Department of the

### DLN: 93493012007441

2019

OMB No. 1545-0047

## **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

Treasu	ry	enue Service		. <u>gov/Form990</u> for instructior	ns and the	latest inform	ation.		Inspection
				ginning 03-01-2019 , and er	nding 02-2	9-2020			
<b>B</b> Che	ck if a	applicable:	C Name of organization Experimental Aircraft Association	Inc			D Employ	er identi	ification number
		change	·	Inc			39-091	7537	
	ime cl itial re	hange eturn	% BRIAN WIERZBINKSI Doing business as						
☐ Fin	al retu	rn/terminated					E Telepho	no numbo	· ·
		ed return	Number and street (or P.O. box i 3000 Poberezny Road	f mail is not delivered to street addre	ss) Room/su	ite			
⊔ Ap	plicat	ion pending	,	ountry, and ZIP or foreign postal cod			(920) 4	126-480	)
			Oshkosh, WI 54902	ountry, and 21P or foreign postal coo	е		<b>G</b> Gross m	accinto ¢	46,167,988
			<b>F</b> Name and address of princ	inal officer:		H(a) to the	J		
			Brian Wierzbinski	ipar officer.		H(a) Is this	s a group re dinates?	eturn for	□Yes <b>☑</b> No
			3000 Poberezny Road Oshkosh, WI 54902			H(b) Are a		tes	Yes No
I Ta	x-exe	mpt status:		◀ (insert no.)	П гэг	includ		list (see	ப் Yes டால் e instructions)
1 14	ahci	te:▶ ww		◀ (Insert no.)	<u> </u>	H(c) Group		•	•
J VV	ensi	te: P ww	w.eaa.org			( ) ( ) ( )	CKCIIIPCIO	. Hambe	•
<b>K</b> For	n of c	organization	Corporation Trust A	ssociation Other ►		L Year of form	ation: <b>1</b> 955	M State	e of legal domicile: WI
P	art I		mary						
			scribe the organization's mission ON TO GROWING AVIATION TH	n or most significant activities:  ROUGH PARTICIPATION & EDU(	CATION, DE	LIVER EDUCAT	TIONAL OFF	FRINGS	& ACTIVITIES WHIC
9			W PARTICIPANTS & REDUCE BA				1011712		
aDC									
E E									
Activities & Governance	2	Check thi	s box ▶ ☐ if the organization	discontinued its operations or di	isposed of n	nore than 25%	of its net a	assets.	
ত ফা	3		of voting members of the gover					3	34
≥ Sé	4	Number o	of independent voting members	of the governing body (Part VI,	line 1b) .			4	33
Ě	5	Total nun	nber of individuals employed in	calendar year 2019 (Part V, line	2a)			5	991
ct	6	Total nun	nber of volunteers (estimate if i	necessary)			•	6	5,600
Q.	7a	Total unr	elated business revenue from P	art VIII, column (C), line 12 .			ı	7a	2,159,700
	b	Net unrel	ated business taxable income f	rom Form 990-T, line 39				7b	133,049
						Pri	or Year		Current Year
<u>a</u> i	8	Contribut	ions and grants (Part VIII, line 1	lh)			11,272,	689	7,526,978
Ravenue	9	Program	service revenue (Part VIII, line 2	2g)			26,590,	197	28,213,220
₽. Yë	10	Investme	ent income (Part VIII, column (A	), lines 3, 4, and 7d )			732,	815	914,81
	11	Other rev	enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			6,986,		7,724,05
	-		<u> </u>	must equal Part VIII, column (A),	, line 12)		45,581,		44,379,06
	1		nd similar amounts paid (Part IX		•		1,593,	334	1,179,95
	1		paid to or for members (Part IX,		• •			0	
8	1	•		benefits (Part IX, column (A), li	,		15,359,	.023	15,436,23
Expenses	1		• •	lumn (A), line 11e)				0	
ੜੇ	1		raising expenses (Part IX, column (E	·· · · —-					
	1	•	penses (Part IX, column (A), line	,	•		24,250,		25,299,06
	1	•	`	equal Part IX, column (A), line 2!	•		41,202,		41,915,24
. 0	19	Revenue	less expenses. Subtract line 18	from line 12	• •	Da sin nin n	4,379,		2,463,82
Net Assets or Fund Balances						beginning	of Current \	. edi	End of Year
ssel 3ala	20	Total ass	ets (Part X, line 16)				59,022,	253	61,965,07
A A	21	Total liab	ilities (Part X, line 26)				23,353,	764	23,653,73
ž.	22	Net asset	s or fund balances. Subtract lin	e 21 from line 20			35,668,	489	38,311,33
Pa	art II	Sign	ature Block						
				amined this return, including acc					
		e and belle ledge.	r, it is true, correct, and comple	ete. Declaration of preparer (oth	er than offic	cer) is based o	n all inform	iation or	wnich preparer has
		- I k							
		Signati	* ure of officer			202 Dat	<u>:1-01-11</u> e		
Sign Here		, "							
пет	-		WIERZBINSKI Executive VP/CFO r print name and title						
		17	rint/Type preparer's name	Preparer's signature	Ir	ate		PTIN	
Paid	4		y 17pe proparer a name	Tropardi o oigilacure		Che	eck 🗀 if	P0055679	98
Pre		or	irm's name F Grant Thornton LLP	l	I		-employed   n's EIN ▶		
	•	ei							
Use	· Uľ	<b>''У</b>   F	irm's address ► 100 E Wisconsin Avo	9		Pho	ne no. (414)	289-8200	)
			Milwaukee, WI 532	02					
May t	he II	RS discuss	this return with the preparer sl	nown above? (see instructions)				. 🗸	Yes 🗌 No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Serv	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission	:			
DELI AND EDU OF P	VER EDUCATIONAL OI NURTURES INTEREST CATIONAL, SCIENTIFI ROGRAMS RELATING	FFERINGS AND ACTIVI BY EMBRACING THE 'C C AND CHARITABLE PU TO AVIATION ACTIVIT	TIES WHICH GUI 'SPIRIT OF AVIAT JRPOSES. EAA CO IES, PROMOTES.	IDE NEW PARTICIPANTS TION" IN ALL THAT WE D DOPERATES WITH AND A AND ENCOURAGES AVIA	AND REDUCE BARRIERS TO DO. EAA IS ORGANIZED AND	
2	the prior Form 990 o	, -		vices during the year wh	ich were not listed on	☐ Yes ☑ No
3	•			changes in how it condu	cts any program	
•	services?	cease conducting, or	make significant	changes in now it condu	cts, any program	. □Yes ☑No
		ese changes on Sched	ule O.			
4	Describe the organize Section 501(c)(3) ar	ation's program servi	e accomplishmer ions are required	to report the amount of	argest program services, as i f grants and allocations to oth	
4a	(Code: See Additional Data	) (Expenses \$	12,967,951	including grants of \$	5,500 ) (Revenue \$	17,079,276 )
4b	(Code: See Additional Data	) (Expenses \$	5,450,925	including grants of \$	40,000 ) (Revenue \$	8,116,043 )
4c	(Code: See Additional Data	) (Expenses \$	3,624,101	including grants of \$	) (Revenue \$	2,785,224 )
	(Code: MUSEUM AND OTHER P	) (Expenses \$ ROGRAM SERVICES	11,825,709	including grants of \$	1,134,453 ) (Revenue \$	5,237,351 )
4d	• •	ices (Describe in Sche	•			
4d	Other program serv (Expenses \$	11,825,709 in	dule O.) cluding grants of 33,868,6	· · · · · · · · · · · · · · · · · · ·	53 ) (Revenue \$	5,237,351 )

Form	990 (2019)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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 2	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	Yes	_
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		
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   2	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," complete Schedule D, Part III</i>	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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	
	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		No
	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
	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		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

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

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

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

20b

21

Yes

rm 9	990 (2019)			Page <b>4</b>
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	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	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	Yes	
	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	Yes	
	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	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	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		No
	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   249			

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

**1**c

Yes

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Pai	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			
	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		No
a	provided to the payor?	′°		NO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:			
	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:			
a	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		
15	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?	15		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.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	•	onse to	lines <b>V</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 34	-		
	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 33			
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		No
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?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
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	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶ AZ , AR , FL , GA , KS , MA , MI , NJ , NY	PA . V	A , 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.		,	
	Own website Another's website  Upon request  Other (explain in Schedule O)			
19	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:  BRIAN WIERZBINKSI 3000 POBEREZNY RD Oshkosh, WI 54902 (920) 426-4800			

