

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AIR LINE PILOTS ASSOCIATION INTERNATIONAL
% ELIZABETH ROBINSON
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
535 HERNDON PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
HERNDON, VA 20170

D Employer identification number
36-0710830

E Telephone number
(703) 689-4170

G Gross receipts \$ 244,015,216

F Name and address of principal officer
CAPTAIN TIMOTHY G CANOLL
535 HERNDON PARKWAY
HERNDON, VA 20170

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ HTTP //WWW ALPA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1931

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROMOTE THE INTERESTS OF THE AIRLINE PILOTING PROFESSION AND TO SAFEGUARD THE RIGHTS, INDIVIDUALLY AND COLLECTIVELY, OF ITS MEMBERS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	203
4 Number of independent voting members of the governing body (Part VI, line 1b)	199
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	337
6 Total number of volunteers (estimate if necessary)	425
7a Total unrelated business revenue from Part VIII, column (C), line 12	367,282
7b Net unrelated business taxable income from Form 990-T, line 34	-15,597

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	182,950,939	193,646,209
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,391,604	3,795,071
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,632	3,187,613
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,727,175	200,628,893
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,253	307,557
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	68,947,841	70,921,444
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,551,131	83,795,522
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	146,637,225	155,024,523
19 Revenue less expenses Subtract line 18 from line 12	40,089,950	45,604,370

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	167,418,863	204,611,325
21 Total liabilities (Part X, line 26)	87,238,072	89,965,682
22 Net assets or fund balances Subtract line 21 from line 20	80,180,791	114,645,643

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2018-11-14
W RANDOLPH HELLING VP FINANCE/TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: RICHARD L RUVELSON
Preparer's signature: RICHARD L RUVELSON
Date: _____
Check if self-employed PTIN: P00234075
Firm's name: WITHUMSMITHBROWNPC
Firm's EIN: _____
Firm's address: 4600 EAST WEST HWY 900
Phone no: (301) 272-6000
BETHESDA, MD 208143423

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROMOTE THE INTERESTS OF THE AIRLINE PILOTING PROFESSION AND TO SAFEGUARD THE RIGHTS, INDIVIDUALLY AND COLLECTIVELY, OF ITS MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 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? Yes No
 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 \$ including grants of \$) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 🗑️	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 🗑️	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 🗑️		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (203), 1b (199), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

Questions 2, 3, 4, 5 regarding compensation reporting and individual details.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like VIRTUAL FLIGHT SURGEONS INC, COHEN WEISS SIMON, etc.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f ▶		0		

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		900099	190,248,962	190,248,962		
b PUBLICATIONS		541800	2,396,067	2,219,316	176,751		
c MEMBER BENEFITS		900099	1,001,180	1,001,180			
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f ▶			193,646,209				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,641,364			3,641,364
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			59,774			59,774
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	43,526,974	13,056				
	c Gain or (loss)	43,382,979	3,344				
	d Net gain or (loss) ▶	143,995	9,712	153,707			153,707
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b			0			
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b			0				
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b			0				
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099	2,937,308				2,937,308	
b CONSULTING	900099	190,531			190,531		
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			3,127,839				
12 Total revenue. See Instructions ▶			200,628,893	193,469,458	367,282	6,792,153	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	265,750			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	41,807	0		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	11,188,073			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	42,068,539	0	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,626,358			
9 Other employee benefits.	11,272,120			
10 Payroll taxes.	2,766,354			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	1,773,429			
c Accounting.	280,247			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	4,376			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,389,416			
12 Advertising and promotion.	978,653			
13 Office expenses.	2,434,283			
14 Information technology.	853,647			
15 Royalties.	0			
16 Occupancy.	5,907,759			
17 Travel.	13,375,901			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	5,238,807			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,871,915			
23 Insurance.	2,103,545			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FLIGHT PAY LOSS & RELATED	37,668,829			
b PER CAPITA DUES	1,270,135			
c PUBLICATIONS/SUBSCRIPTIONS	569,502			
d REPAIRS AND MAINTENANCE	226,697			
e All other expenses	848,381			
25 Total functional expenses. Add lines 1 through 24e.	155,024,523	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,054	1	2,063
	2 Savings and temporary cash investments	38,585,722	2	22,341,663
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	6,315,060	4	7,482,441
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,485,019	7	2,496,022
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,007,703	9	1,794,662
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	24,661,408		
	b Less accumulated depreciation	19,655,213		
	11 Investments—publicly traded securities	106,456,807	11	158,327,693
	12 Investments—other securities See Part IV, line 11	2,374,614	12	2,470,224
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	2,457,980	15	4,690,362
16 Total assets. Add lines 1 through 15 (must equal line 34)	167,418,863	16	204,611,325	
Liabilities	17 Accounts payable and accrued expenses	42,746,217	17	35,454,948
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	44,491,855	25	54,510,734
	26 Total liabilities. Add lines 17 through 25	87,238,072	26	89,965,682
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	80,180,791	27	114,645,643
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	80,180,791	33	114,645,643
	34 Total liabilities and net assets/fund balances	167,418,863	34	204,611,325

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	200,628,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,024,523
3	Revenue less expenses Subtract line 2 from line 1	3	45,604,370
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,180,791
5	Net unrealized gains (losses) on investments	5	3,576,348
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,715,866
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	114,645,643

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 36-0710830

Name: AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part III, Line 4b:

See Schedule O

Form 990, Part III, Line 4c:

