in column (b).				
Aircraft Sales Broker	Part I, Line 32A The AOPA Foundation, Inc. uses a broker specializing in aircraft sales to sell donated aircraft. The broker is responsible for advertising and placing listings to allow maximum exposure and to expedite the sale. No aircraft were donated to AOPA Foundation, Inc. in 2019.				
	Schedule M (Form 990) (2019)				



Return Reference

Part VI. The AOPA Foundation's Bylaws state the members shall be those persons who, from time to ti

Section A,
Line 6

me, constitute the Board of Trustees of Aircraft Owners & Pilots Association, a non profit

New Jersey corporation. Whenever any person shall cease to be a member of the Board of Tr

ustees of said Association, for any reason, he shall contemporaneously cease to be a membe

r of this Foundation, and his successor upon the Board of Trustees of said Association sha

Il forthwith become a member of this Foundation.

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

Part VI,	IN CONJUNCTION WITH GRANT THORNTON LLP TAX SPECIALISTS, AOPA FOUNDATION MANAGEMENT REVIEWS
Section B,	THE FORM 990 WITH THE AUDIT COMMITTEE PRIOR TO PRESENTING THE RETURN TO OUR BOARD OF TRUS
Lines 11A &	TEES FOR REVIEW.

990 Schedule O, Supplemental Information

Doturn

Reference	Explanation
Part VI, Section B, Line 12C	THE AOPA FOUNDATION'S BOARD IS PROVIDED A WRITTEN "CODE OF ETHICS, CONFLICT OF INTEREST QU ESTIONNAIRE AND DISCLOSURE FORM" ("FORM"). THE FORM REQUIRES PERSONS COVERED (OFFICERS, DI RECTORS, 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 REGULARLY MONITORED BY COUNSEL, ANY POTENTIALLY CONFLICTING OR OTHERWISE QUESTIONABLE RESPONSES ARE FLAGGED AND THE ETHIC S POLICY IS ENFORCED.

Evalanation

990	Schedule	ο,	Supplemental	Information

Return Reference	Explanation
Part VI, Section B, Lines 15A & 15B	THE COMPENSATION FOR THE PRESIDENT IS SET BY THE BOARD OF TRUSTEES AND COMPENSATION COMMIT TEE. THE BASE SALARY FOR THIS POSITION MAY BE ADJUSTED BY THE BOARD FROM TIME TO TIME AT I TS SOLE DISCRETION. THE PRESIDENT IS ALSO CONSIDERED ANNUALLY BY THE BOARD FOR AN INCENTIV E BONUS WHICH IS A TARGET PERCENT OF BASE SALARY. THE ACTUAL BONUS PAID IS DETERMINED BY T HE BOARD BASED ON ITS ASSESSMENT OF THE PRESIDENT'S PERFORMANCE AND THAT OF THE ORGANIZATI ON AGAINST APPROPRIATE GOALS SET BY THE COMPENSATION, ORGANIZATION, AND HUMAN RESOURCES CO MMITTEE AND THE PRESIDENT. PERIODIC INDEPENDENT REVIEWS OF THE PRESIDENT'S COMPENSATION AR E CONDUCTED BY OUTSIDE COMPENSATION EXPERTS TO ENSURE THAT THE COMPENSATION PAID IS REASON ABLE BASED ON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PAID BY SIMILAR ORGANIZ ATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY. THE COMPENSATION PAID BY SIMILAR ORGANIZ ATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY. THE COMPENSATION ARE ESTABLISHED BASED ON C OMPETITIVE MARKET DATA OBTAINED THROUGH PERIODIC SALARY SURVEYS PERFORMED BY OUTSIDE COMPE NSATION EXPERTS ENCAGED BY THE ORGANIZATION. THESE SURVEYS PROVIDE GUIDANCE FOR ESTABLISHI NG REASONABLE COMPENSATION RATES AS COMPARED TO COMPENSATION PAID BY SIMILARLY SITUATED OR GANIZATIONS FOR POSITIONS OF SIMILAR SCOPE OF RESPONSIBILITY. ALL POSITIONS ARE EVALUATED AND PLACED IN THE APPROPRIATE GRADES/SALARY RANGES. AN INDIVIDUAL EMPLOYEE'S SALARY, WITHI N THEIR ASSIGNED RANGE, VARIES DEPENDING PRIMARILLY JEPONS PROMANCE. THE ORGANIZ ATION'S ANNUAL MERIT INCREASE BUDGET IS APPROVED BY THE GOADS. THE ORGANIZ ATION'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 P AY PROGRAM. TARGET INCENTIVE PAY AMOUNTS, AS A PERCENTAGE OF BASE SALARY, ARE ESTABLISHED BASED ON THE PARTICIPANT'S POSITION. THE ACTUAL INCENTIVE PAY AWARDED IS PROPOSED BY THE E ECUTIVE MANAGEMENT TEAM AND THE PRESIDENT BASED ON THEIR

Return Explanation

990 Schedule O, Supplemental Information

Part VI,
Section C,
Lines 18 &
ITS GOVERNING DOCUMENTS TO THE EXTENT REQUIRED BY LAW. THE PUBLIC CAN RECEIVE COPIES BY CO
NTACTING THE ORGANIZATION'S HEADQUARTERS. COPIES OF THE RETURNS CAN BE OBTAINED AT WWW.AOP
A.ORG/ABOUT-AOPA/GOVERNANCE AND WWW.GUIDESTAR.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII, Hours Worked for	MARK BAKER, TIMOTHY FORTUNE, KENNETH MEAD, GREG COHEN, and ERICA SACCOIA ARE FULL-TIME EMP LOYEES OF AIRCRAFT OWNERS & PILOTS ASSOCIATION (AOPA), A RELATED, SECTION 501(C)(4) ORGANI ZATION (EIN 52-0636210), ALTHOUGH THEY DEVOTE APPROXIMATELY TEN HOURS PER WEEK TO THE AOPA
the AOPA Foundation	FOUNDATION, INC.

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

(Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493303020330

Open to Public Inspection

Department of the Treasury	ormation.		Oβ			
Internal Revenue Service						<u> </u>
Name of the organization The AOPA Foundation Inc					iployer identificatior -8817225	number
Part I Identificat	cion of Disregarded Entities. Complete if the	e organization answered "Y	'es" on Form 990, Par	t IV, line 33.		
Name, address,	(a) and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	Dir

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	civity	Legal domic or foreign	ile (state	(d) Total ind	come	(e) End-of-year as	ssets	(f Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns. Compl								ecause			>
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co) de section	Public ((if secti	(e) charity status on 501(c)(3))	Di	(f) irect controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
(1)Aircraft Owners & Pilots Association	Membershi	in		NJ	501c4		N/A		NA		Yes	No No
421 Aviation Way	Hembersiii	, P		113	30104		IN/A					"
Frederick, MD 21701 52-0636210												
(2)AOPA Political Action Committee 421 Aviation Way	PAC				527		N/A		AOPA			No
Frederick, MD 21701 56-3014117											$oldsymbol{oldsymbol{oldsymbol{eta}}}$	
			+				+		+		+	+

Part III Identification of Related Organizat one or more related organizations trea				te if the o	rganization	answered	"Yes" on Forr	n 990,	Part I	V, line 34,	beca	use it	had	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(rel: unrelate excluded f tax undo sections 5 514)	ated, total inc id, from er		Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V-UBI General of managin partner? Schedule K-1		(k) Percenta ownersh	
					314)			Yes	No		Yes	No		
														_
														_
Part IV Identification of Related Organizate because it had one or more related organizate.							inswered "Ye	s" on F	orm 9	90, Part IV	, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S corp or trust)			(g) e of end- year assets	of- Perce	ntage ership		(i) ection 512 3) contro entity?	lled
(1)AOPA INSURANCE AGENCY	INSURANCE		untry) MD	AHC		C CORP		0		0			res N	lo
1995 MIDFIELD ROAD WICHITA, KS 67209 52-1813554	INSURANCE	'	10	And		CCORP								J
(2)AOPA HOLDINGS CORPORATION 421 AVIATION WAY FREDERICK, MD 21701 46-1036265	HOLDINGS COMP	ı	DE	AOP	A	C CORP		0		0			N	0
														_
														_
														—

1k

11

1n Yes

10 Yes

1q

1r

1s Yes

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1m Yes

1p Yes

No

No

No

No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Г	1						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1	a	No					
b Gift, grant, or capital contribution to related organization(s)	11	b Yes						
c Gift, grant, or capital contribution from related organization(s)	10	С	No					
d Loans or loan guarantees to or for related organization(s)	10	d	No					
e Loans or loan guarantees by related organization(s)	10	e	No					
		\neg	$\overline{}$					

			1
С	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

(b)

Transaction type (a-s)

M,N,O

М

Amount involved

8,459,333

1,583,111

86,760

88.548

FMV

FMV

FMV

FMV

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

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

(1)AIRCRAFT OWNERS & PILOTS ASSOCIATION

(2)AIRCRAFT OWNERS & PILOTS ASSOCIATION

(4)AIRCRAFT OWNERS & PILOTS ASSOCIATION

(3)AOPA HOLDINGS CORPORATION

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019			
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	