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization nor any related organization and any related organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee)</li> <li>Position (do not check more than one box, unless person is both an officer and a director/trustee)</li> <li>Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line)</li> </ul>	Form 990 (2019)											Page <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  For related organizations below dotted line)  List all of the organization organizations organization organ	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization org	year.		•						, ,		-	n's tax
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe												
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (W-2/1099-MISC)  MISC)  (F)  Estimated amount of other compensation from the organization organization organization and related organizations.												
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Individual trustee or director organizations MISC) MISC) related ey employee Institutional below dotted organizations line) Trustee See Additional Data Table  $\blacktriangleright$ c Total from continuation sheets to Part VII, Section A . > 2,501,164 413,823 473,733 d Total (add lines 1b and 1c) ▶ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual . 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 Nο **Section B. Independent Contractors** 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

(B)

Description of services

Waste Removal Svcs

Membership Marketing

Construction Svcs

Entertainment

(C)

Compensation

870,067

280,426

238,783

136,300

Form 990 (2019)

(A)

Name and business address

Dean Enterprises,

ROGERS, MN 55374 REAL CONSTRUCTION,

729 WAUPUN RD OSHKOSH, WI 54902 FRAY TOURING LLC,

BROWNSVILLE, WI 53006 STREAMWORKS LLC,

20195 SO DIAMOND LAKE RD 700

3310 WEST END AVE STE 400 NASHVILLE, TN 37203

compensation from the organization ▶ 4

PO Box 151

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				(4)
Section 501(c)(3) and 501(c)(4) organizations must co		_		mn (A).
Check if Schedule O contains a response or note to an		(B)	(c)	🗹 (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,151	61,151		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,118,802	1,118,802		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,892,573	1,284,395	608,178	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	10,563,360	3,604,619	6,958,741	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	515,588	248,423	267,165	
9 Other employee benefits	1,632,822	100,022	1,532,800	
<b>10</b> Payroll taxes	831,887	336,604	495,283	
11 Fees for services (non-employees):				
a Management	0			
b Legal	159,002	21,165	137,837	
c Accounting	116,290	·	116,290	
d Lobbying	0			_
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	39,898		39,898	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,698,187	2,963,857	1,734,330	
12 Advertising and promotion	1,082,965	648,951	431,601	2,413
13 Office expenses	1,817,840	1,119,600	698,240	
14 Information technology	557,781	6,279	551,502	
15 Royalties	0	·		_
16 Occupancy	2,689,275	1,291,651	1,397,624	
17 Travel	1,578,532	1,357,187	221,049	296
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,007,107	221/015	
19 Conferences, conventions, and meetings	32,300	17,553	14,747	
20 Interest	138,860	27,000	138,860	
21 Payments to affiliates	0		130,000	
22 Depreciation, depletion, and amortization	2,133,654	256,998	1,876,656	
	1,535,933	1,212,366	323,567	
23 Insurance	1,333,933	1,212,300	323,307	
a EQUIPMENT RENTAL	2,795,628	2,490,537	305,091	
b REPAIRS AND MAINTENANCE	1,299,211	740,607	558,604	
c PROGRAM AND SUPPLIES	1,006,842	967,106	39,496	240
d FUEL	794,665	697,298	97,367	
e All other expenses	2,822,198	13,323,515	-11,114,259	612,942
25 Total functional expenses. Add lines 1 through 24e	41,915,244	33,868,686	7,430,667	615,891
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-			·
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Forn	1 990	(2019)					Page <b>11</b>		
Р	art X	Balance Sheet							
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆		
					(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			2,423,848	1	1,713,788		
	2	Savings and temporary cash investments		[	0	2	0		
	3	Pledges and grants receivable, net			233,637	3	28,044		
	4	Accounts receivable, net			1,077,378	4	774,584		
	5	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons Loans and other receivables from other disquality	ontribu s .	tor, or 35% controlled	0	5	0		
	"	section $4958(f)(1)$ ), and persons described in se	0	6	0				
	7	Notes and loans receivable, net		<del> </del>	0	7	0		
Assets	8	Inventories for sale or use	<u> </u>	972.621	8	988,395			
SS	9	Prepaid expenses and deferred charges		<u> </u>	1,247,838	9	1,598,267		
Q	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	60,456,307					
	ь	Less: accumulated depreciation	10b	31,596,953	25,346,340	<b>10</b> c	28,859,354		
	11	Investments—publicly traded securities .		23,938,245	11	24,935,602			
	12	Investments—other securities. See Part IV, line	11 .		0	12	0		
	13 Investments—program-related. See Part IV, line				0	13	0		
	14	Intangible assets		[	20,000	14	30,000		
	15	Other assets. See Part IV, line 11		[	3,762,346	15	3,037,037		
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	59,022,253	16	61,965,071		
	17	Accounts payable and accrued expenses			3,388,568	17	3,521,694		
	18	Grants payable		Γ	0	18	0		
	19	Deferred revenue			13,912,436	19	14,718,446		
	20	Tax-exempt bond liabilities			5,800,000	20	5,200,000		
Ś	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D	0	21	0		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity	0	22	0		
Ξ	23	Secured mortgages and notes payable to unrela	rd parties	0	23	0			
	24	Unsecured notes and loans payable to unrelated	l third p	parties	0	24	0		
	25	Other liabilities (including federal income tax, pa			252,760	25	213,594		

	12	Investments—other securities. See Part IV, line 11	U	12	
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	20,000	14	30,000
	15	Other assets. See Part IV, line 11	3,762,346	15	3,037,037
	16	Total assets. Add lines 1 through 15 (must equal line 34)	59,022,253	16	61,965,071
	17	Accounts payable and accrued expenses	3,388,568	17	3,521,694
	18	Grants payable	0	18	0
	19	Deferred revenue	13,912,436	19	14,718,446
	20	Tax-exempt bond liabilities	5,800,000	20	5,200,000
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
bilities	22	Loans and other 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	0	22	0

23,353,764

32,260,687

3,407,802

35,668,489

59,022,253

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29 30

31

32

33

23,653,734

35.825.492

2,485,845

38,311,337 61,965,071

Form **990** (2019)

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

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 .

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 39-0917537

Name: Experimental Aircraft Association Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

AIRVENTURE - THE LARGEST AVIATION EVENT OF ITS KIND IS HELD EACH YEAR IN LATE JULY, AIRVENTURE EDUCATES THOSE ATTENDING ON AVIATION AND AIRCRAFT THROUGH EXHIBITS, DEMONSTRATION AIRSHOWS, EDUCATIONAL SESSIONS, AND INTERACTIVE DISPLAYS.

# MEMBERSHIP AND PUBLICATIONS - "SPORT AVIATION" IS A MONTHLY PUBLICATION ISSUED TO MEMBERS WITH A VARIETY OF EDUCATIONAL INFORMATION ON AVIATION. "AIRVENTURE TODAY" IS A DAILY NEWSPAPER PRINTED EVERY DAY DURING AIRVENTURE. OTHER VARIOUS PRINTED AND DIGITAL PUBLICATIONS ARE PRODUCED ON A PERIODIC BASIS TO INFORM AND EDUCATE MEMBERS OR AIRVENTURE ATTENDES. INCLUDES COSTS ASSOCIATED WITH PROVIDING KNOWLEDGE AND

INFORMATION TO ASSIST WITH TECHNICAL OUESTIONS ON AVIATION MATTERS AND PROMOTING MEMBERSHIP IN THE ORGANIZATION.

