990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

Α	For	the 2	2018 calend	lar year, or tax y	ear begin	ning		, 2018, and e	nding		, 20				
В	Chec	k if ap	plicable:	C Name of organiza	ition NATI	ONAL GAY PILO	TS ASSOCIATION	ON		D	Employer identification no.				
	Addre	ess ch	ange	Doing business a	s						52-1920518				
	Name	e chan	nge	Number and stree	et (or P.O. bo	x if mail is not delivered to s	street address)		Room/suite	E	Telephone number				
	Initial	l return	1	4931 WES	т 35тн	STREET			200		(866)800-6472				
	Final	return	/terminated	City or town, state	e or province	country, and ZIP or foreign	postal code			G	Gross receipts				
	Amer	nded re	eturn	ST LOUIS	PARK,	MN 55416					\$ 840,174				
	Applio	cation	pending	F Name and address			PERLING		H(a) Is this a group	return for :					
_				SAME AS					H(b) Are all subo	rdinates	included? Yes No				
ı	Tax-e	exemp	t status:	· —	01(c) () ◀ (insert no.)	4947(a)(1) or	527			list. (see instructions)				
J	Webs	site:		N.NGPA.ORG	. , ,	, , <u> </u>			H(c) Group exe						
					rust Ass	ociation Other ►		L Year of formation: 1	· · · _ ·						
	art I	$\overline{}$	Summar												
				•	ion's miss	ion or most significan	t activities: WE	PROVIDE EDUC	ATION, ADVO	CACY	& NETWORKING				
			-	_		=					IVING DONATION				
ce		-			NTS PURSUING										
nar		-						CHOLIMBILLE	TO DELLECT D.	. 0221	ALD LONDOTHO				
ver		-	PILOT TRAINING & OTHER AVIATION RELATED EDUCATION. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
& Governance						rning body (Part VI, I				3	16				
∞ ∞				•	•	s of the governing bo	•			4	16				
ties						n calendar year 2018				5	10				
Activities				er of volunteers (e			(i ait v, iiie za)			6					
Ą				`		Part VIII, column (C),				7a	130				
						. , ,				7a 7b	0				
		D I	ivet uniterate	eu business taxab	ne income	from Form 990-T, lin	e 30			7.0	0				
			Cantribution	a and arenta (Dar	+ \ /	4h)		-	Prior Year	1 2 0	Current Year				
ø				• ,		1h)		F		,138					
, u			•	,		e 2g)		 	291	,258					
Revenue						A), lines 3, 4, and 7d)		T T		77					
œ		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									8,042				
							` ' '			,473					
		 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Column (A), line 4 16 Column (A), line 4 17 Column (A), line 4 18 Column (A), line 4 19 Column (A), line 4 10 Column (A), line 4 10 Column (A), line 4 11 Column (A), line 4 12 Column (A), line 4 13 Column (A), line 4 14 Column (A), line 4 15 Column (A), line 4 16 Column (A), line 4 17 Column (A), line 4 18 Column (A), line 4								,549	114,171				
								F			0				
Ś	1		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0				
Expenses	1			_		column (A), line 11e)		-			0				
ğ						lumn (D), line 25) ▶									
Ш	1		•	•	, ,	nes 11a-11d, 11f-24e)		F		,919					
	1	18	Total expens	ses. Add lines 13	-17 (must	equal Part IX, colum	n (A), line 25)		606	, 468	884,367				
		19 I	Revenue les	ss expenses. Sub	tract line	18 from line 12			26	,005	(44,193)				
ō	Ses								Beginning of Current	Year	End of Year				
sets	2 2	20 -	Total assets	(Part X, line 16)				+	424	,946	719,333				
Net Assets or	2			es (Part X, line 26				-			2,682				
_					Subtract	line 21 from line 20			424	,946	716,651				
	art I		_	ire Block											
						rn, including accompanying icer) is based on all informa			knowledge and belief, it	is					
	•	Ť.				,		, ,							
O: -				N SPERLING											
Sig		<u> </u>	Signatur	re of officer						Date					
He	re		KEVI	N SPERLING,	TREAS	URER									
			Type or	print name and title											
			Print/Type pre	eparer's name		Preparer's signature		Date	Check	if P	TIN				
Pa			R Thoma	as Mould CP	A	R Thomas Moul	d CPA	09-09-2019	self-employe	ed	P01469397				
Pre	epa	rer	Firm's name	► VZ	LLEY A	CCOUNTING & T	AX		Firm's EIN ▶						
Us	e O	nly	Firm's addres	ss ▶ 73	300 147	th St West Su	ite 100		Phone no.						
				AI	PPLE VA	LLEY MN 55124			9!	52-43	32-3140				
May	/ the	IRS	discuss this	retum with the pi	reparer sh	own above? (see ins	tructions)				🛚 Yes 🗌 No				

Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
'	WE PROVIDE EDUCATION, ADVOCACY & NETWORKING SUPPORT FOR LGBT MEMBERS WITHIN THE BROADER
	AVIATION INDUSTRY; INCLUDING RECEIVING DONATION BASED INVESTMENTS RESTRICTED FOR THE GRANTING
	OF SCHOLARSHIPS TO SELECT STUDENTS PURSUING PILOT TRAINING & OTHER AVIATION RELATED
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,870 including grants of \$) (Revenue \$340,646)
	THE ASSOCIATION HOLDS FLY IN EVENTS IN VARIOUS LOCATIONS FOR THE PURPOSE OF EDUCATION,
	ADVOCACY AND SUPPORT FOR ITS MEMBERS. THESE EVENTS SERVE TO STRENGTHEN AND INFORM BOTH
	MEMBERS AND THE AVIATION INDUSTRY AROUND CURRENT AND EMERGING ISSUES IMPORTANT TO THE LGBT
	AVIATION COMMUNITY AND INDUSTRY.
4b	(Code:) (Expenses \$111,671 including grants of \$) (Revenue \$\$
4b	(Code:) (Expenses \$111,671 including grants of \$) (Revenue \$42,235) THE ASSOCIATION GRANTS SCHOLARSHIPS TO ELIGIBLE APPLICANTS. APPLICANTS ARE REQUIRED TO SUBMIT
4b	
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4c	THE ASSOCIATION GRANTS SCHOLARSHIPS TO ELIGIBLE APPLICANTS. APPLICANTS ARE REQUIRED TO SUBMIT AN APPLICATION WHICH IS REVIEWED BY A NOMINATED AND VETTED SELECTION COMMITTEE. THE COMMITTEE USES A SCORING PROCESS. APPLICANTS MUST MEET CERTAIN CRITERIA AND MUST ATTEND SCHOOLS WITH ACCREDITED PILOT AND OTHER CREDENTIALING TRAINING PROGRAMS. FUNDS ARE PAID DIRECTLY TO THE EDUCATION INSTITUTION AND ANY UNUSED FUNDS ARE RETURNED TO THE ASSOCIATION. (Code:) (Expenses \$ 68,910 including grants of \$) (Revenue \$5,305) THE NGPA SUPPORTS ADVOCACY RELATED TO ITS MISSION. ADVOCACY MAY OCCUR ON A NATIONAL, REGIONAL, LOCAL OR CAMPUS LEVEL.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7		21
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a		X
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C			3.7	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
C	,	444		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e		Λ
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
124	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	124		21
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4-		3.7
00	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		Х
24 24		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Χ	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Χ	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7.7	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Χ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			. X
Sec	tion 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			
	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			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	Χ	
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		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?	4-	7.7	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	40-		3.7
	with a taxable entity during the year?	16a		X
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	401		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed California, Massachusetts, Minneso Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 900, and 900 T (Section 501(c))	i a		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Solution Other (explain in Schedule O)			
10				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year. State the name address and telephone number of the person who possesses the organization's books and records:			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KEVIN SPERLING (866)800-6472, 4931 WEST 35TH STREET, ST LOUIS PARK, MN 55416			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average				nore than rson is bo		,	Reportable	Reportable	Estimated
	hours per				rector/tru			compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ecto	nstitutional trustee	er	empl	est c	ē	(W-2/1099-MISC)		organization and related
	line)	trus	al tru		oyee	omp				organizations
		ee	stee			ensat				
						led				
(1) KATHARINE WARFIELD	10.00									
CO-CHAIRMAN		Х		X					0 0	0
(2) GREGORY SUMNER	10.00									
CO-CHAIRMAN		X		X					0 0	0
(3) DAVID GOSNELL	5.00									
SECRETARY		Х		Х					0 0	0
(4) JUSTIN DEMER	5.00									
DIRECTOR		Х							0 0	0
(5) DONALD PHILLIPS	5.00									
DIRECTOR		Х							0 0	0
(6) GREGORY SMITH	5.00									
DIRECTOR		X							0 0	0
(7) KYLE SZARY	5.00	37								
DIRECTOR		X							0 0	0
(8) PAUL SMITH	5.00	37								
DIRECTOR		Х							0 0	0
(9) STEVEN TUSTIN	5.00	X							0	0
DIRECTOR	F 00	Λ							0	0
(10)HUNTER CHUMBLEY DIRECTOR	5.00	X							0	0
(11)KATHERINE DULSON	5.00	27							0	0
DIRECTOR	- <u>3.00</u>	X							0	0
(12)DEAN SELA	5.00									
DIRECTOR		X							0	0
(13)THOMAS MORIN	5.00									
DIRECTOR		X							0	0
(14)MARK SCHMID	5.00									
DIRECTOR		Х							0	0
	•									

Form 990 (2018)