See Schedule O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCH O FOR LIST BOARD OF DIRECTORS	1 0 0 0	X						0	0	0
TIMOTHY CANOLL PRESIDENT	60 0 5 0			X				1,117,689	0	62,585
JOE DEPETE FIRST VICE-PRESIDENT	50 0 5 0			X				192,332	0	0
WILLIAM COUETTE VP ADMINISTRATION/SECRETARY	50 0 5 0			X				149,714	0	0
W RANDOLPH HELLING VP FINANCE/TREASURER	50 0 5 0			X				129,000	0	0
LORI GARVER GENERAL MANAGER	40 0 5 0			X				518,849	0	34,908
DAVID KRIEGER MANAGING DIRECTOR	40 0 0 0			X				496,780	0	63,771
ELIZABETH ROBINSON DIR OF FINANCE/CFO	40 0 5 0			X				391,340	0	32,067
RICARDO DOMINGUEZ EXECUTIVE ADMINISTRATOR	40 0 0 0			X				145,831	0	0
DAN ADAMUS EXECUTIVE VICE PRESIDENT	10 0 0 0			X				6,341	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW CHADWICK EXECUTIVE VICE PRESIDENT	10 0 0 0			X				4,500	0	0
SEAN CREED EXECUTIVE VICE PRESIDENT	10 0 0 0			X				1,500	0	0
MIKE HAMILTON EXECUTIVE VICE PRESIDENT	10 0 0 0			X				6,000	0	0
KAREN LACY EXECUTIVE VICE PRESIDENT	10 0 0 0			X				4,000	0	0
ANDREW MASSEY EXECUTIVE VICE PRESIDENT	10 0 0 0			X				6,000	0	0
MICHAEL MCMACKIN EXECUTIVE VICE PRESIDENT	10 0 0 0			X				6,000	0	0
RICHARD MEIER EXECUTIVE VICE PRESIDENT	10 0 0 0			X				2,188	0	0
RUSSELL SKLENKA EXECUTIVE VICE PRESIDENT	10 0 0 0			X				6,000	0	0
BRUCE YORK SR ADVISOR & CHIEF NEGOTIATOR	40 0 0 0				X			1,046,979	0	68,840
JONATHAN COHEN CHIEF COUNSEL/DIRECTOR, LEGAL	40 0 0 0				X			511,499	0	62,104

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANA MCAHRON-SCHULZ DIR OF ECONOMIC & FINANCIAL	40 0 0 0				X			497,477	0	67,298
ELIZABETH GINSBURG DIRECTOR OF REPRESENTATION	40 0 0 0				X			456,828	0	68,209
JAMES JOHNSON SR MANAGING ATTORNEY	40 0 0 0				X			398,119	0	76,139
HOWARD HAGY DIR, ENGINEERING & AIR SAFETY	40 0 0 0				X			379,311	0	82,496
GC WARNER SR MANAGING ATTORNEY	40 0 0 0				X			366,763	0	67,396
MARCUS MIGLIORE SR MANAGING ATTORNEY	40 0 0 0				X			365,065	0	66,107
ARTHUR LUBY ASST DIR OF REPRESENTATION	40 0 0 0				X			363,192	0	60,773
KELLY COLLIE DIRECTOR, HUMAN RESOURCES	40 0 2 0				X			348,410	0	63,577
MARIE SCHWARTZ DIR OF STRATEGIC MBR DEV & RES	40 0 0 0				X			345,172	0	63,771
ANDREW SHOSTACK ASST DIRECTOR, REPRESENTATION	40 0 0 0				X			343,745	0	57,226

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD HARRELL DIR, INFORMATION TECH & SVCS	40 0 0 0				X			311,983	0	63,771
ELIZABETH BAKER DIR OF GOVERNMENT AFFAIRS	40 0 0 0				X			306,502	0	29,700
STEVE HODGSON MGR, RETIREMENT & INSURANCE	40 0 5 0				X			293,025	0	60,178
DAVID WEAVER DIRECTOR, COMMUNICATIONS	40 0 0 0				X			284,229	0	40,405
ELIZABETH KOBY SR MANAGING ATTORNEY	40 0 5 0				X			266,470	0	59,473
CATHERINE POWERS SUPERVISING ATTORNEY	40 0 5 0				X			224,281	0	54,350
ROBERT BAILEY SENIOR ATTORNEY	40 0 0 0					X		319,218	0	75,374
ELWYN WOODY SR BENEFITS ATTORNEY	40 0 0 0					X		304,955	0	60,272
JOHN SCHLEDER SR LABOR REL CNSL/MEC COORD	40 0 0 0					X		299,919	0	60,209
JANE SCHAFT SR LABOR REL CNSL/MEC COORD	40 0 0 0					X		292,921	0	66,739

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT PLUNKETT SR LABOR RELATIONS COUNSEL	40 0 0 0					X		276,582	0	42,405

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AIR LINE PILOTS ASSOCIATION INTERNATIONAL	Employer identification number 36-0710830
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

Employer identification number
36-0710830

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, 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 organization 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 year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 2,048,059 |
| d Additions during the year | 12,087 |
| e Distributions during the year | 1,676,836 |
| f Ending balance | 383,310 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part 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					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,628,827	4,084,667	1,544,160
d Equipment		19,032,581	15,570,546	3,462,035
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,006,195

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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-held 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 answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
NET UNFUNDED MEDICAL PLAN LIABILITY	35,430,733
DEFERRED LIABILITIES	16,429,602
NET UNFUNDED PENSION PLAN LIABILITY	2,650,399
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	54,510,734

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI 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			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-0710830

Name: AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 1B	ESCROW AND CUSTODIAL ARRANGEMENT AIR LINE PILOTS ASSOCIATION, INTERNATIONAL ("ALPA"ASSOCIATION") COLLECTS ASSESSMENT PAYMENTS ON BEHALF OF THE MASTER EXECUTIVE COUNCIL (MEC) AND DEPOSITS COLLECTED FUNDS INTO SEPARATE MEC ACCOUNTS WHICH ALPA ADMINISTERS AND MAKES PAYMENTS OUT OF THE ACCOUNTS AS APPROVED BY THE MEC THESE ACCOUNTS ARE NOT INCLUDED IN THE ALPA'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND FORM 990