Form 990, Part III, Line 4b:

### EAA PROVIDES FLIGHT EXPERIENCES IN VINTAGE AND HISTORICAL AIRCRAFT AT LOCAL AIRPORTS TO EDUCATE THE PUBLIC ABOUT THE HISTORY AND ROLE OF AIRCRAFT OVER TIME AND INSPIRE A FUTURE GENERATION TO ENGAGE IN AVIATION. THESE AIRCRAFT SERVE AS A LIVING HISTORY THAT HOLDS A REMARKABLE

CONNECTION TO THE PAST, MAKING THESE AIRCRAFT ACCESSIBLE TO THE PUBLIC INCREASES THE PUBLIC'S KNOWLEDGE ABOUT THE ROLE OF AVIATION IN COMMERCE

BY VOLUNTEERS WHO ARE PASSIONATE ABOUT SHARING STORIES ABOUT THE PLANES ON THE TOUR AND EDUCATING THE ATTENDEES ABOUT THE IMPORTANCE OF

Form 990, Part III, Line 4c:

AVIATION

AND SECURITY, THE ENGINEERING ADVANCES THAT PROMOTED AVIATION AND THE WAYS IN WHICH AIRCRAFT REDEFINED WORLD TRAVEL. THIS YEAR OVER 19,000 FLIGHT EXPERIENCES WERE PROVIDED AND OVER 5,000 GROUND TOURS WERE GIVEN ON OUR AIRCRAFT THAT TOURED THE UNITED STATES. TOUR STOPS ARE HOSTED

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related		1	_				(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`MISC)	`MISC)	related organizations
Jack Pelton CEO/CHAIRMAN OF THE BOARD	35.0	Х		х				335,165	143,642	77,510
Brian Wierzbinski  Executive VP/CFO	15.0 42.5 7.5			Х				272,664	48,118	54,361
David Chaimson VP, Mark. & Bus DevThru 1/20	40.0				х			257,110	0	36,115
Rick Larsen  VP, Communities & Memb Prog	40.0				х			243,263	0	48,228
Sean Elliott	40.0									

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171,055

169,488

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201,308

41,196

21,454

29,969

23,270

31,679

28,695

Rick Larsen
VP, Communities & Memb Prog
Sean Elliott
VP, Advocacy & Safety

Ken Strmiska

Karen Kryzaniak

Doug McNair

James Busha

Thomas Moule

Director, IT

VP, DONOR STEWARDSHIP

VP, Risk Management & HR

VP, Government Relations

Director, Publications

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation from the

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
David Goelzer	40.0									
Attorney	0.0					X		161,805	0	26,891
Tony Wihlm Director, Finance	42.5 7.5					х		117,612	20,755	28,964
Dennis Dunbar Director, Aircraft Operations	40.0					Х		122,680	0	25,401
Charlie Precourt Vice Chairman	10.0	X		х				0	0	0
			-	-	_	-	$\vdash$			

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Dennis Dunbar	
Director, Aircraft Operations	0.
Charlie Precourt	10.
Vice Chairman	0.
Stuart Auerbach	10.
Treasurer	10

Jim Phillips

Secretary

Director

Director

Director

Director

Dan Majka

Richard Beattie

David Pasahow

Keith Kocourek

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other

	week (list any hours					office (ustee		from the organization	from related organizations	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
Richard Beebe	10.0	X						0	0	0
Director	0.0							Ŭ		
Mike Goulian Director	10.0	Х						0	0	0
	0.0 10.0									
Joe Brown	10.0	Х						0	0	0
Director	0.0									
Barry Davis	10.0	Х						0	0	0

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Joe Brown
Director
Barry Davis
Director
Darren Pleasance

Director

Director

Lou Seno

Director

Director

Director

Director

James Clark

Alan Klapmeier

Alan Shackleton

Dan Schwinn

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Connie Bowlin

Vic Syracuse

Mark Solper

Susan Dusenbury

Jack Harrington

Director - Deceased 12/28/2019

Director

Director

Director

Director

Director

David Lau

	any hours				r/tr	ustee)	)	organization	organizations	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
Phil Martineau Director	10.0	Х						0	0	0
Paul Schafer Director	10.0	Х						0	0	0
Cody Welch Director	10.0	Х						0	0	0
Robert Armstrong	10.0									

Tudi Scharci		Х			l o	0	ı
Director	0.0				,	J	
Cody Welch	10.0	X			0	0	
Director	0.0				7	3	
Robert Armstrong	10.0	X			0	0	
Director	0.0						l
Connie Bowlin	10.0						ĺ

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and Independent Contractors (A) (C) (D) (E) (F) (B) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

	any hours	and	a dir	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Dick Vangrunsven	10.0									
Director	0.0	X						0	0	0
Norm Dewitt	10.0	Х						0	0	0
Director	0.0								0	ĺ
Mark Van Tine	10.0									

Director	0.0	^			0	0	
Norm Dewitt	10.0				0	0	
Director	0.0				9	3	
Mark Van Tine	10.0				0	0	

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Director

Director

Director

Ken Mckenzie

Ben Diachun

Heather Penney Director

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SCI	HED	ULE A	- Dublic :	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	s <u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza Aircraft Associ					Employer identific	ation number
Lxpen	mentai	All clair Associ	ation inc				39-0917537	
	rt I		for Public Charity Stat				See instructions.	
1 1	rganiz		a private foundation because	`	•		(A)(:)	
		·	onvention of churches, or as					
2			scribed in <b>section 170(b)(</b>		,			
3		·	or a cooperative hospital ser	-			-	
4		A medical r name, city,	esearch organization operat and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7			ation that normally receives ' <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10	✓	from activit investment	ation that normally receives: dies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A organization(s) (see instruct	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated integrated. The organization in You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е			box if the organization recei or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	<u>,                                     </u>	т'		Γ	T
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the I	<u> </u>	Cat. No. 11285		 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
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	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

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P	Support Schedule for						
	(Complete only if you						r Part II. If
	the organization fails t	o quality under	the tests listed	below, please co	omplete Part II.	)	
Se	ction A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	8,104,817	7,951,543	7,540,971	11,272,689	7,526,978	42,396,99
2	include any "unusual grants.") . 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	27,944,388	29,298,982	31,290,734	31,250,855	32,659,785	152,444,74
3	Gross receipts from activities that are not an unrelated trade or business under section 513	319,855	363,045	345,750	355,200	146,100	1,529,95
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	36,369,060	37,613,570	39,177,455	42,878,744	40,332,863	196,371,69
7a	Amounts included on lines 1, 2, and	234,714	384,062	338,153	442,703	400	1,400,03
	3 received from disqualified persons	231,711	55 1,552	333,133	1.12,7.00	100	1,100,00
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	547,855	533,219	851,270	825,000	602,372	3,359,71
C	Add lines 7a and 7b	782,569	917,281	1,189,423	1,267,703	602,772	4,759,74
8	Public support. (Subtract line 7c from line 6.)						191,611,94
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6	36,369,060	37,613,570	39,177,455	42,878,744	40,332,863	196,371,69
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,130,324	1,307,603	1,499,092	1,611,662	2,159,093	7,707,77
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	64,555	63,123	67,158	94,035	133,049	421,92
c	Add lines 10a and 10b.	1,194,879	1,370,726	1,566,250	1,705,697	2,292,142	8,129,69
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	83,867	127,065	154,829	858,221	960,064	2,184,04
13	Total support. (Add lines 9, 10c, 11, and 12.).	37,647,806	39,111,361	40,898,534	45,442,662	43,585,069	206,685,43
14	First five years. If the Form 990 is f	=			•		_
	check this box and stop here						▶ □
	ection C. Computation of Public	Support Perce	entage	naluma (6)		11	
15	Public support percentage for 2019 (		•			15	92.707 %
16	Public support percentage from 2018					16	93.091 %
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)19</b> (line 10c, colu	mn (f) divided by	line 13, column (f	"))	17	3.933 %

Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . 19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . .  $\blacktriangleright$   $\bigsqcup$ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ 📙

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

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

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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.
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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 550 01 550 E2) 2015			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 <b>Part VI</b> .	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
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 <b>Part VI</b> 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?	1		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> 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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
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 <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	nich the organization is respons	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 Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

	***		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	nich the organization is respons	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 Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> 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 <b>Part VI</b> . See instructions.		
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		

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. See instructions.		
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.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019. . . . .

### **Additional Data**

#### Software ID: Software Version:

**EIN:** 39-0917537

Name: Experimental Aircraft Association Inc

Schedule A	(Form 990 or 990-EZ) 2019	Page
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional instructions).	art IV, Section C, line 1; n 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).