Form 9	90 (2018) NATIONAL GAY PILOT:	S ASSOCI	ATIO	N						52-19205	18	Р	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	jhes	t Con	npen	sated Employee	s (continued)	1		
	(A) Name and title	(B) Average hours per week (list any	(do not che box, unless officer and				both an		(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orç ar	pensation from the ganization of related anization	n d
DI	HN_BURDICK	5.00_	Х						(0			0
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							•					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)							>	(0			0
2	Total number of individuals (including but not limited								than \$100,000 of				
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-		-		-						v
4	For any individual listed on line 1a, is the sum of repo										3		X
	organization and related organizations greater than												37
5	individual										4		X
	for services rendered to the organization? If "Yes,"			-			-				5		Х
Section 1	on B. Independent Contractors Complete this table for your five highest compensated	d independer	nt cont	racto	ore t	hat r	eceive	ad ma	ore than \$100,000	of			
·	compensation from the organization. Report compensated year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	ensation	1
2	Total number of independent contractors (including l			ose	liste	d ab	ove) v	who					
	received more than \$100,000 of compensation from	the organiza	ition	•									

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in thi	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
ants unts	b	Membership dues	1b	211,949				
ָם <u>ק</u>	С	Fundraising events	1c					
iifts ar A	d	Related organizations	1d					
s, G inii	е	Government grants (contributions)	1e					
tion er S	f	All other contributions, gifts, grants,						
ë ě		and similar amounts not included above	1f	219,652				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	-1f: \$					
	h	Total. Add lines 1a-1f			431,601			
				Business Code				
une	2a	LGBT AVIATION MAGAZINE		511120	1,600	1,600		
Reve	b	EVENTS		611710	340,886	340,886		
Program Service Revenue	С							
Ser	d							
ram	е							
Prog		All other program service revenue			42,235	42,235		
	g	Total. Add lines 2a-2f			384,721			
	3	Investment income (including dividends, inter-						
		and other similar amounts)			15,810	15,810		
	_	Income from investment of tax-exempt bone	•					
	5	Royalties						
		(i) Rea	I	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)						
				(ii) Other				
	7a	Gross amount from sales of assets other than inventory	62	(ii) Other				
	١.	,						
	D	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
e		Gross income from fundraising						
/enne		events (not including \$						
Re		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18	. а					
ठ	b	Less: direct expenses	. b					
	С	Net income or (loss) from fundraising even	ts.					
	9a	Gross income from gaming activities.						
		See Part IV, line 19	. а					
		Less: direct expenses						
	С	Net income or (loss) from gaming activities		▶				
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventor	y					
	44	Miscellaneous Revenue		Business Code	2.25			
		AFFINITY REVENUE		900099	8,042	8,042		
	b							
	C C	All other revenue						
		All other revenue		<u> </u>	0.040			
		Total revenue. See instructions			8,042 840,174	400 E73	(0
					040,1/4	408,573		1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,500 2,500 Grants and other assistance to domestic 2 111,671 111,671 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): 39,856 39,856 b Legal...... 12,140 12,140 19,840 19,840 Professional fundraising services. See Part IV, line 17 . f 1,919 1,919 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,500 3,500 12 54,504 54,504 13 8,062 8,062 14 7,805 7,805 15 16 5,244 5,244 17 9,321 9,321 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 439,666 411,870 27,796 20 21 22 Depreciation, depletion, and amortization 23 2,907 2,907 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a MAGAZINE 65,126 65,126 BANK & CC PROVIDER FEES 22,999 22,999 C DEVELOPMENT COMMITTEE 6,942 6,942 d ADVOCACY 68,910 68,910 All other expenses е 1,455 1,455 Total functional expenses. Add lines 1 through 24e 25 884,367 661,996 215,429 6,942 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	316,752	1	251,070
	2	Savings and temporary cash investments	100,058	2	125,139
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	13
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	8,136	9	
	10a	Land, buildings, and equipment: cost or	0,130		
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	2,525
	12	Investments - other securities. See Part IV, line 11		12	2,323
	13	Investments - program-related. See Part IV, line 11		13	340,586
	14	Intangible assets		14	340,300
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	424,946	16	710 222
	17	Accounts payable and accrued expenses	424,940	17	719,333
	18	Grants payable		18	2,082
		' '		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ē		trustees, key employees, highest compensated employees, and		200	
Ë		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	00	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	2,682
		Organizations that follow SFAS 117 (ASC 958), check here and any late lines 27 through 20, and lines 23 and 24			
es		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	37,118	31	37,118
Net V	32	Retained earnings, endowment, accumulated income, or other funds	387,828	32	679,533
	33	Total net assets or fund balances	424,946	33	716,651
	34	Total liabilities and net assets/fund balances	424,946	34	719,333