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>LIABILITY FOR UNCERTAIN TAX POSITION The Association is exempt from federal income tax under Internal Revenue Code (the Code) Section 501(c)(5), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code Revenue from investments in partnerships, advertising and consulting is taxable as unrelated business income The Association has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions The Association is subject to routine audits by taxing jurisdictions, however, there are currently no audits in progress for any tax periods The Association has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements In addition, there have been no tax related interest or penalties for the periods presented in these financial statements Should such penalties and interest be incurred, the Associations policy is to recognize them as operating expenses</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Employer identification number

36-0710830

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	3	9			10,078,965
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3	9			10,078,965

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	CONTRIBUTION	7,692	CHECK			
(2)			North America	CONTRIBUTION	12,195	CHECK			
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **1**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF ITS GRANTS ALPA DOES NOT MONITOR THE USE OF GRANTS AFTER DISBURSEMENT

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN E	TYPE OF ACTIVITY CONDUCTS REPRESENTATIVE ACTIVITIES THAT PROMOTE AND PROTECT THE INTEREST OF AIR LINE PILOTS IN CANADA

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	ACCOUNTING METHOD THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING

Additional Data

Software ID:

Software Version:

EIN: 36-0710830

Name: AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	3	9	Program Services	SEE PROGRAM SERVICES	2,050,501
North America			Grantmaking		41,807

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		7,974,619
Europe (Including Iceland and Greenland)			Program Services	SEE PROGRAM SERVICES	9,266

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	SEE PROGRAM SERVICES	2,772

Schedule I (Form 990)
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2017
 Open to Public Inspection

Name of the organization
 AIR LINE PILOTS ASSOCIATION INTERNATIONAL

Employer identification number
 36-0710830

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S ALPA'S GRANTS/ASSISTANCE ARE SPONSORSHIPS OR SCHOLARSHIPS FOR ONE-TIME EVENTS ALPA SPECIFIES THE PURPOSE OF THE GRANTS/ASSISTANCE IN THE AWARD LETTER WHEN IT IS DISBURSED THE EXECUTIVE COUNCIL APPROVES ALL CONTRIBUTIONS AS PART OF THE BUDGETING PROCESS ALPA DOES NOT MONITOR THE USE OF GRANTS AFTER DISBURSEMENT

Additional Data

Software ID:
Software Version:
EIN: 36-0710830
Name: AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AERO CLUB OF WASHINGTON PO BOX 16295 WASHINGTON, DC 20041	52-6054159	501(C)(6)	13,800				CONTRIBUTION
ALPA EMERGENCY RELIEF FUND INC 535 HERNDON PARKWAY HERNDON, VA 20170	14-1936814	501(C)(3)	175,000				CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOC OF AIRPORT EXECUTIVES 601 MADISON STREET ALEXANDRIA, VA 22314	51-0094939	501(C)(6)	12,000				CONTRIBUTION
GREATER WASHINGTON AVIATION 3213 DUKE STREET ALEXANDRIA, VA 22314	45-1579665	501(C)(3)	6,500				CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL DEMOCRATIC CLUB 30 IVY STREET SE WASHINGTON, DC 20003	53-0233594	501(C)(7)	6,000				CONTRIBUTION
AAAE FOUNDATION INC 601 MADISON STREET ALEXANDRIA, VA 22314	51-6018128	501(C)(3)	10,000				CONTRIBUTION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Employer identification number
36-0710830

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No 4b Yes 4c No	
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a 5b	
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a 6b	
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

See Additional Data Table

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE. A NATIONAL OFFICER WHO INCURS EXPENSES WHEN THEY MAINTAIN A PRIMARY RESIDENCE OUTSIDE OF THE WASHINGTON, DC AREA IS REIMBURSED FOR APPROPRIATE HOUSING, MEALS, AND INCIDENTAL EXPENSES WHILE IN THE WASHINGTON, DC AREA AND TRANSPORTATION BETWEEN HIS/HER PRIMARY RESIDENCE OUTSIDE THE WASHINGTON, DC AREA AND WASHINGTON, DC. THIS POLICY HAS BEEN APPROVED BY THE ALPA BOARD OF DIRECTORS. AMOUNTS PROVIDED ARE REPORTED AS TAXABLE TO THE RECIPIENT.
SCHEDULE J, PART I, LINE 1A	DISCRETIONARY SPENDING ACCOUNT. THE NATIONAL OFFICERS RECEIVE A MONTHLY PAYMENT FOR REIMBURSEMENT OF EXTRAORDINARY EXPENSES, BOTH PERSONAL AND BUSINESS, ASSOCIATED WITH SERVICES IN AN ALPA NATIONAL OFFICER POSITION NOT UNDER AN ACCOUNTABLE PLAN. THIS PAYMENT WAS APPROVED BY THE ALPA BOARD OF DIRECTORS.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. ADDITIONAL TAXABLE COMPENSATION RELATED TO A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN WAS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS NOTED BELOW: (1) TIMOTHY G. CANOLL - \$393,491 (2) BRUCE YORK - \$510,343.
SCHEDULE J, PART II	PRESIDENT'S REPORTABLE COMPENSATION. THE PRESIDENT'S REPORTABLE COMPENSATION INCLUDED SALARY, TAXABLE ALLOWANCES AND NONQUALIFIED DEFERRED COMPENSATION. THE COMPENSATION PACKAGE WAS REVIEWED AND APPROVED BY ALPA BOARD OF DIRECTORS.