Facts And Circumstances Test

**SCHEDULE C** (Form 990 or 990-

Department of the Treasury

EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493012007441

Open to Public Inspection

псп	ar Revenue service				
• S	Section 501(c)(3) organizations: Co Section 501(c) (other than section Section 527 organizations: Comple		te Part I-C. ts I-A and C below.	Do not complete Part I-B.	·
• : • : f the Pro:	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha		section 501(h)): Counder section 501(h	omplete Part II-A. Do not co )): Complete Part II-B. Do r	omplete Part II-B. not complete Part II-A.
	me of the organization erimental Aircraft Association Inc	·		<b>Employer iden</b> 39-0917537	tification number
Par	t I-A Complete if the orga	nization is exempt under secti	on 501(c) or is		zation.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political ca	ımpaign activities ir	n Part IV (see instructions f	or definition of
2	Political campaign activity expend	ditures (see instructions)		<b>&gt;</b>	\$
3		paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise t	ax incurred by the organization under s	section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise t	ax incurred by organization managers	under section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
	-	nization is exempt under secti			
1	· ·	ded by the filing organization for section	•		\$
2		ganization's funds contributed to other			\$
3	Total exempt function expenditur	res. Add lines 1 and 2. Enter here and o	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file Fo	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) or r each organization listed, enter the an that were promptly and directly delive tee (PAC). If additional space is needed	nount paid from the red to a separate p	filing organization's funds. olitical organization, such a	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

1.500.000

Return Reference

or each "Ye	es" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(	b)
ctivity.		Yes	No	Am	ount
	g the year, did the filing organization attempt to influence foreign, national, state or local legislation, ling any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volun	teers?				
<b>b</b> Paid s	taff or management (include compensation in expenses reported on lines 1c through 1i)?				
<b>c</b> Media	advertisements?				
<b>d</b> Mailin	gs to members, legislators, or the public?				
<b>e</b> Public	ations, or published or broadcast statements?				
<b>f</b> Grant	s to other organizations for lobbying purposes?				
<b>g</b> Direct	contact with legislators, their staffs, government officials, or a legislative body?				
<b>h</b> Rallie	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other	activities?				
j Total.	Add lines 1c through 1i				
a Did th	ne activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Ye	s," enter the amount of any tax incurred under section 4912				
c If "Ye	s," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-		(5), o	r secti	on	
	501(c)(6).		r secti	Y	es N
. Were	501(c)(6). substantially all (90% or more) dues received nondeductible by members?		r secti	1 Ye	es N
. Were	501(c)(6).  substantially all (90% or more) dues received nondeductible by members?		E	1 2	es N
L Were Did th	501(c)(6).  substantially all (90% or more) dues received nondeductible by members?		 [	1 2 3	
. Were 2 Did th 3 Did th	substantially all (90% or more) dues received nondeductible by members?	(5), o		You 1 2 3 on 501	
Were Did the property of the p	substantially all (90% or more) dues received nondeductible by members?  be organization make only in-house lobbying expenditures of \$2,000 or less?  be organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members	 (5), o		You 1 2 3 on 501	
. Were Did the Did the Part III-	substantially all (90% or more) dues received nondeductible by members?	(5), o		You 1 2 3 on 501	
Were Did the D	501(c)(6).  substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	(5), o		You 1 2 3 on 501	
Were Did th Did th  art III-  Dues, Sectic expe a Curre b Carry	substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political makes for which the section 527(f) tax was paid).	(5), o III-A		You 1 2 3 on 501	
Were Did th Did th Dues, Section expe Curre Carry Carry Total	substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year	(5), o III-A 1 2a 2b		You 1 2 3 on 501	
. Were Did the Dart III Dues, Section experiment Carry Carry Carry III not the oil	substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  signate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen and the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A  2a 2b 2c 3		You 1 2 3 on 501	
Dues, Carry Cartal Aggre I foot Experiments I not the or experiments	substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure are severed in section of the excess does organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), o IIII-A 2a 2b 2c 3		You 1 2 3 on 501	
L Were Did th Did th Dues, Section Expense Carry Carry Total Aggre If not the on expense	substantially all (90% or more) dues received nondeductible by members?  see organization make only in-house lobbying expenditures of \$2,000 or less?  see organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  assessments and similar amounts from members  on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  In tyear  over from last year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen that the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political diditure next year?	(5), o IIII-A  2a 2b 2c 3		You 1 2 3 on 501	

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493012007441

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.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

Nan	ne of the organization			Employer i	identificatio	n number
Expe	rimental Aircraft Association Inc			39-0917537	7	
Par				or Accounts		
	Complete if the organization answered "Ye	(a) Donor advis	•	(h) Fu	nds and other	accounts
1	Fotal number at end of year	(a) Bonor davis	Jea Tarias	(5) (4)	inas ana other	accounts
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso	rs in writing that the asse	ts held in donor ac	dvised funds a	re the	
	organization's property, subject to the organization's ex					Yes 🗌 No
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor	or donor advisor, or for a	any other purpose			
	private benefit?					Yes 🗌 No
Par	Conservation Easements. Complete if the organization answered "Ye	s" on Form 990 Part I	V line 7			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation		Preservation of an	historically in	nnortant land	area
	Protection of natural habitat		Preservation of a	,		ui cu
		Ц	Preservation of a	certified filstor	ic structure	
_	Preservation of open space	1150				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation cor	ntribution in the fo		vation I at the End	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified histori	c structure included in (a)	)	2c		
	Number of conservation easements included in (c) acqui structure listed in the National Register	ired after 7/25/06, and no	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished	, or terminated by	the organizati	on during the	1
4	Number of states where property subject to conservation	on easement is located <b>&gt;</b> _				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, ins	spection, handling	of violations,		
					∐ Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, nandling of violation	ns, and enforcing c	onservation ea	isements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violations, an	d enforcing conser	vation easeme	ents during th	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the require	ments of section 1	70(h)(4)(B)(i)	<b>i</b>	
	and section $170(h)(4)(B)(ii)$ ?				☐ Yes	□ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organizat				
	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tre		ner Similar <i>i</i>	Assets.	
	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	6 (ASC 958), not to repor public exhibition, education	rt in its revenue sta on, or research in f			
-	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub	.6 (ASC 958), to report in	its revenue staten			
	following amounts relating to these items:  Nevenue included on Form 990, Part VIII, line 1			<b>b</b> ¢		
	Assets included in Form 990, Part X			-		1 954 241
2	If the organization received or held works of art, historic	cal treasures, or other sim	nilar assets for fina	-		1,007,271
	following amounts required to be reported under SFAS:	LIB (ASC 958) relating to	Thaca Itame			
а	Revenue included on Form 990, Part VIII, line 1	• •		<b>&gt;</b> \$		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

**1a** Land . . .

**d** Equipment .

**b** Buildings . . . .

 ${f c}$  Leasehold improvements

Sche	edule D (Form 990) 2019						Page 2
Pai	t IIII Organizations Maintaining Co	llections of Art, Hi	storical Trea	sures, or	Other :	Similar Assets (	continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):						
а	✓ Public exhibition			an or excha			
b	Scholarly research		e 🗹 Ot	herSCHO	OL AGE EI	DUCATION PROGRA	MS
С	✓ Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		•				s 🗹 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		າ 990, Part IV,	, line 9, or	reporte	d an amount on F	Form 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						s 🗌 No
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table:	[		Amount	
c	Beginning balance	•	-		1c		
d	Additions during the year				1d		
е	Distributions during the year			l	1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990 Part X line 2	1 for escrow or	custodial a	ccount lia	hility? $\Box$ <b>v</b> o	s 🗆 No
2a b							
	art V Endowment Funds.	r. Check here if the exp	nanation has be	en provided	I III Part A	ш ⊔	
	Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV,	line 10.			
	•	(a) Current year	(b) Prior year		ears back	(d) Three years back	(e) Four years back
<b>1</b> a	Beginning of year balance	31,104,557	31,427,46	3 2	7,720,883	20,977,154	22,597,057
b	Contributions	489,360	1,506,49		3,432,710	2,892,084	346,784
C	Net investment earnings, gains, and losses	1,047,970	900,83	5	2,793,861	2,572,163	-742,264
d	Grants or scholarships	1,553,249	2,730,239	9	2,519,991	1,229,715	1,224,423
е	Other expenditures for facilities and programs						_
f	Administrative expenses						
g	End of year balance	31,088,638	31,104,55	7 3	1,427,463	25,211,686	20,977,154
2	Provide the estimated percentage of the curr	ent year end balance (	line 1g, column	(a)) held a	s:		
а	Board designated or quasi-endowment	36.843 %					
b	D						
c	Temporarily restricted endowment ► 3.0	072 %					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3а	Are there endowment funds not in the posse organization by:	ssion of the organization	on that are held	and admini	stered for	the	Yes No
	(i) unrelated organizations						a(i) Yes
	(ii) related organizations					<u> </u>	a(ii) Yes
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?						
4							
4	Describe in Part XIII the intended uses of the		ment funds.				
		nt.		. line 11a	See For	m 990. Part X. lir	ne 10.