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8 40 ,	174
2	Total expenses (must equal Part IX, column (A), line 25)	2		884,	367
3	Revenue less expenses. Subtract line 2 from line 1	3		(44,	193)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		424,	946
5	Net unrealized gains (losses) on investments	5		(25,	677)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(4,	688)
9	Other changes in net assets or fund balances (explain in Schedule O)	9		366,	263
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	716,	651
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public

OMB No. 1545-0047

Name of the organization

nation. Inspection
Employer identification number

NATIONAL GAY PILOTS ASSOCIATION 52-1920518 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Part II

NATIONAL GAY PILOTS ASSOCIATION 52-1920518

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. 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						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(b) 2013	(6) 2010	(u) 2011	(6) 2010	(i) iotai
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 business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶ 🗌
Sec	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organiz			•	•		
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2017. If the organiz						
170	this box and stop here. The organization q						▶ ⊔
17a	10%-facts-and-circumstances test - 2018 10% or more, and if the organization meets	J		·	•		
	Part VI how the organization meets the "fact						
	organization		_				▶ □
b	10%-facts-and-circumstances test - 2017						
IJ	15 is 10% or more, and if the organization r	-				1 III 16	
	Explain in Part VI how the organization mee					clv	
				=		-	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		185,506	224,941	331,138	494,727	1,236,312
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		2007500	221/312	331,130	1317121	1,230,312
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .		238,376	264,187	290,808	340,646	1,134,017
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		423,882	489,128	621,946	835,373	2,370,329
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,370,329
	ction B. Total Support						
Cale 9	endar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2014	(b) 2015 423,882	(c) 2016 489,128	(d) 2017 621,946	(e) 2018 835,373	(f) Total 2,370,329
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				77	15,810	15,887
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				77	15,810	15,887
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	(423,882	489,128	622,023	851,183	2,386,216
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, co				T	15	99.33 %
	Public support percentage from 2017 Schedul					16	99.99 %
	ction D. Computation of Investmer				I	T	
17 40	Investment income percentage for 2018 (line					17	1.00 %
18	Investment income percentage from 2017 Sc	•			L	18	0.00 %
	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qua	lifies as a publicly	supported organiz	zation	▶ 🏻
	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	box and stop he i	re. The organization	qualifies as a pub	licly supported org	ganization	
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, or 19b	o, check this box a	and see instruction	ıs	▶ ∐

52-1920518

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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.
- c 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.
- **4a** 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.
- **b** 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 supervised by or in connection with its supported organizations.
- **c** 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.
- 5a 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 amendment to the organizing document).
- **b 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?
- c 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 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** 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**.
- 10a 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," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ju		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
Toa		
10b		
A (Form 990	or 990-E	Z) 2018

Pai	supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•				
2	7 11 0 11			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
1				
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 in	struc	tions)	
а			,	
b				
С		see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

NATIONAL GAY PILOTS ASSOCIATION 52-1920518

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations		
1					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
СО	lection of gross income or for management, conservation, or				
ma	aintenance 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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	tructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (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,				
se	e 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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
em	nergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	g organization (see	
	instructions).	3		`	

EEA Schedule A (Form 990 or 990-EZ) 2018

NATIONAL GAY PILOTS ASSOCIATION	52-1920518
unotionally intograted E00(a)(2) Supporting	Organizations (continued)

Par	rt V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)		
Sec	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ions		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th	e organization is respons	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6					
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7					
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				

e Excess from 2018

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

NATIONAL GAY PILOTS ASSOCIATION

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

52-1920518

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **Employer identification number**

NATIONAL GAY PILOTS ASSOCIATION

52-1920518

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	CHANDLER WONDERLY 17 PREMIERE PT NEWPORT COAST, CA 92657		Person 🔀 Payroll 📗 Noncash 🔲 (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2_	KATHARINE WARFIELD 7315 33RD AVE NW SEATTLE, WA 98117	- \$14,154	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3_	JET SUITE 1341 W MOCKINGBIRD LN #600E DALLAS, TX 75247	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	ALASKA AIRLINES 19300 INTERNATIONAL BLVD SEATTLE, WA 98188	\$14,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	MESA AIR 410 N 44TH STREET SUITE 700 PHOENIX, AZ 85008	\$	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6_	REPUBLIC AIRWAYS 8909 PURDUE ROAD, SUITE 300 INDIANAPOLIS, IN 46268	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number
NATIONAL GAY PILOTS ASSOCIATION 52-1920518

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	AMERICAN AIRLINES 4255 AMON CARTER BOULEVARD FORT WORTH, TX 76155	\$5,000	Person X Payroll Concash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	SAN DIEGO FERTILITY CENTER 11425 EL CAMINO REAL SAN DIEGO, CA 92130	\$5,000	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9_	PIEDMONT AIRLINES 5443 AIRPORT TERMINAL RD. SALISBURY, MD 21804	\$18,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	SIGNATURE FLIGHT SUPPORT PSP 250 NORTH EL CIELO ROAD PALM SPRINGS, CA 92262	\$5,000	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	PSA AIRLINES 3400 TERMINAL DR VANDALIA, OH 45377	\$5,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12_	SKYWEST AIRLINES 3824 MOBERG DR NW BEMIDJI, MN 56601	\$5,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)	