Additional Data

Software ID:
Software Version:
EIN: 36-0710830
Name: AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIMOTHY CANOLL PRESIDENT	(i)	506,039	34,527	577,123	29,700	40,697	1,188,086	0
	(ii)	0			0	0	0	0
1JOE DEPETE FIRST VICE-PRESIDENT	(i)			192,332	0	0	192,332	0
	(ii)	0			0	0	0	0
2LORI GARVER GENERAL MANAGER	(i)	463,709	31,999	23,141	29,700	12,385	560,934	0
	(ii)	0			0	0	0	0
3DAVID KRIEGER MANAGING DIRECTOR	(i)	406,907	28,872	61,001	29,700	38,057	564,537	0
	(ii)	0			0	0	0	0
4ELIZABETH ROBINSON DIR OF FINANCE/CFO	(i)	354,109	26,889	10,342	29,700	9,559	430,599	0
	(ii)	0			0	0	0	0
5BRUCE YORK SR ADVISOR & CHIEF NEGOTIATOR	(i)	453,599	29,878	563,502	29,700	42,721	1,119,400	0
	(ii)	0			0	0	0	0
6JONATHAN COHEN CHIEF COUNSEL/DIRECTOR, LEGAL	(i)	436,853	31,144	43,502	29,695	35,841	577,035	0
	(ii)	0			0	0	0	0
7ANA MCAHRON-SCHULZ DIR OF ECONOMIC & FINANCIAL	(i)	344,792	26,814	125,871	29,358	40,402	567,237	0
	(ii)	0			0	0	0	0
8ELIZABETH GINSBURG DIRECTOR OF REPRESENTATION	(i)	396,142	28,590	32,096	29,700	40,060	526,588	0
	(ii)	0			0	0	0	0
9JAMES JOHNSON SR MANAGING ATTORNEY	(i)	344,663	26,868	26,588	29,700	47,534	475,353	0
	(ii)	0			0	0	0	0
10HOWARD HAGY DIR, ENGINEERING & AIR SAFETY	(i)	328,498	26,034	24,779	29,700	56,101	465,112	0
	(ii)	0			0	0	0	0
11GC WARNER SR MANAGING ATTORNEY	(i)	319,586	25,590	21,587	29,700	38,837	435,300	0
	(ii)	0			0	0	0	0
12MARCUS MIGLIORE SR MANAGING ATTORNEY	(i)	316,945	25,590	22,530	29,700	37,548	432,313	0
	(ii)	0			0	0	0	0
13ARTHUR LUBY ASST DIR OF REPRESENTATION	(i)	313,527	25,239	24,426	29,700	32,214	425,106	0
	(ii)	0			0	0	0	0
14KELLY COLLIE DIRECTOR, HUMAN RESOURCES	(i)	280,428	23,714	44,268	29,506	36,880	414,796	0
	(ii)	0			0	0	0	0
15MARIE SCHWARTZ DIR OF STRATEGIC MBR DEV & RES	(i)	302,641	24,785	17,746	29,700	37,193	412,065	0
	(ii)	0			0	0	0	0
16ANDREW SHOSTACK ASST DIRECTOR, REPRESENTATION	(i)	298,453	24,578	20,714	29,700	28,668	402,113	0
	(ii)	0			0	0	0	0
17RICHARD HARRELL DIR, INFORMATION TECH & SVCS	(i)	274,078	23,411	14,494	29,700	39,122	380,805	0
	(ii)	0			0	0	0	0
18ELIZABETH BAKER DIR OF GOVERNMENT AFFAIRS	(i)	278,342	23,333	4,827	29,700	3,657	339,859	0
	(ii)	0			0	0	0	0
19STEVE HODGSON MGR, RETIREMENT & INSURANCE	(i)	259,651	22,658	10,716	29,700	31,619	354,344	0
	(ii)	0			0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 DAVID WEAVER DIRECTOR, COMMUNICATIONS	(i)	276,505	5,327	2,397	29,700	16,564	330,493	0
	(ii)	0			0	0	0	0
1 ELIZABETH KOBY SR MANAGING ATTORNEY	(i)	218,041	25,694	22,735	28,699	34,602	329,771	0
	(ii)	0			0	0	0	0
2 CATHERINE POWERS SUPERVISING ATTORNEY	(i)	212,209	10,321	1,751	24,588	30,677	279,546	0
	(ii)	0			0	0	0	0
3 ROBERT BAILEY SENIOR ATTORNEY	(i)	280,912	23,731	14,575	29,700	46,884	395,802	0
	(ii)	0			0	0	0	0
4 ELWYN WOODY SR BENEFITS ATTORNEY	(i)	278,312	23,654	2,989	29,700	31,782	366,437	0
	(ii)	0			0	0	0	0
5 JOHN SCHLEDER SR LABOR REL CNSL/MEC COORD	(i)	275,669	22,626	1,624	29,700	31,719	361,338	0
	(ii)	0			0	0	0	0
6 JANE SCHRAFT SR LABOR REL CNSL/MEC COORD	(i)	266,613	22,500	3,808	29,700	38,249	360,870	0
	(ii)	0			0	0	0	0
7 ROBERT PLUNKETT SR LABOR RELATIONS COUNSEL	(i)	250,726	22,095	3,761	29,700	13,915	320,197	0
	(ii)	0			0	0	0	0

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.

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Employer identification number

36-0710830

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACTIVITY #1 Collective Bargaining ALPA is the collective bargaining agent for over 58,000 airline pilots and professional flight engineers who make up 33 pilot groups in the United States and Canada In addition to negotiating labor contracts, it processes grievances, arbitrations, and other contract administration-related activities The year 2017 was a busy period for collective bargaining, as the association was engaged in negotiations to amend, create, or implement collective bargaining agreements at several ALPA carriers

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	PROGRAM SERVICE ACTIVITY #2 Government Affairs As the voice of professional airline pilots, the association represents a pilot partisan agenda to Congress and to many administrative agencies, including the Department of Transportation, Federal Aviation Administration, Department of State, Department of Homeland Security and Transportation Security Administration Key legislative issues for pilots in 2017 included the enforcement of Open Skies agreements and stopping flag of convenience operations in aviation, promoting safety in the reauthorization of the Federal Aviation Administration by advocating for hazardous materials safety when shipped by air, secondary cockpit barriers, maintaining safety regulations, and safe integration of unmanned aircraft systems (UAS), and funding for TSA security programs such as the Federal Flight Deck Officer program

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PROGRAM SERVICE ACTIVITY #3 Aviation Safety ALPA maintains a network of hundreds of pilot volunteers, supported by approximately two dozen staff professionals, organized into an extensive structure of local and national committees Key safety issues in 2017 included pilot fatigue, pilot training and qualification, airport and runway safety, various improvements to aviation security and pilot and passenger screening, safety management systems, and the results of key accident investigations

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PROGRAM SERVICE ACTIVITY #4 Publications The union's magazine, Air Line Pilot, is published 10 times per year with a circulation of about 84,000 copies, mostly to members and retired pilots Its content is a mixture of union news, industry trends, and technical safety and security-related information Most of ALPA's 33 pilot groups including their individual local councils, publish and distribute both paper and e-mail newsletters with news and information of interest to their pilots The Association occasionally publishes specialized newsletters on matters of urgent interest and also maintains an extensive website that carries news, announcements, and general information on both publically accessible homepage and a "member only" portion of the website

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS On March 1, 2017 the Constitution and Bylaws were updated to reflect the October 2016 Board of Directors changes to Article III, Local Councils and Local Executive Councils, Section 3 G Proxies, effective March 1, 2017 On July 12, 2017 the Constitution and Bylaws were updated to reflect the Board of Directors (processed via Email Ballot) changes to Article IV, V, VII, IX, X and XIV regarding balloting procedures

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ALPA REPRESENTS OVER 58,000 PILOT MEMBERS ALPA HAS ONLY ONE CATEGORY OF ACTIVE MEMBERS ALPA ALSO COLLECTS DUES FROM EXECUTIVE INACTIVE MEMBERS (AT A REDUCED RATE) AND "NON-MEMBERS" (AT ANOTHER REDUCED RATE) EXECUTIVE INACTIVE MEMBERS ARE ENTITLED TO ALL OF THE RIGHTS AND BENEFITS OF ACTIVE MEMBERS EXCEPT THEY MAY NOT VOTE, ASSUME OR HOLD ELECTIVE OR APPOINTIVE OFFICE (INCLUDING COMMITTEE ASSIGNMENTS), ATTEND MEETINGS OR BE INCLUDED ON THE ACTIVE MEMBER MAILING LIST "NON-MEMBERS" ARE NOT MEMBERS OF ALPA WHO ARE NEVERTHELESS COMPELLED TO PAY UNION DUES OR FEES UNDER AN AGENCY SHOP AGREEMENT NON-MEMBERS ARE ENTITLED TO A PRO RATA ADJUSTMENT FOR ANY EXPENSES THAT ARE NOT GERMANE NON-MEMBERS ARE NOT ENTITLED TO ANY BENEFITS OF ALPA MEMBERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS WHO MAY ELECT ALPA'S HIGHEST GOVERNING BODY IS THE BOARD OF DIRECTORS MEMBERS OF THE BOARD OF DIRECTORS ARE DIRECTLY ELECTED FROM LOCAL COUNCILS BY THE ACTIVE AND EXECUTIVE ACTIVE MEMBERS ASSIGNED TO THOSE LOCAL COUNCILS THE MEMBERS OF OTHER ALPA GOVERNING BODIES - ALL OF WHICH ARE SUBSIDIARY TO THE BOARD OF DIRECTORS - ARE ELECTED BY THE MEMBERS OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE ORGANIZATION ENGAGES WITH AN INDEPENDENT CERTIFIED ACCOUNTING FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990 BASED ON INFORMATION PROVIDED BY ALPA'S ACCOUNTING STAFF THE RETURN IS REVIEWED BY THE SENIOR STAFF ACCOUNTANT, FINANCE DEPARTMENT MANAGEMENT STAFF, AND VICE PRESIDENT FINANCE/TREASURER OF ALPA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY (1) ALPA'S CONFLICT OF INTEREST POLICY IS REVIEWED WITH EMPLOYEES, A WRITTEN COPY IS INCLUDED IN EACH EMPLOYEE NEW HIRE KIT, A COPY IS INCLUDED IN THE EMPLOYEE HANDBOOK, AND THE POLICY IS POSTED ON THE EMPLOYEE STAFF CENTER WEBSITE THE POLICY PROVIDES EXAMPLES OF SOME OF THE RELATIONSHIPS THAT SHOULD BE AVOIDED THE POLICY REQUIRES THAT ALL EMPLOYEES AVOID CONFLICTS BETWEEN THEIR PERSONAL INTEREST AND THE MEMBERS OF, OR PERSONS REPRESENTED BY, ALPA OR THE INTEREST OF ALPA IN DEALING WITH EMPLOYERS OR WITH SUPPLIERS, CUSTOMERS, AND ALL OTHER ORGANIZATIONS OR INDIVIDUALS SEEKING TO DO BUSINESS WITH ALPA IF A CONFLICT IS REPORTED, DISCOVERED, OR SUSPECTED, IT IS ADDRESSED FIRST BY THE EMPLOYEE'S SUPERVISOR AND, IF NECESSARY, BY THE HUMAN RESOURCES DEPARTMENT, AND IN EITHER CASE, APPROPRIATE MEASURES ARE TAKEN, WHICH CAN INCLUDE TERMINATION FOR VIOLATION OF THE POLICY (2) IN ACCORDANCE WITH FEDERAL LABOR LAWS, ALPA IS GOVERNED BY OFFICERS ELECTED FROM AMONG THE MEMBERSHIP ACCORDINGLY, DECISIONS MADE BY ALPA'S GOVERNING BODIES NECESSARILY AFFECT THE OFFICERS WHO MAKE UP THOSE GOVERNING BODIES, JUST AS THOSE DECISIONS AFFECT THE UNION MEMBERS AS A WHOLE HOWEVER, SECTION 501(A) OF THE LABOR-MANAGEMENT REPORTING AND DISCLOSURE ACT (LMRDA), 29 U S C 501(A), STATES THAT OFFICERS AND OTHER UNION REPRESENTATIVES "OCCUPY POSITIONS OF TRUST" WITH RESPECT TO THE UNION AND SO THAT "IT IS, THEREFORE, THE DUTY OF EACH SUCH PERSON, TAKING INTO ACCOUNT THE SPECIAL PROBLEMS AND FUNCTIONS OF A LABOR ORGANIZATION, TO HOLD ITS MONEY AND PROPERTY SOLELY FOR THE BENEFIT OF THE ORGANIZATION AND ITS MEMBERS AND TO MANAGE, INVEST, AND EXPEND THE SAME IN ACCORDANCE WITH ITS CONSTITUTION AND BYLAWS AND ANY RESOLUTIONS OF THE GOVERNING BODIES ADOPTED THEREUNDER, TO REFRAIN FROM DEALING WITH SUCH ORGANIZATION AS AN ADVERSE PARTY OR IN BEHALF OF AN ADVERSE PARTY IN ANY MATTER CONNECTED WITH HIS DUTIES AND FROM HOLDING OR ACQUIRING ANY PECUNIARY OR PERSONAL INTEREST WHICH CONFLICTS WITH THE INTEREST OF SUCH ORGANIZATION, AND TO ACCOUNT TO THE ORGANIZATION FOR ANY PROFIT RECEIVED BY HIM IN WHATEVER CAPACITY IN CONNECTION WITH TRANSACTIONS CONDUCTED BY HIM OR UNDER HIS DIRECTION ON BEHALF OF THE ORGANIZATION " THE RESPONSIBILITIES IMPOSED BY LMRDA SECTION 501(A) MAY BE ENFORCED BY UNION MEMBERS THROUGH SUITS IN FEDERAL COURTS, OR BY THE SECRETARY OF LABOR, AND THOSE RESPONSIBILITIES GOVERN THE UNION'S ACTIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION (1) ALPA'S COMPENSATION REVIEW PROCESS INCLUDES AN EVALUATION OF AN INDIVIDUAL'S EDUCATION AND PROFESSIONAL EXPERIENCE, REVIEW AND UPDATING OF EACH STAFF POSITION, PERFORMANCE APPRAISAL, ASSESSMENT OF INTERNAL EQUITY, AND EXTERNAL/MARKET BENCHMARKING ALPA EVALUATES/RE-EVALUATES STAFF POSITIONS ON AN ON-GOING BASIS, ROTATING THROUGH EACH POSITION APPROXIMATELY EVERY FOUR YEARS THE EVALUATION IS AN INTERACTIVE, WRITTEN PROCESS THAT INCLUDES THE EMPLOYEE, DEPARTMENT MANAGEMENT, AND HUMAN RESOURCES EXTERNAL/MARKET BENCHMARKING IS PART OF THE COMPENSATION REVIEW PROCESS, AS WELL AS THE ANNUAL PERFORMANCE APPRAISAL PROCESS ALPA SUBSCRIBES TO/PARTICIPATES IN SEVERAL BENCHMARKING DATA SOURCES INCLUDING ERI EXECUTIVE COMPENSATION ASSESSOR, SALARY COM COMPANALYST, AND THE HRA-NCA SURVEY FOR DC ASSOCIATIONS SALARY MINIMUMS/MAXIMUMS ARE PRESCRIBED BY COLLECTIVE BARGAINING AGREEMENTS FOR 86% OF ALPA STAFF A SALARY ADMINISTRATION PLAN FOR MANAGEMENT AND NON-BARGAINING EMPLOYEES IS APPROVED BY THE GENERAL MANAGER ANNUALLY THE SALARY REVIEW COMMITTEE IS RESPONSIBLE FOR REVIEW AND APPROVAL OF COMPENSATION AND MEETS ON A REGULAR BASIS (2) THE PRESIDENT'S COMPENSATION IS APPROVED BY THE ALPA BOARD OF DIRECTORS (BOD) THE BOD LAST REVIEWED THE PRESIDENT'S COMPENSATION AT THE 2016 BOD MEETING THE PRESIDENT'S COMPENSATION IS UPDATED BY THE DIRECTOR OF FINANCE/CFO AT LEAST ANNUALLY PER THE CALCULATION APPROVED BY THE BOD THE GENERAL MANAGER'S COMPENSATION IS APPROVED BY THE PRESIDENT AND THE DIRECTOR OF HUMAN RESOURCES OTHER KEY EMPLOYEE'S COMPENSATION IS APPROVED BY THE GENERAL MANAGER AND THE DIRECTOR OF HUMAN RESOURCES THE REVIEW PROCESS FOR KEY EMPLOYEES WAS UNDERTAKEN DURING 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF DOCUMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	<p>BOARD OF DIRECTORS THE FOLLOWING INDIVIDUALS SERVED ON ALPA BOARD OF DIRECTORS IN 2017 AND DID NOT RECEIVE ANY REPORTABLE COMPENSATION FROM THE ORGANIZATION FOR SERVICES RENDERED IN THEIR CAPACITY AS DIRECTORS Jimmy Abdalla James Ackerman Chad Adams David Adler Jared Alexa Thomas Amidei David Anderson Roger Anderson Christopher Anzalone Michael Arcamuzi S Arrington Jon Athans Ivan Ati Roy Barker Daniel Batchelder Adam Bell Edward Bennett Ryan B lackford Earl Blowers Mauricio Bolivar Randall Booth Christopher Boylan Frank Brady John B reilling Samuel Brennan Stephen Bryce William Brynjolfsson Mark Bugden Robert Burgess Alfred Byrne Nathan Caron Timothy Carpenter Gareth Carter Mona Cates Robert Cecchi Matthew Chad wick Gerald Chernochan Francis Cipriani David Clark Donald Clark Richard Clarke David Colquhoun A Cornelison Hector Corpeno John Costello Patrick Couture Andrew Coward Christopher Darbel Kyle Davies Timothy Davis Dawid De Villiers Erik DeWinne Tom Estrada Scott Ewing Jeffrey Farquhar Joseph Ferreira Kyle Flynn Michael Frahm Bryan Freeman Ryan French Andrew Freund Fred Galey Richard Gallaher Allyson Geiger Daniel Genzale Nikolaos Giannoussidis Marc Gonzalez Glen Gorrie Philip Gower Travis Grenier Daniel Hahn David Hahn Wesley Harder James Harding Christopher Hartka Nicholas Harwood Robert Hazzard Michael Hendrix Joseph Henning Todd Hirshon Brian Hoffman Ryan Hollenbeck Scott Hope Tyler Hover Jared Hunt Robert Jackson Jeffrey Jacobs Robin Jacuzzi Gregory Jans Gannett Jean Bennie Jennings Steven Jones Kathryn Judge Joshua Kallet Paul Kesely Ryan Kessler William Kim Trevor Kleinschnittger Joseph Kolarik Garrett Kusmack Eyal Lamdan Matthew Langer Christopher Lanier Aaron Lanigan Erik Larsen Joel Lautenschlager Jerome Leber Robert Leggett Mark Lenesi Daniel Leo Jason Leonard David Lisiecki Tony Loeks Donald Loepke Michael Luckstone Jonathan Lykken James Macarthur Mark Manausa Robert Marsh Bridget Matarrese Brad Mazurski Robert McCallum David Mcconnell Erin Mccoy James Mcguire Roman Mclellan William Meachem Eric Meenk Leonard Merriman Anthony Miller Justin Mills Donn Minogge Chad Monroe James Morton James Mumby Jason Murphy Kenneth Murray Antonio Nassar Sarah Nelson Wesley Nevels Ronan O'Donoghue James O'Gara Ajit Oommen Robert Owen David Page Don Pardiac Daniel Parnham Bradley Partridge Joao Pereira Jesse Peters Jeff Peterson Sarah Prozak Don Ray John Riddel Charles Ritter Joshua Roberts Joel Rodda William Rodgers Thomas Rogers Lino Rojas Charles Roos Brian Roseen Charles Rosenstein Andrew Ross Tyler Rowe Dominique Roy Patrice Roy Kurt Russell Barry Scherling Mirko Scherrer Ross Schumacher Dean Shaw Konstantin Shevnin Anita Shew Robert Shirey Scott Simpson Sean Smith Tracy Smith Christian Smitheram Michael Sorbie Breneen Sorokan Vignesh Sr idhar Stacy Stader Harry Stahl Andrew Stamp Kim Steingass Brian Stilke Corey Strachan Joshua Sult David Talaber Jose Thies Ian Thompson Christina Thomson Joshua Trisko Stacey Tumoth Brendan Twomey Vincent Van W</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	inden Samuel Vaughan Roland Vera Stacey Warner Rob Watson Ken Wells Richard Wheeler Patricia Whitehead Michael Wilchcombe David Wilson Miles Wilson Jessica Wolcott Jeffrey Wolf David Wood Katie Wyer Christopher Young Douglas Zink

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	<p>BOARD OF DIRECTORS THE FOLLOWING INDIVIDUALS SERVED ON ALPA BOARD OF DIRECTORS IN 2017 ALL PAYMENTS TO THESE INDIVIDUALS REPRESENT REIMBURSEMENT FOR EXPENSES OR LOST BENEFITS (FLIGHT PAY LOSS) THESE AMOUNTS ARE TAXABLE TO THE RECIPIENT AS REPORTABLE COMPENSATION</p> <p>Hesham Aly 121 Derek Archer 5,173 Shane Atkins 155 Ryan Babcock 111 Patrick Barrett 65 William Bartels 19,161 John Barton 538 James Berzon 579 Christopher Bowers 209 Thomas Brielmann 2,774 Nathaniel Brown 848 Kevin Buxton 493 Jeffrey Ciarcia 1,342 Jeffrey Cohen 59 Andrew Collins 62 Timothy Connors 1,431 David Cowan 1,327 Judson Crane 999 Sam Derosa 10,901 Piero Desjardins 5,800 Jared Dichter 526 Anthony Drakula 841 Marc Duffy-Vincelette 1,057 Darick Effner 7,411 Christopher Gill 11,871 Roger Goodwin 563 Eric Hall 1,723 Hayden Hammer 1,770 Peter Harmon 12,040 Ivan Harris 186 Darren Hartmann 137 Jonathan Hayes 209 Christopher Hazleton 2,495 Timothy Heck 137 Joshua Hjermvick 54 Michael Hoxmeier 121 Andrew Hughes 12,906 Todd Hunter 2,239 Bradley Hutchens 30 Glenn Johnson 1,490 James Johnson 442 John Kendrick 65 Christopher Kenney 546 Christopher Kern 519 Kevin Ketelaar 307 Steven Knopf 392 Thomas Kramer 667 Daniel Krieger 1,988 Karen Lacy 224 Mark Langton 1,003 Timothy Le Van 54 Hoon Lee 6,579 Jon Lewis 2,120 Scott Martin 4,336 Samuel Mason 9,891 Paul Meyer 350 Louis-Eric Mongrain 1,220 Daniel Moore 528 James Morris 29 Wendy Morse 642 Tom Murphy 1,167 Edward Norberg II 591 Ryan Pachkofsky 2,306 Jan Pashinski 250 Jonathan Payne 4,651 Benjamin Peacock 2,023 Michael Poggi 7,031 Eric Popper 960 Chad Ream 4,323 Gilbert Renaud 1,625 Daniel Riesgo 148 Jared Roberts 771 Carlos Rodriguez 635 Sebastien Roussel 9,059 Charles Schaefer 287 Ryan Schnitzler 13,579 Jeffrey Schroeder 58 Neal Spanier 257 Michael Sullivan 1,063 Matthew Thaler 28 Nicholas Toon 3,536 Steven Toothe 1,245 Lonnie Utley 393 Lindsey Van Beusekom 739 Nikolas Wagenknecht 739 Aaron Ward 679 David Wojtkowski 8,683 Michael Wolcott 305 Robert Wolf 45 Jonathan Wrigley 933 Vincent Zagarella 158 Steven Zeman 1,877 Anthony-Paul Zerafa 15 ----- Total 212,015</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS ARE ATTRIBUTABLE TO (\$4,479,385)MEC DUES REFUND (\$6,431,158)MEDICAL RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST \$645,890 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST \$48,787 TRANSLATION GAIN (\$4,500,000)INTERFUND TRANSFERS ----- (\$14,715,866)TOTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	OVERSIGHT PROCESS THE CONSOLIDATED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM THE ORGANIZATION'S EXECUTIVE TEAM ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Employer identification number
36-0710830

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALPA EMERGENCY RELIEF FUND INC 535 HERNDON PARKWAY HERNDON, VA 20170 14-1936814	CHARITABLE	VA	501(C)(3)	12-TYPE I	ALPA	Yes	
(2) THE 1625 MASSACHUSETTS AVE NW CORP 535 HERNDON PARKWAY HERNDON, VA 20170 52-0946056	RENT PROPERTY	VA	501(C)(2)		ALPA	Yes	
(3) AIR LINE PILOTS ASSOCIATION PAC 535 HERNDON PARKWAY HERNDON, VA 20170 52-1062313	PAC	VA	527		ALPA	Yes	
(4) ALPA INT'L RETIREMENT MEDICAL VEBA TR 535 HERNDON PARKWAY HERNDON, VA 20170 54-1587464	VEBA	VA	501(C)(9)		ALPA	Yes	
(5) ALPA PILOT WELFARE BENEFIT PLAN 535 HERNDON PARKWAY HERNDON, VA 20170 54-1775762	VEBA	VA	501(C)(9)		ALPA	Yes	
(6) FEDEX PILOTS POST MDCR RTR PM REIM PLAN 535 HERNDON PARKWAY HERNDON, VA 20170 65-1297729	VEBA	VA	501(C)(9)		ALPA	Yes	
(7) HAWAIIAN PILOTS POST MEDICARE HEALTH 535 HERNDON PARKWAY HERNDON, VA 20170 82-1580173	VEBA	HI	501(C)(9)		ALPA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) KITTY HAWK INSURANCE CO LTD FB PERRY BLDG 1ST FL 40 CHURCH ST HAMILTON HM12 BD	CAPTIVE INS	BD	ALPA	C CORP	215,636	8,017,650	100 000 %	Yes	
(2) ALPA CANADA INSURANCE TRUST 360 ALBERT STREET STE 1210 OTTAWA, ONTARIO K1R 7X7 CA	VEBA	CA	N/A	TRUST					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 36-0710830
Name: AIR LINE PILOTS ASSOCIATION
INTERNATIONAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
535 HERNDON PARKWAY HERNDON, VA 20170 14-1936814	CHARITABLE	VA	501(C)(3)	12-TYPE I	ALPA	Yes	
535 HERNDON PARKWAY HERNDON, VA 20170 52-0946056	RENT PROPERTY	VA	501(C)(2)		ALPA	Yes	
535 HERNDON PARKWAY HERNDON, VA 20170 52-1062313	PAC	VA	527		ALPA	Yes	
535 HERNDON PARKWAY HERNDON, VA 20170 54-1587464	VEBA	VA	501(C)(9)		ALPA	Yes	
535 HERNDON PARKWAY HERNDON, VA 20170 54-1775762	VEBA	VA	501(C)(9)		ALPA	Yes	
535 HERNDON PARKWAY HERNDON, VA 20170 65-1297729	VEBA	VA	501(C)(9)		ALPA	Yes	
535 HERNDON PARKWAY HERNDON, VA 20170 82-1580173	VEBA	HI	501(C)(9)		ALPA	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALPA EMERGENCY RELIEF FUND INC	B	175,000	COST
THE 1625 MASSACHUSETTS AVE NW CORP	D	84,729	COST
THE 1625 MASSACHUSETTS AVE NW CORP	K	1,698,600	PAYMENTS
ALPA PILOT WELFARE BENEFIT PLAN	L	497,941	COST
FEDEX PILOTS POST MDCR RTR PM REIM PLAN	L	333,263	COST
THE 1625 MASSACHUSETTS AVE NW CORP	Q	97,886	COST
KITTY HAWK INSURANCE CO LTD	L	109,954	COST
KITTY HAWK INSURANCE CO LTD	R	1,734,226	COST
KITTY HAWK INSURANCE CO LTD	B	4,508,068	COST
ALPA INT'L RETIREMENT MEDICAL VEBA TR	R	1,300,000	COST