0

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

3,006,772

7,935,371

21,696,166

16,308,847

11,509,151

28,859,354 Schedule D (Form 990) 2019

3,006,772

4,020,034

13,024,077

4,474,288

4,334,183

3,915,337

8,672,089

11,834,559

7,174,968

	Investments—Other Securities.					rage <b>3</b>
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category	Part IV, li	ne 11b		Part X, lind d of valuati	
	(including name of security)	Book value		Cost or end-of		
(1) Financia	l derivatives	Value				
	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	<b>•</b>				
Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 110	. See Form 990,		
	(a) Description of investment			(b) Book value		thod of valuation: end-of-year market
(1)						value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<u> </u>			
	Complete if the organization answered 'Yes' on Form 990,  (a) Description	Part IV, lir	ne 11d	. See Form 990, Pa		5. <b>(b)</b> Book value
(1)	(a) Description					(b) book value
(2)						
(3)						
(4)						
(5)						_
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	Other Liabilities.	5 . 7 . 1				V II 05
1.	Complete if the organization answered 'Yes' on Form 990,  (a) Description of liability	Part IV, III	1e 11e	or 11f.See Form		X, line 25.  ) Book value
(1) Federal (2)	income taxes					0
(3)						
(4)						
(5) ———						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)	-b- b- ±1		ianta fire e e i de de de		213,594
•	or uncertain tax positions. In Part XIII, provide the text of the footno		-			·

2

а

b

3

4

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

2,690,922

44,339,167

39,898

44,379,065

44,387,241

2,511,895

41,875,346

39.898

41.915.244

Schedule D (Form 990) 2019

Add lines **4a** and **4b** . . . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Donated services and use of facilities . . . . . Subtract line **2e** from line **1** . . . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements . . . . . .

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

Subtract line 2e from line 1 . . . . . . . . . . .

Supplemental Information

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

Add lines **4a** and **4b** . . . . . . . . . . . . . .

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

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

Net unrealized gains (losses) on investments . . . .

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.

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

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

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

2c 2d 4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

1,499,723 39,898 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . . . .

155.812

1.035.387

1,012,172

1,499,723

39.898

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

2e

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID:

**Software Version: EIN:** 39-0917537

Name: Experimental Aircraft Association Inc

## Supplemental Information

Return Reference	Explanation
COLLECTIONS OF ART AND HISTORICAL TREASURES EXEMPT PURPOSE	SCHEDULE D, PART III, LINE 4 THE EAA AVIATION FOUNDATION, INC., ALONG WITH THE EAA AVIATIO N MUSEUM, MAINTAINS A COLLECTION OF HISTORIC AIRCRAFT, ARTIFACTS, AND ARCHIVAL MATERIALS R ELATED TO THE HISTORY OF AVIATION WITH AN EMPHASIS ON RECREATIONAL AVIATION. THE COLLECTIO N INCLUDES APPROXIMATELY 230 AIRCRAFT, APPROXIMATELY 17,000 ARTIFACTS, 20,000 BOOKS AND PE RIODICALS, 750,000 PHOTOGRAPHS AND 8,500 HOURS OF FILM AND VIDEO. THE FOUNDATION LOANS THE COLLECTION TO EAA AND EAA MAKES THESE COLLECTIONS AVAILABLE TO THE GENERAL PUBLIC THROUGH ON-SITE EXHIBITS IN THE PUBLIC MUSEUM, EDUCATIONAL PROGRAMMING, A RESEARCH LIBRARY, AND W EB-BASED CONTENT THAT ATTRACTS MILLIONS OF VISITS EACH YEAR. THROUGH ITS COLLECTIONS, EAA EXPLORES AND CELEBRATES AVIATION'S PAST AND THE SPIRIT OF AVIATION TO ENCOURAGE LEARNING,

Supplemental Information	
Return Reference	Explanation
INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE FILING ORGANIZATION IS A BENEFICIARY OF THE EAA FOUNDATION' S ENDOWMENT. THE INTENDED USES OF EAA FOUNDATION'S ENDOWMENT FUNDS ARE TO PROVIDE SUPPORT TO EAA FOR GENERAL OPERATIONS, SCHOLARSHIPS, INTERNSHIPS, YOUNG EAGLES PROGRAM, OTHER YOUT H EDUCATION PROGRAMS, FLIGHT SAFETY PROGRAMS, SUPPORT OF WOMEN IN AVIATION, AND AVIATION M USEUM COLLECTIONS. THE FOUNDATION HAS ADOPTED PRUDENT INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT FUNDS, WHICH ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO SUPPORT EAA PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT FUNDS. THE FOUNDATION HAS A SPENDING POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR A PERCENTAGE OF ITS END OWMENT FUNDS AVERAGE FAIR VALUE OVER THE PRIOR THREE CALENDAR YEAR-ENDS PRECEDING THE FISC AL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. THE FOUNDATION HAS ADOPTED A PRUDENT SPENDIN G POLICY PERCENTAGE OF 4% FOR 2020 AND 2019.

Supplemental Information	
Return Reference	Explanation
ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740-10	SCHEDULE D, PART X, LINE 2 THE ASSOCIATION HAS RECEIVED A DETERMINATION LETTER FROM THE IN TERNAL REVENUE SERVICE ("IRS"), DATED NOVEMBER 3, 1993, STATING THAT IT IS EXEMPT FROM FED ERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE FOUNDATI ON HAS RECEIVED A DETERMINATION LETTER FROM THE IRS, DATED OCTOBER 30, 1964, STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC. THE ASSOCIATION A ND FOUNDATION PAY UNRELATED BUSINESS INCOME TAX ON CERTAIN OF ITS ACTIVITIES, WHICH ARE DE EMED TO BE UNRELATED TO ITS EXEMPT PURPOSE. AS REQUIRED BY THE UNCERTAIN TAX POSITION GUID ANCE, THE ASSOCIATION AND THE FOUNDATION RECOGNIZE THE FINANCIAL STATEMENT BENEFIT OF A TAX X POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN N OT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE-LIKELY-THAN -NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT T HAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE ASSOCIATION AND THE FOUNDATION APPLIED THE UNCERTAIN TAX POSITION GUIDANCE TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN AND D ETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF FEBRUARY 29, 2020 AND FEB RUARY 28, 2019. THERE WERE NO INTEREST OR PENALTIES RELATED TO INCOME TAX THAT HAVE BEEN A CCRUED OR RECOGNIZED AS OF AND FOR THE YEARS ENDED FEBRUARY 29, 2020 AND FEBRUARY 28, 2019. ON DECEMBER 20, 2019, TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAXPAYER CERTAINTY AN D D DISASTER TAX RELIEF ACT WAS PASSED; RESULTING IN MODIFICATIONS TO EXISTING TAX LAW, PART ICULARLY REPEALING THE FEDERAL TAXATION OF TRANSPORTATION FRINGE BENEFITS ON EXEMPT EMPLOY ERS. WHILE THERE WERE NO MATERIAL EFFECTS ON THE CONSOLIDATED FINANCIAL STATEMENTS AS A RE SULT OF THE ACT, MANAGEMENT IS STILL EVALUATING THE ONGOING IMPACT OF THE ACT ON THE ASSOCIATION AND THE FOUNDATION.