Name of organization Employer identification number NATIONAL GAY PILOTS ASSOCIATION 52-1920518

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

121	/L.\	(-)	(D
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MATTHEW SCOTT CHANA 10415 S CUTTING HORSE DRIVE VAIL, AZ 85641	\$13,585	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	PO BOX 9481 KENT, WA 98042	\$10,600	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	STEVEN THOMAS DUNN 505 E 6TH ST UNIT 1206 CHARLOTTE, NC 28202	\$10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	STEVEN MICHAEL WILLIAMSON		Person 🏻
	1060 GRAND AVENUE UNIT 411 SAINT PAUL, MN 55105	\$5,600	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$5,600 (c) Total contributions	Noncash (Complete Part II for
(a)	SAINT PAUL, MN 55105	(c)	Noncash (Complete Part II for noncash contributions.)
(a) No.	SAINT PAUL, MN 55105 (b) Name, address, and ZIP + 4 THOMAS BENITO WARD 4331 E KINGS PT CIRCLE	(c) Total contributions	Noncash

Name of organization Employer identification number

NATIONAL GAY PILOTS ASSOCIATION

52-1920518

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_19	ENDEAVOR AIRLINES 7500 AIRLINE DR MINNEAPOLIS, MN 55450	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	ENVOY AIRLINES 4301 REGENT BLVD IRVING, TX 75063	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	FED EX 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

NA.	FIONAL GAY PILOTS ASSOCIATION	52-1920518
Pa		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(S) I dide and other accounts
2	Aggregate value of contributions to (during year) .	
	,	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	□ Vaa □ Na
•	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Da	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cor	servation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the
	tax year ▶	•
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the vear
-	▶	. concerned a survigioner years
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
-	► \$	semente dannig me year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	R)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
J	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ici olilliai Assets.
10	· · · · · · · · · · · · · · · · · · ·	ad balance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	rtherance of
	public service, provide the following amounts relating to these items:	_
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	▶ \$

Pa	rt III Organizations Maintaining Colle	ections of Ar	t, Historical Ti	reasures, or O	ther Similar Asse	ets (continued)
3	Using the organization's acquisition, accession, and	other records, ch	eck any of the follow	wing that are a sigr	ificant use of its	
	collection items (check all that apply):					
а	Public exhibition	d Loar	n or exchange progi	rams		
b	Scholarly research	e 🗌 Othe	er			
С	Preservation for future generations					
4	Provide a description of the organization's collection	s and explain ho	w they further the or	rganization's exemp	ot purpose in Part	
	XIII.			J		
5	During the year, did the organization solicit or receive	e donations of ar	t. historical treasure	s. or other similar		
•	assets to be sold to raise funds rather than to be ma					. Yes No
Pai	rt IV Escrow and Custodial Arrangem		oo o.gaao			<u> </u>
	Complete if the organization answ 990, Part X, line 21.		n Form 990, Pai	rt IV, line 9, or	reported an amou	nt on Form
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary f	or contributions or o	other assets not		
·u		-				🗆 Yes 🗆 No
b	If "Yes," explain the arrangement in Part XIII and coi					103 _ 100
b	ii res, explain the arrangement iirr art Ain and coi	implete the followi	rig table.	Γ	Λ m/	ount
•	Beginning balance			-		Junt
C	5 5			-	1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance			_	1f	
2a	Did the organization include an amount on Form 990					
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explai	nation has been pro	vided on Part XIII		<u></u>
Pa	rt V Endowment Funds.					
	Complete if the organization answ	ered "Yes" or	i Form 990, Pai	rt IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions	366,426				
С	Net investment earnings, gains, and					
	losses	(25,840)				
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance	340,586				
2	Provide the estimated percentage of the current year		e 1g, column (a)) h	eld as:		
а	Board designated or quasi-endowment		σ, (<i>γ</i> ,			
b	Permanent endowment ► 100.00 %					
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c should equa					
3a	Are there endowment funds not in the possession of		that are held and a	dministered for the		
-	organization by:	o.gaa				Yes No
						. 3a(i) X
						. 3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizations li					3b
4	Describe in Part XIII the intended uses of the organi	•				30
_	rt VI Land, Buildings, and Equipment		entiunus.			
Га	Complete if the organization answ		Form 000 Par	rt IV/ line 11a 9	Soo Form 000 Pa	rt Y line 10
	Description of property	(a) Cost or othe	' '	or other basis	(c) Accumulated	(d) Book value
		(investme	111.)	(other)	depreciation	
1a	Land	•				
b	Buildings	•				
С	Leasehold improvements	•				
d	Equipment	•				
<u>e</u>	Other					
Tota	I. Add lines 1a through 1e. (Column (d) must equal in	Form 990, Part X	K, column (B), line 1	10c.)	▶	

Part VII	Investments - Other Securities. Complete if the organization answer	ed "Yes" on Form 990. Par	t IV, line 11b. See Form 990, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives		·	
(2) Closely-he	eld equity interests			
(3) Other	• •			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answer	ed "Yes" on Form 990, Par	t IV, line 11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1) ENDOW	MENT FUND - AMERIPRISE	340,586	FMV	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.	340,586		
Part IX		ed "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line 1	5.
	· •	Description	(h) Book value	
(1)	· •	Description	(b) Book value	
(1) (2)	· •	Description	(b) Book value	
(2)	· •	Description	(b) Book value	
(2)	· •	Description	(b) Book value	
(2) (3) (4)	· •	Description	(b) Book value	
(2) (3) (4) (5)	· •	Description	(b) Book value	
(2) (3) (4) (5) (6)	· •	Description	(b) Book value	
(2) (3) (4) (5) (6) (7)	· •	Description	(b) Book value	
(2) (3) (4) (5) (6) (7) (8)	· •	Description	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)	· •			
(2) (3) (4) (5) (6) (7) (8) (9)	(a)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	on (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	on (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answelline 25.	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	in (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answel line 25. (a) Description of liability	15.)		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	-
b	Prior year adjustments	-
С	Other losses	_
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Part XIII.)	40
	Add lines 4a and 4b	4c 5
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	ɔ
	de 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines	rt V lino
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	IT A, IIIIe
۷, ۱ a	in XI, lines 20 and 4b, and 1 art XII, lines 20 and 4b. Also complete this part to provide any additional information.	
01.	Endowment funds intended uses (Part V, line 4)	
<u> </u>	Placement Land Lincollact abob (Land 1)	
THE	ENDOWMENT FUND WAS OBTAINED THROUGH A PREVIOUSLY AND CURRENTLY DISCLOSED MER	GER WITH
THE	NGPA EDUCATION FUND, AN AFFILIATED BUT LEGALLY SEPARATE NOT FOR PROFIT ENTIT	Y. THE
	·	
ENDO	OWMENT IS INTENDED TO HELP ENSURE THE LONG TERM ABILITY OF THE NGPA TO FUND	
SCHO	CLARSHIPS FOR STUDENTS CHOSEN BY THE SELECTION COMMITTEE AND WHO ARE ATTENDING	īG
ACCF	REDITED PILOT TRAINING PROGRAMS.	

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

NATIONAL GAY PILOTS ASSOCIATION 52-1920518 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 **f** Solicitation of government grants b Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 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.

Schedule G (Form 990 or 990-EZ) 2018 NATIONAL GAY PILOTS ASSOCIATION 52-1920518 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 Less: Contributions Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment . . . Other direct expenses Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes . . Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses No Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d)

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?
b	If "No," explain:
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

SCHEDULE I (Form 990)

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

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

Open to Public Inspection

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

(7)

(8)

(9)

(10)

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

Name of the organization Employer identification number 52-1920518 NATIONAL GAY PILOTS ASSOCIATION 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 X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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 organization (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (q) Description of (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1) (2) (3) (4) (5) (6)

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

TRAINING PROGRAMS 19 107,500 LIMITED TRAVEL EXPENSES FOR SOME	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIMITED TRAVEL EXPENSES FOR SOME SCHOLARSHIP RECIPIENTS 6 4,171	SCHOLARSHIPS FOR ACCREDITED PILOT					
SCHOLARSHIP RECIPIENTS 6 4,171	TRAINING PROGRAMS	19	107,500			
	LIMITED TRAVEL EXPENSES FOR SOME					
	SCHOLARSHIP RECIPIENTS	6	4,171			
Tt IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
In the supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
		the information red	guired in Part I. line	2: Part III. columi	n (b): and any other addi	tional information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

Employer identification number

NATIO	ONAL GAY PILOTS A	SSOCIATION	•					52-3	L9205	18				
Part			•											
	Complete if the	organization a	nswered "Yes	" on Fo	rm 990,	Part IV, li	ine 25a	or 25b, or Form	990-E	EZ, Pa	art V,	line 4	0b.	
1	(a) Name of disqualified person	on	(b) Relationship be			on and		(c) Description	of transa	ction			(d) Corr	
	.,			organizatio	n			.,,,,					Yes	No
(1)														
(')														
(2)														
(3)	There the amount of toy inc	yumad by the oran	anization mana	**** or d	io au solifi o d	l naraana a	dunia a th							
	Enter the amount of tax incurved and incomplete amount of tax incomplete	-	_				-	-		• \$;			
	Enter the amount of tax, if									▶ \$	 }			
Part														
	Complete if the organization rep							88a or Form 990	, Part	IV, lin	e 26;	or if t	he	
				1										
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or m the	(e) Ori	-	(f) Balance due	(g) In (lefault?	(h) Ap	proved ard or	(i) Wr agreer	
				orgar	nization?						comm	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
Total							. • 9	5						
Part			_											
	Complete if the	organization a	answered "Yes	s" on Fo	orm 990,	Part IV,	line 27.							
(a) Name of interested person		ship between intereste and the organization	ed (c	Amount of	assistance	(0	d) Type of assistance		(е) Purpos	se of ass	istance	
			<u> </u>											
(1)														
(2)														
\ ~ /									-+					
(3)														
(4)														
\''														

(5)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiza	ation's
				Yes	No
	BOARD MEMBER -		ENDOWMENT FUNDS ADVISOR		
(1) GREGORY SMITH	CALENDAR YEAR 2018	366,426	FOR 6 MONTHS		Х
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information	on. tion for responses to questions o	n Schedule I. (see	instructions)		
1 Tovide additional informa	tion for responses to questions of	IT OCHEGUIC E (SCC	instituctions).		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

NATIONAL GAY PILOTS ASSOCIATION 52-1920518 01. Management duties delegation (Part VI, line 3) THE BOARD OF DIRECTORS HAD A SUBCONTRACTED PRESIDENT IN 2018 WHO WAS RESPONSIBLE TO OVERSEE THE OPERATIONS OF THE ORGANIZATION. THE BOARD OF DIRECTORS ALSO HAD A SUBCONTRACTED VICE-PRESIDENT WHO ASSISTED THE PRESIDENT IN MANAGING THE DAY TO DAY AFFAIRS OF THE ORGANIZATION. 02. Organizational document changes (Part VI, line 4) IN MARCH OF 2018 THE NGPA COMPLETED A LEGAL MERGER WITH THE NGPA EDUCATION FUND. MERGER ALLOWS THE ORGANIZATIONS TO MORE COST EFFECTIVELY ALIGN THEIR COMPLIMENTARY MISSIONS AND SOLICIT DONATIONS FOR THE RESTRICTED PURPOSE OF GRANTING SCHOLARSHIPS TO SELECT STUDENTS ATTENDING ACCREDITED PILOT TRAINING PROGRAMS. THE NGPA USED EXPERIENCED LEGAL COUNSEL TO MAKE APPROPRIATE CHANGES TO ITS ORGANIZATIONAL DOCUMENTS TO FACILITATE & SUPPORT THE MERGER AS WELL AS THE NEWLY ACQUIRED EDUCATION FUND AND RELATED INVESTMENT POLICY. 03. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION HAD 1,948 MEMBERS IN 2018. 04. Governing body meeting documentation (Part VI, line 8a) THE BOARD OF DIRECTORS MEETS REGULARLY AND THE BOARD SECRETARY TAKES AND PUBLISHES MINUTES OF THE BOARD. RELEVANT COMMUNICATIONS BY BOARD MEMBERS IN BETWEEN BOARD MEETINGS ARE RETAINED. 05. Local chapters, branches, affiliates (Part VI, line 10a) THE NGPA RECOGNIZES 25 LOCAL AFFILIATES AND 8 UNIVERSITY CHAPTERS

Schedule O (Form 990 or 990-EZ) (2018) Page 2

Name of the organization Employer identification number NATIONAL GAY PILOTS ASSOCIATION 52-1920518 06. Form 990 governing body review (Part VI, line 11) OFFICERS MEET AND REVIEW THE 990 FILING FOR APPROVAL BEFORE IT IS SUBMITTED. 07. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD OF DIRECTORS ROUTINELY MONITORS FOR CONFLICTS OF INTEREST IN ORDER TO ENFORCE ITS POLICIES. 08. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS MUST REVIEW AND APPROVE COMPENSATION FOR THE PRESIDENT AND VICE-PRESIDENT. THE PRESIDENT IS NOT A MEMBER OF THE BOARD AND CANNNOT VOTE ON MATTERS THAT GO BEFORE THE BOARD. 09. Other officer or key employee compensation (Part VI, line 15b CURRENTLY THE NGPA DOES NOT COMPENSATE BOARD MEMBERS OR OFFICERS. THE PRESIDENT AND VICE-PRESIDENT'S COMPENSATION MUST BE APPROVED BY THE BOARD. 10. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO THE NGPA. 11. Significant program services not listed on prior year return (Part III, line 2) IN MARCH OF 2018 THE NGPA COMPLETED A LEGAL MERGER WITH THE NGPA EDUCATION FUND. MERGER ALLOWS THE ORGANIZATIONS TO MORE COST EFFECTIVELY ALIGN THEIR COMPLIMENTARY MISSIONS AND SOLICIT DONATIONS FOR THE RESTRICTED PURPOSE OF GRANTING SCHOLARSHIPS TO SELECT STUDENTS ATTENDING ACCREDITED PILOT TRAINING PROGRAMS IN THE US. DONATIONS FOR THE EDUCATION FUND ARE MANAGED IN A SEGREGATED INVESTMENT ACCOUNT WHICH IS ALSO REPORTED SEPARATELY ON THE BALANCE SHEET TO THE FINANCIAL STATEMENTS. THE INVESTMENTS ARE MANAGED

BY A PROFESSIONAL MONEY MANAGER WHO HAS ACCOUNTABILITY TO THE BOARD OF DIRECTORS AND MUST

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number NATIONAL GAY PILOTS ASSOCIATION 52-1920518 ADHERE TO THE INVESTMENT POLICY ADOPTED AND APPROVED BY THE BOARD. THE POLICY ADDRESSES CRITICAL RISK MANAGEMENT AND CONTROL MATTERS. A COPY OF THIS POLICY IS AVAILABLE UPON REQUEST. 12. Cessation of, or significant change to, any program service (Part III, line 3) SUBSEQUENT TO THE YEAR ENDED DECEMBER 31, 2017 THE NGPA MERGED WITH THE NGPA EDUCATION FUND (EIN 52-1992000). THE STEPS FOR THE MERGER WERE COMPLETED DURING THE 1ST AND 2ND QUARTER OF 2018. THE BOARD OF DIRECTORS OF THE NGPA BELIEVES THAT THIS MERGER WILL BRING TOGETHER AND MORE EFFICIENTLY ALIGN BOTH RESOURCES AND DONORS FOR THESE AFFILIATED AND FORMERLY LEGALLY SEPARATE ORGANIZATIONS. THE NGPA IS NOW OVERSEEING THE MANAGEMENT OF AND REPORTING FOR AN ENDOWMENT FUND IN 2018 AND EXPECTS THAT THE DOLLAR AMOUNT OF AWARDED SCHOLARSHIPS WILL GROW. 13. Explanation of other changes in net assets or fund balances (Part XI, line 9) AS HAS BEEN CONSISTENTLY DISCLOSED IN THIS TAX RETURN, THE NPGA MERGED WITH THE NGPA EDUCATION FUND IN MARCH OF 2018. THAT MERGER RESULTED IN THE NGPA TAKING ON THE ENDOWMENT FUND FROM THE EDUCATION FUND.

Federal Supporting Statements	2018 PG01
Name(s) as shown on return	Tax ID Number
NATIONAL GAY PILOTS ASSOCIATION	52-1920518

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: NATIONAL GAY PILOTS ASSOCIATION

Address: 4931 WEST 35TH STREET, ST LOUIS PARK, MN 55416

EIN: 52-1920518

Statement: Taxpayer is making the de minimis safe harbor election

under §1.263(a)-1(f).

990 Overflow Statement		2018 Page 1
Name(s) as shown on return		FEIN
NATIONAL GAY PILOTS ASSOCIATION		52-1920518
Description EVENTS PLANNING COMMITTEE EVENTS EXPENSE INDUSTRY EXPO DIRECTOR REGISTRATION MANAGER	Total:	Amount \$ 21,286 381,584 3,000 6,000 \$ 411,870
Description ADVOCACY COMMITTEE CHAPTER SUPPORT SCHOOL SPECIFIC SUPPORT	Total:	Amount \$ 57,552 4,871 6,487 \$ 68,910
Description CORP SPONSORSHIPS DUES	Total:	* 132,500 79,449 * 211,949
Description DONATIONS OTHER DONATIONS	Total:	Amount \$ 210,634 9,018 \$ 219,652
Description INTEREST INVESTMENT INCOME	Total:	Amount \$ 82 15,728 \$ 15,810

990	Overflow Statement		2018 Page 2
ame(s) as shown on return			FEIN
MATIONAL GAY PILO	TS ASSOCIATION		52-1920518
	TRAVEL		
Description			Amount
PRESIDENT TRAVEL			\$ 5,729
/P TRAVEL		Total:	3,592
		Total:	\$ 9,321
<mark>Description</mark> MEMBER SUPPORT CO	MMTTTFF		<u>Amount</u> \$ 119
MEMBER SUPPORT CO FAMILY COMMITTEE	PRILITED		$\frac{3}{1,618}$
FINANCE COMMITTEE			2,350
BOARD EXPENSES			21,438
<u>VECTOR COMMITTEE</u> MEMBER SERVICES			<u>350</u> 1,921
MEMBER SERVICES		Total:	
Description	<u></u>		Amount
ADVOCACY COMMITTE CHAPTER SUPPORT	<u>E</u>		\$ 57,552 4,871
SPECIFIC SCHOOL S	UPPORT		6,487
		Total:	
Description			Amount
<u> FOTAL</u> MISC			\$ 1,431 (244)
ADJ			268
		Total:	\$ 1,455