Supplemental Information Return Reference Explanation REVENUES IN LINE 1, NOT FORM SCHEDULE D. PART XI, LINE 2D COST OF GOODS SOLD \$1,403,402 RENTAL PROPERTY EXPENSES \$49,04 990, PART VIII, LINE 12 6 GAMING DIRECT EXPENSES \$47,275 ----- TOTAL \$1,499,723

Supplemental Information Return Reference Explanation EXPENSES IN LINE 1, NOT FORM SCHEDULE D. PART XII, LINE 2D COST OF GOODS SOLD \$1,403,402 RENTAL PROPERTY EXPENSES \$49,0 990, PART IX, LINE 25 46 GAMING DIRECT EXPENSES \$47,275 ----- TOTAL \$1,499,723

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493012007441 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Experimental Aircraft Association Inc 39-0917537 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 e 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 or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

_	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising e gross receipts greater than \$		d gross income on Form	n 990-EZ, lines 1 and 6	b. List events with
	gross receipts greater triair \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
e l					
Revenue					
٣					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
Ses	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
ង្គ	7 Food and beverages				
و و	8 Entertainment				
۵	9 Other direct expenses				
	<b>10</b> Direct expense summary. Add lines 4				
Pai	11 Net income summary. Subtract line 10 rt IIII Gaming. Complete if the org		es" on Form 990 Part I	V line 19 or reported	more than \$15,000
	on Form 990-EZ, line 6a.	T. T	1	, 25, 6, 16,61664	
me		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
		1	bingo/progressive bingo		
eve			bingo/progressive bingo		col.(a) through col.(c))
Reve	1 Gross revenue		bingo/progressive bingo	146,100	
S	1 Gross revenue		bingo/progressive bingo	146,100	col.(a) through col.(c))
S	2 Cash prizes		bingo/progressive bingo		col.(a) through col.(c)) 146,100
S	2 Cash prizes		bingo/progressive bingo	146,100 46,178	col.(a) through col.(c))
S	2 Cash prizes		bingo/progressive bingo		col.(a) through col.(c)) 146,100
S	2 Cash prizes			46,178 1,097	col.(a) through col.(c)) 146,100
S	2 Cash prizes	Yes	Yes%	1,097  Ves100.000 %	col.(a) through col.(c))  146,100  46,178
S	2 Cash prizes	☐ Yes % ☐ No		46,178 1,097	col.(a) through col.(c))  146,100  46,178
S	2 Cash prizes	□ No	Yes%	1,097  Ves100.000 %	col.(a) through col.(c))  146,100  46,178
S	2 Cash prizes	No	☐ Yes % % ☐ No	1,097  Yes100.000 %  No	146,100 46,178 1,097
Direct Expenses	2 Cash prizes	No through 5 in column (d)	☐ Yes % % ☐ No	1,097  Yes100.000 %  No	146,100 46,178
S	2 Cash prizes	No through 5 in column (d) thine 7 from line 1, column	Yes	1,097  Ves.100.000 %  No	146,100 46,178 1,097 47,275 98,825
<b>o</b> Direct Expenses	2 Cash prizes	through 5 in column (d)  It line 7 from line 1, columnion conducts gaming activations activated in each of	Yes	1,097  Ves.100.000 %  No	146,100 46,178 1,097
b o Direct Expenses	2 Cash prizes	through 5 in column (d)  thine 7 from line 1, columnion conducts gaming activities in each of	Yes	1,097  Yes100.000 %  No	146,100 46,178 1,097 47,275 98,825
g b G Direct Expenses	2 Cash prizes	through 5 in column (d)  thine 7 from line 1, columing activities in each of	Yes	1,097  Yes100.000 %  No	146,100 46,178 1,097 47,275 98,825
а	2 Cash prizes	through 5 in column (d)  thine 7 from line 1, column  ion conducts gaming activities in each of	☐ Yes % % No	1,097  Yes100.000 %  No	146,100  46,178  1,097  47,275  98,825

Sche	dule G (Form 990 or 990-EZ) 2019							Pag	∍ 3
11	Does the organization conduct gaming	activities with nonmemb	bers?				✓ Yes	□No	_
12	Is the organization a grantor, beneficia formed to administer charitable gaming			partnership or o	other entity		□Yes	_	
13	Indicate the percentage of gaming acti	vity conducted in:							
а	The organization's facility					13a		100.000	%
b	An outside facility					13b			%
14	Enter the name and address of the per	son who prepares the or	rganization's gan	ning/special ever	nts books and r	ecords:			_
	Name Tony Wihlm								
	Address ► 3000 Poberezny Road C	shkosh, WI 54902							
15a	Does the organization have a contract revenue?	· ·	whom the organi	zation receives g	jaming		□Yes	_	
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by				and th	ne			
c	If "Yes," enter name and address of the								
	Name •								
	Address •								
16	Gaming manager information:								
	Name ► Tony Wihlm								
	Gaming manager compensation ► \$								
	Description of services provided ► Co	ontributions controller an	nd volunteer coo	rdinator					
	☐ Director/officer	<b>☑</b> Employee		Independent c	ontractor				
17	Mandatory distributions:								
a	Is the organization required under stat retain the state gaming license?	e law to make charitable			roceeds to		П.,	<b>7</b>	
b	Enter the amount of distributions requi				tions or spent		☐ Yes	<b>⊻</b> No	
	in the organization's own exempt activ			exempt organiza	cions or spenc				
Pai	Supplemental Information III, lines 9, 9b, 10b, 15b, 1	n. Provide the explan	nations require						_
	Return Reference			Explanatio	on				_
GAM:	ING ACTIVITIES	SCHEDULE G, PART III ( ACTIVITIES SUPPORT E						M ALL GAMI	νG
					Sched	lule G (Fe	orm 990 or	990-EZ) 20	9

DLN: 93493012007441 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** Experimental Aircraft Association Inc 39-0917537 Part I **General Information on Grants and Assistance** 

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2019

✓ Yes

recipients

Page 2

29 110

Explanation

Schedule I (Form 990) 2019

(1) Education Scholarshps

(4)

(5)

(6)

(7)

Part IV

FUNDS IN U.S.

Return Reference

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT

(2) Flight Training Assistance

57

cash grant

194,000

843,752

noncash assistance

SCHEDULE I, PART I, LINE 2 Education scholarships are awarded based on ties to the organization like membership and involvement with a chapter, and donor specified

criteria including but not limited to geographic location, gender, financial need or specific education focus area. Flight training assistance is awarded based on ties to the lorganization like membership and involvement with a chapter, and donor specified criteria including but not limited to geographic location, gender, financial need or

specific rating/certificate desired. Air Academy support is awarded based on donor specified criteria including but not limited to geographic location, gender, financial need or diversity request. All grants and other assistance are awarded through an independent selection committee. The donors are typically not involved in the initial selection process of potential candidates. In some cases where a donor asked to be involved they are sent the top 3-5 candidates for input. The independent selection committee awards grants or other assistance keeping the donor's input in mind. THE AWARD FOR LOSS OF CONTROL SOLUTION IS DETERMINED THROUGH AN INDEPENDENT SELECTION COMMITTEE AND IS BASED ON THE SOLUTION'S COST AND EASE OF INSTALLATION OR IMPLEMENTATION AND EXPECTED EFFECTIVENESS.

FMV, appraisal, other) Supplemental Information. Provide the information required in Part I. line 2: Part III, column (b); and any other additional information.

(e) Method of valuation (book,

- 41,050 FMV (3) Air Academy Support CAMP TUITION (4) Award for Loss of Control Solution 40.000

(f) Description of noncash assistance

#### **Additional Data**

377 SCENIC RD FAIRFAX, CA 94930 PAYSON AERO CLUB INC

1846 E INNOVATION DR ORO VALLEY, AZ 85775

		Software ID: Software Version:					
		EIN:	39-0917537				
		Name:	Experimental Aircra	aft Association Inc			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

10,000

organization or government		іг арріісаріе	grant	casn assistance	other)
GNOSS FIELD FLYING CLUB	83-2571719	501(C)(7)	10,000		

501(C)(7)

83-3303431

stance (book, 1117, app		<b>(f)</b> Method of va (book, FMV, app other)
-------------------------	--	--

Flying Club Grant

Flying Club Grant

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CITY OF OSHKOSH FIRE City of Ochkoch 11 0001 General Support

IMPROVEMENTS

0111 01 00111001111111	0.0, 0. 00	1 1,000	_	1	100
DEPARTMENT					1
101 COURT ST					1
OSHKOSH,WI 54901					

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

806 PERRY AVE

RACINE, WI 53406

AVIATION EXPLORATION BASE 47-2336280 501(C)(3) 14.414 CAPITAL

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49301	12007	441	
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047	
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest				
		► Complete if the org		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019			
Danar	tment of the Treasury	► Go to www.irs.go		to Form 990. instructions and the latest inforn	mation.	Open			
•	al Revenue Service	r do to <u>irwimsigo</u>	<u> </u>	motractions and the latest mion		Insp	ectio	n	
	me of the organiza erimental Aircraft As				Employer identifica	tion nu	ımber		
					39-0917537				
Pa	rt I Questi	ons Regarding Compensat	tion				l		
1a				the following to or for a person liste y relevant information regarding thes			Yes	No_	
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use				
	☐ Travel for	companions		Payments for business use of person	nal residence				
	Tax idemr	nification and gross-up payments	s <b>⊻</b>	Health or social club dues or initiation	on fees				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b			
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne la?				
3				ed to establish the compensation of the	ne				
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	<b>✓</b> Compensa	ation committee	П	Written employment contract					
		ent compensation consultant	<b>\overline{\sqrt}</b>	Compensation survey or study					
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee				
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No	
b				ified retirement plan?		4b		No	
c			'	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	olicable amounts for each item in Part	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 co	ontingent on the revenues of:							
а	-	1?				5a	Yes		
b		anization?				5b		No	
6	For persons liste	•		the organization pay or accrue any					
а	The organization	n?				6a	Yes		
b	-					6b		No	
	•	6a or 6b, describe in Part III.							
7				the organization provide any nonfixed rt III		7		No	
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No.	
9	If "Yes" on line 8	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	9		No_	
For F	Panerwork Redu	ction Act Notice, see the Inst	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	(Forn	1 990)	2019	

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

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	(	( <b>B)</b> Breal	kdown of W-2 and/o compensation	n and other		( <b>D)</b> Nontaxable benefits	columns	<b>(F)</b> Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019	chedule J (Form 990) 2019						
Part III Supplemental Information							
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference Explanation							
	SCHEDULE J, PART I, LINE 1A THE ORGANIZATION PROVIDES AN EAA EMPLOYEES FLYING CLUB MEMBERSHIP FOR THE FOLLOWING EMPLOYEES: JACK PELTON, DAVID CHAIMSON, SEAN ELLIOTT, JAMES BUSHA & DENNIS DUNBAR. THE AMOUNT TREATED AS TAXABLE COMPENSATION IS INCLUDED ON SCHEDULE J, PART II. COMPARABLE COMPENSATION DATA SCHEDULE J, PART I, LINE 3 THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION TAKES INTO ACCOUNT COMPENSATION LEVELS OF COMPARABLE POSITIONS IN PEER ORGANIZATIONS.						
	SCHEDULE J, PART I, LINE 5A ONE OF THE CATEGORIES USED TO DETERMINE INCENTIVE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES IS GROSS OPERATING REVENUE.						
	SCHEDULE J, PART I, LINE 6A ONE OF THE CATEGORIES USED TO DETERMINE INCENTIVE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES IS NET OPERATING INCOME.						

Schedule 1 (Form 990) 2019

3Rick Larsen

4Sean Elliott

Prog

VP, Communities & Memb

VP, Advocacy & Safety

VP, Risk Management & HR

VP, Government Relations

VP, DONOR STEWARDSHIP

5Karen Kryzaniak

6Doug McNair

7Ken Strmiska

8James Busha

9Thomas Moule

10David Goelzer

11Tony Wihlm

Director, Finance

Director, IT

Attorney

Director, Publications

(ii)

(i)

(i)

(ii)

(i)

(i)

(ii)

Software ID:

**Software Version:** 

**EIN:** 39-0917537

Name: Experimental Aircraft Association Inc

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C 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		
1Jack Pelton CEO/CHAIRMAN OF THE	(i)	334,711	0	454	36,854	17,403	389,422	0		
BOARD	(ii)	143,448	o	194	15,795	7,458	166,895	0		
<b>1</b> Brian Wierzbinski Executive VP/CFO	(i)	217,898	54,766	o	29,078	17,129	318,871	0		
1	(ii)	38,453	9,665	ام	5,131	3,023	56,272	0		
<b>2</b> David Chaimson VP, Mark. & Bus DevThru	(i)	214,493	42,026	591	25,144	10,971	293,225	0		
1/20	(ii)	ا م	0	1	0	0	1 0	0		

1,529

1,463

576

23,867

20,743

19,094

16,047

11,494

14,519

14,720

13,281

10,220

1,803

24,361

20,453

10,875

7,223

9,960

17,160

13,975

13,610

14,400

2,541

291,491

262,433

238,638

204,164

39,522

222,762

202,734

198,183

188,696

142,232

25,099

0

0

0

CEO/CHAIRMAN OF THE		334,/11	l ĭ	454	36,854	
BOARD	(ii)	143,448	0	194	15,795	
<b>1</b> Brian Wierzbinski Executive VP/CFO	(i)	217,898	54,766	0	29,078	
	(ii)	38,453	9,665	0	5,131	

40,385

36,373

33,900

39,522

2,500

5,000

3,000

3,400

600

202,878

183,335

174,769

180,894

201,308

167,092

164,488

158,229

114,212

20,155

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493012007441 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** Experimental Aircraft Association Inc. 39-0917537 Part I **Bond Issues** (c) CUSIP # (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No TOWN OF NEKIMI 39-6083771 07-01-2009 10,000,000 **AIRVENTURE GROUNDS CAPITAL** Χ Χ Part  ${
m I\hspace{-.1em}I}$ **Proceeds** C В D Α 3,600,000 2 3 10,000,000 5 6 7 52,000 8 9 10 8,748,000 11 12 1,200,000 13 2028 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

b

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Yes

Α

Nο

Χ

Χ

0 %

0 %

0 %

0 %

В

No

Χ

Χ

Х

Yes

Yes

Χ

5 %

Χ

Νo

Χ

Α

Yes

Χ

Χ

Х

Х

ASSOCIATED BANK CORP

C

No

Yes

C

No

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2019

Part IV

(GIC)?

period?

Part V

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Term of GIC . . . . . . . . . . . .

requirements of section 148? . . .

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

No

Yes

No

Yes

Page 3

No

D

D

Nο

Yes

Yes

No

Yes

Nο

DLN: 93493012007441 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** Experimental Aircraft Association Inc 39-0917537 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 Χ 2,415 FMV Χ 40,000 FMV 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . 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 . . . . 68,370 FMV Χ 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 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 Nο **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
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)

#### **Additional Data**

Software ID: **Software Version: EIN:** 39-0917537

Name: Experimental Aircraft Association Inc

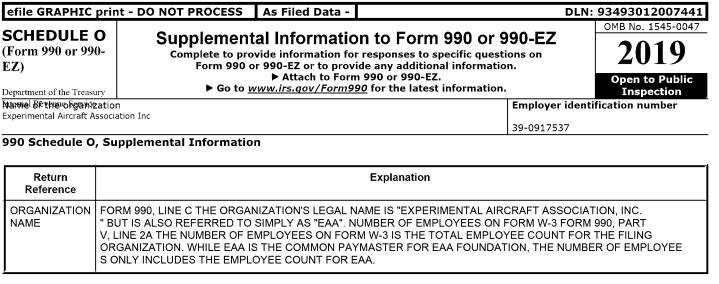
1g

(d) Method of determining noncash contribution amounts

**Part I, Lines 25-28** 

(a)	(b)	(c)
Check if	Number of contributions or	Noncash contribution
applicable	items contributed	amounts reported on
		Form 990 Part VIII line

Other ► ( Equipment )	X	15	196,763	FMV
Other ► ( Fuel & Oil )	X	6	58,718	FMV
Other ▶ ( Aircraft Parts & Componen )	X	25	200,773	FMV
Other ► ( Camera & Video Equip )	X	1	4,000	FMV
Other ► ( Lighting )	X	1	24,489	FMV
Other ► ( AirVenture Supplies )	X	4	16,580	FMV
Other ► ( Sport Air Supplies )	X	8	22,096	FMV
Other ► ( Other Program Supplies )	X	13	81,987	FMV



Return Explanation

CLASSES
OF
MEMBERS
AND THEIR
RIGHTS

FORM 990, PART VI, LINE 6 EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. HAS NEARLY 245,000 MEMBE
RS. ALL MEMBERS 18 YEARS OF AGE AND OLDER ARE ALLOWED TO VOTE ON LIMITED BUSINESS DECISION
S OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Explanation

Reference

OF	FORM 990, PART VI, LINE 7A MEMBERS OF EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CAN VOTE DIRECTLY FOR BOARD OF DIRECTORS CANDIDATES.
PERSONS WITH	
CERTAIN	
BOARD- ELECTION	
RIGHTS	

Return Reference	Explanation
CLASSES OF PERSONS WITH CERTAIN APPROVAL RIGHTS	FORM 990, PART VI, LINE 7B DECISIONS TO MERGE OR CONSOLIDATE WITH OTHER CORPORATIONS OR BU SINESSES AND DECICIONS TO SELL, LEASE, EXCHANGE OR OTHERWISE DISPOSE OF ALL, OR SUBSTANTIA LLY ALL, OF THE PROPERTY AND ASSETS OF THE ORGANIZATION WOULD REQUIRE A VOTE OF THE MEMBER SHIP. LOCAL CHAPTER, AFFILIATE, OR BRANCH ACTIVITIES POLICIES FORM 990, PART VI, LINE 10B EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. HAS DESIGNATED "CHAPTERS" BUT SUCH CHAPTERS DO NO MEET THE DEFINITION OF "CHAPTERS" WITHIN THE MEANING PROVIDED BY FORM 990 INSTRUCTIONS. EX PERIMENTAL AIRCRAFT ASSOCIATION, INC. DOES NOT HAVE LEGAL AUTHORITY TO EXERCISE SUPERVISIO N AND CONTROL OVER THE AFFAIRS OF THE AFFILIATED CHAPTERS. ACCORDINGLY, THE ORGANIZATION H AS ANSWERED FORM 990, PART VI, LINE 10A "NO".

Return Reference	Explanation
PROCESS THE ORGANIZATION USES TO REVIEW FORM 990	FORM 990, PART VI, LINE 11 THE FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM AND REV IEWED BY ORGANIZATION MANAGEMENT. THE AUDIT COMMITTEE OF THE BOARD REVIEWED A DRAFT COPY OF THE RETURN WITH MANAGEMENT AND THE INDEPENDENT TAX RETURN PREPARERS. AFTER APPROVAL BY THE AUDIT COMMITTEE, THE FORM 990 WAS UPDATED TO INCORPORATE ANY NECESSARY CHANGES AND A COPY OF THE RETURN WAS PROVIDED ELECTRONICALLY TO THE CONTROLLER TO DISTRIBUTE TO THE ENTIRE BOARD OF DIRECTORS WITH A REQUEST FOR FEEDBACK. SUBSEQUENT TO RECEIPT OF FEEDBACK, NECESS ARY CHANGES WERE MADE TO THE DRAFT FORM 990. THE FINALIZED VERSION OF FORM 990 WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND THEN FILED WITH THE IRS ON OR BEFORE THE JANUARY 15, 2021 EXTENDED FILING DEADLINE.

## Return Reference **Explanation**

ORGANIZATION'S | FORM 990, PART VI. LINE 12C ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO SIG PRACTICES FOR IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IN-HOUSE LEGAL COUNSEL REVIEWS ALL FORMS . ANY DISCLOSURES NOTED ARE BROUGHT TO THE ATTENTION OF THE AUDIT COMMITTEE FOR REVIEW. INTEREST

MONITORING CONFLICTS OF

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT	FORM 990, PART VI, LINE 15A THE HR & GOVERNANCE COMMITTEE MAKES DECISIONS ABOUT THE CEO/CH AIRMAN OF THE BOARD'S TOTAL COMPENSATION IN CLOSED SESSION WITHOUT THE PRESENCE OF THE CEO /CHAIRMAN OF THE BOARD. THIS IS DONE ON AN ANNUAL BASIS AND WAS LAST DONE IN FEBRUARY 2019 . AN OUTSIDE ANALYSIS IS DONE EVALUATING COMPARABLE ORGANIZATIONS AS WELL AS A MARKET ANAL YSIS OF LIKE POSITIONS. THIS PROCEDURE WAS PERFORMED IN THE THIRD QUARTER OF FY2016.

Return

Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF OFFICERS & KEY EMPLOYEES	FORM 990, PART VI, LINE 15B AN OUTSIDE MARKET ANALYSIS IS DONE FOR THE SENIOR LEADERSHIP T EAM AND PRESENTED TO THE HR & GOVERNANCE COMMITTEE. THE COMMITTEE, IN PARTNERSHIP WITH THE CHAIRMAN OF THE BOARD, DETERMINES THE TOTAL COMPENSATION FOR THE SENIOR TEAM. THIS PROCUE DURE WAS PERFORMED IN THE FIRST QUARTER OF FY2016. CHANGES TO THE OVERALL COMPENSATION OF THE SENIOR TEAM HAS BEEN MINIMAL SINCE THE LAST REVIEW. AN INTERNAL COMPARABLE MARKET ANAL YSIS IS DONE FOR ALL OTHER POSITIONS AND IS TYPICALLY DONE EVERY COUPLE OF YEARS UNLESS MA RKET CONDITIONS SHIFT. THIS PROCEDURE WAS LAST PERFORMED IN THE FIRST QUARTER OF FY2016. S TATES WITH WHICH A COPY OF FORM 990 MUST BE FILED FORM 990, PART VI, LINE 17 THE ORGANIZAT ION FILES IN THE LISTED STATES FOR CHARITABLE REGISTRATION PURPOSES.

Explanation

# 990 Schedule O, Supplemental Information Return Reference Explanation

ORGANIZATION'S FORM 990, PART VI. LINES 18 & 19 THE 2020 FISCAL YEAR FORM 990 WILL BE POSTED TO THE ORGAN POLICY IZATION'S WEBSITE. WWW.EAA.ORG. UPON THE FILING OF THE RETURN WITH THE IRS. THE ANNUAL AUD REGARDING ITED FINANCIAL STATEMENT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. WWW.EAA.ORG. THE ORGA NIZATION'S GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST, EITHER IN HARD COPY OR ELE MAKING CERTAIN CTRONIC FORM, WHICHEVER IS REQUESTED. DOCUMENTS PUBLIC

Return Explanation
Reference

FORM 990 DESCRIPTION:AIRVENTURE EVENT SERVICES TOTAL FEES:792608
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:FACILITY SERVICES TOTAL FEES:619570
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:CONTRACTED SERVICES TOTAL FEES:575753
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:MEMBERSHIP MARKETING TOTAL FEES:518908
PART IX
LINE 11G

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990 DESCRIPTION:CATERING TOTAL FEES:510991
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:OTHER SERVICES TOTAL FEES:518557
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:PERFORMANCE FEES TOTAL FEES:362416
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:SECURITY & PROTECTION SERVICES TOTAL FEES:336614
PART IX
LINE 11G

Return Explanation
Reference

DESCRIPTION: EVENT TICKETING SERVICES TOTAL FEES: 207771

990 Schedule O, Supplemental Information

FORM 990

PART IX LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:PUBLICATION CONTRACTORS TOTAL FEES:149621
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:MOBILE MARKETING LOGISTIC TOTAL FEES:105378
PART IX
LINE 11G

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

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization As Filed Data -

## **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
2019

DLN: 93493012007441

Open to Public Inspection

Schedule R (Form 990) 2019

**Employer identification number** 

Experimental Aircraft Association Inc 39-0917537 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) EAA IMC LLC Licensing WI 0 0 EAA 3000 Poberezny Road Oshkosh, WI 54902 (2) EAA STC LLC WI 1,610 48,706 EAA STC Issuance 3000 Poberezny Road Oshkosh, WI 54902 (3) Blue Sky Property Holdings LLC WI 0 3,068 EAA Property 3000 Poberezny Road Oshkosh, WI 54902 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (f) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)EAA Aviation Foundation Inc Support EAA WI 501(C)(3) IEAA Yes 3000 Poberezny Road Oshkosh, WI 54902 39-1033301

Cat. No. 50135Y

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	<b>/</b> -	- 000)	

Schedule R (Form 990) 2019		Pa	ige <b>3</b>
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.		Yes	No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	$\vdash$
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r	$\vdash$	No

				1						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes							
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes							
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)	10		No						
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No						
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No						
r	Other transfer of cash or property to related organization(s)	1r		No						
s	Other transfer of cash or property from related organization(s)	1s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
	(a) (b) (c) (d)									

(b) Transaction type (a-s) (a) Name of related organization (c) Amount involved (d) Method of determining amount involved (1)EAA AVIATION FOUNDATION INC 3,771,076 FMV (2)EAA AVIATION FOUNDATION INC 1,009,703 FMV (3)EAA AVIATION FOUNDATION INC 1,009,556 FMV

Schedule R (Form 990) 2019

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
	1		1			ı				Schedul	e R (Form	990	0) 2019		

Schedule R (Fo	rm 990) 2019		Page <b>5</b>				
Part VII	Supplemental Information						
Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation					