

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization AIR LINE PILOTS ASSOCIATION INTERNATIONAL</td> <td rowspan="2"><b>D</b> Employer identification number  36-0710830</td> </tr> <tr> <td colspan="2">% ELIZABETH ROBINSON Doing business as</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address) 7950 JONES BRANCH DRIVE Suite 400</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number  (703) 689-4170</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MCLEAN, VA 22102</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer CAPT JOE DEPETE 7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102</td> <td><b>G</b> Gross receipts \$ 358,751,201</td> </tr> </table>	<b>C</b> Name of organization AIR LINE PILOTS ASSOCIATION INTERNATIONAL		<b>D</b> Employer identification number  36-0710830	% ELIZABETH ROBINSON Doing business as		Number and street (or P O box if mail is not delivered to street address) 7950 JONES BRANCH DRIVE Suite 400	Room/suite	<b>E</b> Telephone number  (703) 689-4170	City or town, state or province, country, and ZIP or foreign postal code MCLEAN, VA 22102		<b>F</b> Name and address of principal officer CAPT JOE DEPETE 7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102		<b>G</b> Gross receipts \$ 358,751,201
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<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶												
<b>J</b> Website: ▶ HTTP //WWW ALPA ORG		<b>L</b> Year of formation 1931 <b>M</b> State of legal domicile VA												
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶														

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	197																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	192																								
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .	365																								
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	440																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	245,382																								
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	221,701																								
<b>Revenue</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td> <td style="text-align: right;">193,646,209</td> <td style="text-align: right;">205,948,251</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .</td> <td style="text-align: right;">3,795,071</td> <td style="text-align: right;">3,244,846</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">3,187,613</td> <td style="text-align: right;">2,605,568</td> </tr> <tr> <td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">200,628,893</td> <td style="text-align: right;">211,798,665</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	0	0	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	193,646,209	205,948,251	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	3,795,071	3,244,846	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,187,613	2,605,568	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,628,893	211,798,665						
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**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

<b>Sign Here</b> ▶ ***** Signature of officer	2019-11-15 Date
▶ JOSEPH A GENOVESE JR VP FINANCE/TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00234075
	Firm's name ▶ WITHUMSMITHBROWNPC	Firm's EIN ▶			
	Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 208143423	Phone no (301) 272-6000			

**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
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	Yes	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II . . . . .	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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	
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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> . . . . .		
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> 365</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		<p><b>2b</b> Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>		<p><b>3a</b> Yes</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>		<p><b>3b</b> Yes</p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>		<p><b>4a</b> Yes</p>		
<p><b>b</b> If "Yes," enter the name of the foreign country ▶ <u>CA , CJ</u></p>				
<p>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>		<p><b>5a</b> No</p>		
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p><b>5b</b> No</p>		
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>		<p><b>5c</b></p>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>		<p><b>6a</b> No</p>		
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>		<p><b>6b</b></p>		
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>		<p><b>7a</b></p>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>		<p><b>7b</b></p>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>		<p><b>7c</b></p>		
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p><b>7e</b></p>		
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>		<p><b>7f</b></p>		
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>		<p><b>7g</b></p>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>		<p><b>7h</b></p>		
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>		<p><b>8</b></p>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>		<p><b>9a</b></p>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>		<p><b>9b</b></p>		
<p><b>10 Section 501(c)(7) organizations.</b> Enter</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>		<p><b>12a</b></p>		
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>		<p><b>13a</b></p>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>		<p><b>14a</b> No</p>		
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>		<p><b>14b</b></p>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>		<p><b>15</b> Yes</p>		
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>		<p><b>16</b> No</p>		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (197); 1b Enter the number of voting members included in line 1a, above, who are independent (192); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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 Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (No); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ELIZABETH ROBINSON 7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 (703) 689-4170.







**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		0			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEMBERSHIP DUES		900099	202,397,048	202,397,048		
<b>b</b> PUBLICATIONS		541800	2,475,462	2,279,716	195,746		
<b>c</b> MEMBER BENEFITS		900099	1,075,741	1,075,741			
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			205,948,251				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,838,133			5,838,133	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		54,054			54,054	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses	144,251,815	107,434				
	<b>c</b> Gain or (loss)	146,919,721	32,815				
	<b>d</b> Net gain or (loss) . . . . .	-2,667,906	74,619	-2,593,287			-2,593,287
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0				
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS	900099	2,501,878				2,501,878	
<b>b</b> CONSULTING	900099	49,636			49,636		
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,551,514				
<b>12 Total revenue.</b> See Instructions . . . . .			211,798,665	205,752,505	245,382	5,800,778	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	173,757			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	12,844			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	11,014,573			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	44,166,137			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,064,373			
<b>9</b> Other employee benefits	10,511,002			
<b>10</b> Payroll taxes	2,892,475			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	1,638,803			
<b>c</b> Accounting	349,750			
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	5,423			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,630,623			
<b>12</b> Advertising and promotion	1,010,518			
<b>13</b> Office expenses	2,595,407			
<b>14</b> Information technology	1,124,178			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	5,819,002			
<b>17</b> Travel	15,987,285			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	5,262,072			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	2,174,476			
<b>23</b> Insurance	2,012,818			
<b>24</b> 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.)				
<b>a</b> FLIGHT PAY LOSS & RELATED	43,017,800			
<b>b</b> PER CAPITA DUES	1,350,045			
<b>c</b> BAD DEBT EXPENSE	1,064,805			
<b>d</b> PUBLICATIONS/SUBSCRIPTIONS	537,093			
<b>e</b> All other expenses	926,822			
<b>25</b> Total functional expenses. Add lines 1 through 24e	167,342,081			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,063	<b>1</b>	2,053
	<b>2</b> Savings and temporary cash investments . . . . .	22,341,663	<b>2</b>	20,754,292
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	7,482,441	<b>4</b>	7,546,064
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,496,022	<b>7</b>	2,635,520
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,794,662	<b>9</b>	2,385,558
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 27,171,728		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 20,982,767	5,006,195	<b>10c</b> 6,188,961
	<b>11</b> Investments—publicly traded securities . . . . .	158,327,693	<b>11</b>	189,933,176
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	2,470,224	<b>12</b>	3,524,666
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,690,362	<b>15</b>	2,278,915
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	204,611,325	<b>16</b>	235,249,205	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	35,454,948	<b>17</b>	39,452,377
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	54,510,734	<b>25</b>	42,107,837
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	89,965,682	<b>26</b>	81,560,214
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	114,645,643	<b>27</b>	153,688,991
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	114,645,643	<b>33</b>	153,688,991	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	204,611,325	<b>34</b>	235,249,205	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	211,798,665
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	167,342,081
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	44,456,584
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	114,645,643
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,943,120
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,529,884
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	153,688,991

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-0710830

**Name:** AIR LINE PILOTS ASSOCIATION INTERNATIONAL

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

See Schedule O

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**Form 990, Part III, Line 4b:**

See Schedule O

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**Form 990, Part III, Line 4c:**

See Schedule O

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**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			
SEE SCH O FOR LIST BOARD OF DIRECTORS	1 0 .....	X						0	0	0
TIMOTHY CANOLL PRESIDENT	60 0 .....			X				1,309,889	0	64,037
JOE DEPETE FIRST VICE-PRESIDENT	50 0 .....			X				150,513	0	0
WILLIAM COUETTE VP ADMINISTRATION/SECRETARY	50 0 .....			X				135,172	0	0
W RANDOLPH HELLING VP FINANCE/TREASURER	50 0 .....			X				131,179	0	0
LORI GARVER GENERAL MANAGER	40 0 .....			X				579,378	0	70,746
DAVID KRIEGER MANAGING DIRECTOR	40 0 .....			X				489,379	0	65,161
ELIZABETH ROBINSON DIRECTOR OF FINANCE/CFO	40 0 .....			X				416,635	0	32,771
RICARDO DOMINGUEZ EXECUTIVE ADMINISTRATOR	40 0 .....			X				138,517	0	0
DAN ADAMUS EXECUTIVE VICE PRESIDENT	10 0 .....			X				7,740	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			
SEAN CREED ..... EXECUTIVE VICE PRESIDENT	10 0 ..... 0 0			X				6,000	0	0
MIKE HAMILTON ..... EXECUTIVE VICE PRESIDENT	10 0 ..... 0 0			X				6,500	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				12,151	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			527,782	0	70,194
JONATHAN COHEN ..... CHIEF COUNSEL/DIRECTOR, LEGAL	40 0 ..... 0 0				X			588,161	0	64,087
ANA MCAHRON-SCHULZ ..... DIR OF ECONOMIC & FINANCIAL	40 0 ..... 0 0				X			409,089	0	69,156
ELIZABETH GINSBURG ..... DIRECTOR OF REPRESENTATION	40 0 ..... 0 0				X			486,651	0	69,855

**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			
JAMES JOHNSON ..... SR MANAGING ATTORNEY	40 0 ..... 0 0				X			245,639	0	58,624
HOWARD HAGY ..... DIR, ENGINEERING & AIR SAFETY	40 0 ..... 0 0				X			407,435	0	69,160
GC WARNER ..... SR MANAGING ATTORNEY	40 0 ..... 0 0				X			406,752	0	69,170
MARCUS MIGLIORE ..... SR MANAGING ATTORNEY	40 0 ..... 0 0				X			440,350	0	69,497
ARTHUR LUBY ..... ASST DIR OF REPRESENTATION	40 0 ..... 0 0				X			395,726	0	62,351
KELLY COLLIE ..... DIRECTOR, HUMAN RESOURCES	40 0 ..... 2 0				X			372,653	0	65,265
MARIE SCHWARTZ ..... DIR OF STRATEGIC MBR DEV & RES	40 0 ..... 0 0				X			346,043	0	64,552
ANDREW SHOSTACK ..... ASST DIRECTOR, REPRESENTATION	40 0 ..... 0 0				X			453,871	0	58,441
RICHARD HARRELL ..... DIR, INFORMATION TECH & SVCS	40 0 ..... 0 0				X			367,532	0	65,827
ELIZABETH BAKER ..... DIR OF GOVERNMENT AFFAIRS	40 0 ..... 0 0				X			342,168	0	31,120

**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			
STEVE HODGSON ..... MGR, RETIREMENT & INSURANCE	40 0 ..... 5 0				X			313,741	0	62,140
DAVID WEAVER ..... DIRECTOR, COMMUNICATIONS	40 0 ..... 0 0				X			338,964	0	69,028
CATHERINE POWERS ..... MANAGING ATTORNEY	40 0 ..... 5 0				X			263,997	0	34,838
THOMAS CIANTRA ..... MANAGING ATTORNEY	40 0 ..... 0 0					X		307,909	0	71,059
JOHN SCHLEDER ..... SR LABOR REL CNSL/MEC COORD	40 0 ..... 0 0					X		310,053	0	62,134
JANE SCHRAFT ..... SR LABOR REL CNSL/MEC COORD	40 0 ..... 0 0					X		306,769	0	68,855
ELWYN WOODY ..... SR BENEFITS ATTORNEY	40 0 ..... 0 0					X		298,064	0	62,057
LEE VEID-NORSTERN ..... MANAGER-IT DEVELPMT & SUPPORT	40 0 ..... 0 0					X		284,806	0	62,039

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
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**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
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**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-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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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  |
|---|---------|
| <b>1c</b> Beginning balance             | 383,310 |
| <b>1d</b> Additions during the year     | 1,507   |
| <b>1e</b> Distributions during the year | 384,817 |
| <b>1f</b> Ending balance                |         |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		6,303,748	4,527,364	1,776,384
<b>d</b> Equipment . . . . .		20,867,980	16,455,403	4,412,577
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,188,961



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	21,048,408
DEFERRED LIABILITIES	18,893,824
NET UNFUNDED PENSION PLAN LIABILITY	2,165,605
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	42,107,837

**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.

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

**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.

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

**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	



## 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 POSITIONS 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. Beginning January 1, 2018, qualified transportation and parking benefits provided by the Association are subject to income taxes. 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**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
See Add'l Data					
<b>3a</b> Sub-total	3	10			17,182,452
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	3	10			17,182,452

**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)
		North America	CONTRIBUTION	7,634	CHECK			

- 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 . . . . . **0**





**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, don't 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, don't 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).

**990 Schedule F, Supplemental Information**

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

## 990 Schedule F, Supplemental Information

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

## 990 Schedule F, Supplemental Information

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	10	Program Services	SEE PROGRAM SERVICES	3,829,930
North America			Grantmaking		12,844

**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
Europe (Including Iceland and Greenland)			Program Services	SEE PROGRAM SERVICES	5,949
East Asia and the Pacific			Program Services	SEE PROGRAM SERVICES	2,867

**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		13,330,862

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

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AERO CLUB OF WASHINGTON PO BOX 16295 WASHINGTON, DC 20041	52-6054159	501(C)(6)	15,200				CONTRIBUTION
ALPA EMERGENCY RELIEF FUND INC 7950 JONES BRANCH DR 400S MCLEAN, VA 22102	14-1936814	501(C)(3)	15,000				CONTRIBUTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOC OF AIRPORT EXECUTIVES 601 MADISON STREET ALEXANDRIA, VA 22314	51-0094939	501(C)(6)	12,000				CONTRIBUTION
ECONOMIC POLICY INSTITUTE 1225 EYE ST NW 600 WASHINGTON, DC 20005	52-1368964	501(C)(3)	10,000				CONTRIBUTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	7,500				CONTRIBUTION
WAYNE STATE UNIVERSITY 5401 CASS AVE DETROIT, MI 48202	38-6028429	501(C)(3)	17,500				CONTRIBUTION

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

Employer identification number  
36-0710830

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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	<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)			
<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	<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><b>b</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>	<b>1b</b>	Yes			
<p><b>2</b> 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>	<b>2</b>	Yes			
<p><b>3</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<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			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>				
	<b>5b</b>				
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>				
	<b>6b</b>				
<p><b>7</b> 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>	<b>7</b>				
<p><b>8</b> 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>	<b>8</b>				
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**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.

<b>Return Reference</b>	<b>Explanation</b>
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.

<b>Return Reference</b>	<b>Explanation</b>
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



<b>Return Reference</b>	<b>Explanation</b>
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 - \$555,991

Return Reference	Explanation
SCHEDULE J, PART II	PRESIDENT'S REPORTABLE COMPENSATION INCLUDED SALARY, TAXABLE ALLOWANCES AND NONQUALIFIED DEFERRED COMPENSATION THE COMPENSATION PACKAGE WAS REVIEWED AND APPROVED BY ALPA BOARD OF DIRECTORS



Schedule J (Form 990) 2018

**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				
TIMOTHY CANOLL PRESIDENT	(i)	524,754	43,354	741,781	30,250	41,599	1,381,738	0
	(ii)	0			0	0	0	0
JOE DEPETE FIRST VICE-PRESIDENT	(i)	0		150,513	0	0	150,513	0
	(ii)	0			0	0	0	0
LORI GARVER GENERAL MANAGER	(i)	481,963	40,994	56,421	30,250	47,673	657,301	0
	(ii)	0			0	0	0	0
DAVID KRIEGER MANAGING DIRECTOR	(i)	426,795	37,376	25,208	30,250	39,390	559,019	0
	(ii)	0			0	0	0	0
ELIZABETH ROBINSON DIRECTOR OF FINANCE/CFO	(i)	370,025	33,675	12,935	30,256	9,708	456,599	0
	(ii)	0			0	0	0	0
BRUCE YORK SR. ADVISOR & CHIEF NEGOTIATOR	(i)	425,329	37,683	64,770	30,250	43,526	601,558	0
	(ii)	0			0	0	0	0
JONATHAN COHEN CHIEF COUNSEL/DIRECTOR, LEGAL	(i)	448,304	39,205	100,652	30,250	37,269	655,680	0
	(ii)	0			0	0	0	0
ANA MCAHRON-SCHULZ DIR. OF ECONOMIC & FINANCIAL	(i)	345,313	32,764	31,012	30,250	41,369	480,708	0
	(ii)	0			0	0	0	0
ELIZABETH GINSBURG DIRECTOR OF REPRESENTATION	(i)	413,361	36,671	36,619	30,250	41,157	558,058	0
	(ii)	0			0	0	0	0
JAMES JOHNSON SR. MANAGING ATTORNEY	(i)	182,874	31,174	31,591	27,954	31,889	305,482	0
	(ii)	0			0	0	0	0
HOWARD HAGY DIR, ENGINEERING & AIR SAFETY	(i)	339,032	32,358	36,045	30,250	42,215	479,900	0
	(ii)	0			0	0	0	0
GC WARNER SR. MANAGING ATTORNEY	(i)	332,295	31,826	42,631	30,250	40,176	477,178	0
	(ii)	0			0	0	0	0
MARCUS MIGLIORE SR. MANAGING ATTORNEY	(i)	330,632	31,826	77,892	30,250	40,503	511,103	0
	(ii)	0			0	0	0	0
ARTHUR LUBY ASST DIR OF REPRESENTATION	(i)	326,326	31,368	38,032	30,310	33,297	459,333	0
	(ii)	0			0	0	0	0
KELLY COLLIE DIRECTOR, HUMAN RESOURCES	(i)	300,435	29,513	42,705	30,355	37,720	440,728	0
	(ii)	0			0	0	0	0
MARIE SCHWARTZ DIR OF STRATEGIC MBR DEV & RES	(i)	303,970	30,078	11,995	29,641	38,033	413,717	0
	(ii)	0			0	0	0	0
ANDREW SHOSTACK ASST DIRECTOR, REPRESENTATION	(i)	331,728	30,578	91,565	30,250	29,447	513,568	0
	(ii)	0			0	0	0	0
RICHARD HARRELL DIR, INFORMATION TECH & SVCS	(i)	281,036	28,903	57,593	30,335	40,570	438,437	0
	(ii)	0			0	0	0	0
ELIZABETH BAKER DIR OF GOVERNMENT AFFAIRS	(i)	307,345	28,986	5,837	31,120	3,690	376,978	0
	(ii)	0			0	0	0	0
STEVE HODGSON MGR, RETIREMENT & INSURANCE	(i)	267,573	27,978	18,190	30,803	32,594	377,138	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				
DAVID WEAVER DIRECTOR, COMMUNICATIONS	(i)	305,540	29,460	3,964	30,680	45,361	415,005	0
	(ii)	0			0	0	0	0
CATHERINE POWERS MANAGING ATTORNEY	(i)	236,240	24,138	3,619	29,701	6,394	300,092	0
	(ii)	0			0	0	0	0
THOMAS CIANTRA MANAGING ATTORNEY	(i)	300,633	5,249	2,027	33,028	39,287	380,224	0
	(ii)	0			0	0	0	0
JOHN SCHLEDER SR LABOR REL CNSL/MEC COORD	(i)	280,232	27,142	2,679	29,438	33,906	373,397	0
	(ii)	0			0	0	0	0
JANE SCHRAFT SR LABOR REL CNSL/MEC COORD	(i)	276,344	27,002	3,423	30,864	39,201	376,834	0
	(ii)	0			0	0	0	0
ELWYN WOODY SR BENEFITS ATTORNEY	(i)	267,162	27,703	3,199	25,603	37,650	361,317	0
	(ii)	0			0	0	0	0
LEE VEID-NORSTERN MANAGER-IT DEVELPMT & SUPPORT	(i)	240,227	26,089	18,490	30,966	32,329	348,101	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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

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 60,000 airline pilots and professional flight engineers who make up 34 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 2018 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**

<b>Return Reference</b>	<b>Explanation</b>
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 2018 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**

<b>Return Reference</b>	<b>Explanation</b>
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 2018 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**

<b>Return Reference</b>	<b>Explanation</b>
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 87,000 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 34 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS On September 18, 2018 the Constitution and Bylaws were updated to reflect the Board of Directors changes to Article III, Local Councils and Local Executive Councils, Section 9 - Election Groups On October 18, 2018 the Constitution and Bylaws were updated to reflect the Board of Directors changes to Article XX (Crew Complement)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS ALPA REPRESENTS OVER 60,000 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 A LPA'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
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>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 2018 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 2018</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 2018 AND DID NOT RECEIVE ANY REPORTABLE COMPENSATION FROM THE ORGANIZATION FOR SERVICES RENDERED IN THEIR CAPACITY AS DIRECTORS Jimmy Abdalla James Ackerman David Adler Mohammed Alsamak Thomas Amidei Roger Anderson Michael Arcamuzi Eric Armstrong S Arrington Jon Athans Ivan Ati Steven Bard Roy Barker Richard Barnes Gregory Barton John Barton Daniel Batchelder Adam Bell Edward Bennett Earl Blowers Mauricio Bolivar Mason Bowden John Breiling Mark Bugden Aaron Bunnis Eric Carlson Nathan Caron Mona Cates Robert Cecchi Gerald Chernochan Francis Cipriani David Clark Donald Clark Jeffrey Cohen Scott Combest Benjamin Conroy Hector Corpe no John Costello Andrew Coward Jeffery Cramer Judson Crane Thomas Cross Christopher Darbel Dawid De Villiers Marcelo Demelo Craig Devries Erik Dewinne David Drews Taylor Elliott Timothy Elwell Eisa Emami Randy Erickson James Ewart Jeffrey Farquhar Brent Farrar Joseph Ferreira John-Claud Freese Andrew Freund Richard Gallaher Allyson Geiger Daniel Genzale Glen Gorrie Philip Gower Travis Grenier Daniel Hahn Joshua Hallett Coleman Hamilton James Harding Nicholas Harwood Michael Hastings Justin Hawkins Theodore Hebert Timothy Heck Michael Hendrix Joseph Henning Todd Hirshon Brian Hoffman Ryan Hoffman Chad Hunter Michael Intfen Jeffrey Jacobs Robin Jacuzzi Jesse Jantzi Gannett Jean Bennie Jennings Steven Johnson Kathryn Judge Christopher Kenney Paul Kesely Ryan Kessler Trevor Kleinschnittger Robert Kloft Clark Kluwe Joseph Kolarik Thomas Kramer Eyal Lamdan Mark Langton Erik Larsen Jerome Leber Ryan Leier Tony Loeks Donald Loepke Jonathan Lykken Dustin Maggard Mark Manausa Brad Mazurki Errin Mccoy Brody McIntyre Roman Mciellan Jan Mcnish William Meachem Paul Meaney Leonard Merriman Paul Meyer Denny Minoggie Peter Moran Antonio Nassar Scott Nelson Christopher Norman Ronan O Donoghue Edward Oakes Emmanuel Okon Kyle Ong Ajit Oommen Joshua Owen David Page Don Pardiac Bradley Patridge Douglas Pearce Jesse Peters Patrick Pietrzak Sarah Prozak Lucas Ragusa Don Ray Gilbert Renaud Daniel Riesgo Charles Ritter Joshua Roberts William Rodgers Thomas Rogers Charles Roos Brian Rosean Andrew Ross Tyler Rowe Kurt Russell Barry Scherling David Schneider Richard Schumann Robert Selmer Dean Shaw Konstantin Shevlin Anita Shew Robert Shrey Scott Simpson Sean Smith Christian Smitheram Brenen Sorokan Vignesh Sridhar Stacy Stader Kim Steingass Corey Strachan Matthew Stubbs David Talaber Lauren Taylor Jose Thies Ian Thompson Joshua Trisko Bradley Tucker Stacey Tumoth Brendan Twomey Donald Urban Lonnie Uteley Thomas Vanden Berg Samuel Vaughan James Vejr Philipp Von Donop Nikolas Wagenknecht Rob Watson Ken Wells Richard Wheeler Patrick Whitehead Michael Wilcombe William Wilder David Wilson David Wojtkowski Jessica Wolcott Alfred Wong Katie Wyer Christopher Young</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VII, SECTION A, LINE 1</p>	<p>BOARD OF DIRECTORS THE FOLLOWING INDIVIDUALS SERVED ON ALPA BOARD OF DIRECTORS IN 2018 ALL PAYMENTS TO THESE INDIVIDUALS REPRESENT REIMBURSEMENT FOR EXPENSES OR LOST BENEFITS (FLIGHT PAY LOSS) AND NONE OF THE PAYMENTS REPRESENT COMPENSATION FOR SERVICES RELATED TO THE AIR SERVICE ON THE ALPA BOARD THESE AMOUNTS ARE TAXABLE TO THE RECIPIENT AS REPORTABLE COMPENSATION David Anderson 337 Derek Archer 3,550 Shane Atkins 116 Ryan Babcock 129 Robert Baxter 2,748 James Berzon 1,425 Christopher Bowers 434 Frank Brady 101 Ken Broomhead 1,984 Nathaniel Brown 584 William Brynjolfsson 522 Robert Burgess 65 Steven Burson 215 Timothy Carpenter 95 Brian Castile 215 Andrew Collins 99 David Colquhoun 382 Timothy Connors 1,532 Patrick Couture 295 James Crytser 39 Sam Derosa 32,526 Piero Desjardins 13,316 Jared Dichter 1,330 Marc Duffy-Vincelette 5,649 John Fremont 533 Ryan French 231 Prett Galloway 2,715 Nikolaos Giannoussidis 321 Christopher Gill 5,804 Marc Gonzalez 321 Roger Goodwin 650 Eric Hall 2,145 Peter Harmon 137 Ivan Harris 385 Christopher Hartka 171 Darren Hartmann 37 Jonathan Hayes 84 Ryan Hollenbeck 34 Michael Hoxmeier 108 Andrew Hughes 7,429 Todd Hunter 3,514 Bradley Hutchens 49 Robert Jackson 191 Glenn Johnson 3,162 Travis Jordan 3,080 Joshua Kallet 602 John Kendrick 1,303 Steven Knopf 204 Robert Kolbus 163 Daniel Krieger 135 Garrett Kusmack 4,065 Matthew Langer 1,321 Christopher Lanier 241 Samuel Larson 1,205 Thomas Lawler 531 Hoon Lee 1,667 Mark Lenesi 8,140 Jon Lewis 3,568 James Macarthur 13,168 Kevin Marano 463 Scott Martin 4,177 Samuel Mason 13,249 Gregory Masterman 1,692 Bridget Matarrese 223 James McCullough 422 Louis-Eric Mongrain 2,672 Daniel Moore 554 Wendy Morse 1,158 Tom Murphy 19,112 Mehran Mushtaq 717 Sarah Nelson 1,190 Edward Norberg 3,350 Richard Odbert 7,299 David Oeswein 18 Noel Ojeda 85 Ryan Pachkofsky 199 Stephen Papastavrou 285 Jan Pashinski 31 Matthew Passafiume 857 Jonathan Payne 7,709 Benjamin Peacock 384 Jeff Peterson 1,250 Michael Poggi 10,504 George Riley 108 Jared Roberts 226 Sebastien Roussel 17,933 Scott Rubin 905 Jeffrey Schroeder 997 Michael Sederlund 110 Alejandro Sparis 71 Michael Sterling 3,596 Daniel Stowell 3,112 Michael Sullivan 65 Joshua Sult 750 Matthew Thaler 124 Todd Thurstby 3,500 Nicholas Toon 2,017 Steven Toothe 1,408 Lindsey Van Beusekom 208 David Waditsch atka 2,748 Aaron Ward 453 Stacey Warner 250 Lawrence Wicklund 750 David Wood 199 Jonathan Wrigley 9,269 Tracie Zampa 1,016 ----- Total 262,517</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS ARE ATTRIBUTABLE TO (\$7,191,916) MEC DUES REFUND \$15,478,253            MEDICAL REL CHANGES OTHER THAN NET PERIODIC PENSION COST \$185,734 PENSION REL CHANGES OT            HER THAN NET PERIODIC PENSION COST (\$82,251) TRANSLATION LOSS (\$2,500,000) INTERFUND TRANS            FERS (\$4,359,936) INVESTMENT IN 304 PENNSYLVANIA AVE ----- \$1,529,884 TOTAL</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES REPORTED ON W-2 THE ASSOCIATION REPORTED ON ITS 2018 FORM W-3 THE ISSUANCE OF 910 W-2'S, WHICH DIFFERS WITH THE NUMBER ENTERED FOR THOSE ISSUED TO EMPLOYEES, AS THE ASSOCIATION REPORTS TAXABLE AMOUNTS TO MEMBERS OF THE ASSOCIATION ON A W-2 FOR CERTAIN TAXABLE REIMBURSEMENTS AND FLIGHT PAY LOSS THESE MEMBERS ARE NOT EMPLOYEES OF THE ASSOCIATION, AS THEIR EMPLOYMENT IS WITH THEIR RESPECTIVE AIRLINE COMPANY, AND ARE NOT INCLUDED IN THE EMPLOYEE COUNT FOR THE ASSOCIATION

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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.

See Additional Data Table

(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

**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
<b>(1)</b> KITTY HAWK INSURANCE CO LTD FB PERRY BLDG 1ST FL 40 CHURCH ST HAMILTON HM12 BD	CAPTIVE INS	BD	ALPA	C CORP	-668,423	9,843,784	100 000 %	Yes	
<b>(2)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**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 VII**   **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# 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
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 14-1936814	CHARITABLE	VA	501(C)(3)	12-TYPE I	ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 52-0946056	RENT PROPERTY	VA	501(C)(2)		ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 52-1062313	PAC	VA	527		ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 54-1587464	VEBA	VA	501(C)(9)		ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 54-1775762	VEBA	VA	501(C)(9)		ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 65-1297729	VEBA	VA	501(C)(9)		ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 82-1580173	VEBA	HI	501(C)(9)		ALPA	Yes	
7950 JONES BRANCH DRIVE 400S MCLEAN, VA 22102 61-1890518	RENT PROPERTY	DC	501(C)(2)		ALPA	Yes	

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> 304 PENNSYLVANIA AVENUE CORP	B	4,359,936	COST
<b>(1)</b> KITTY HAWK INSURANCE CO LTD	B	2,406,379	COST
<b>(2)</b> THE 1625 MASSACHUSETTS AVE NW CORP	K	1,698,600	PAYMENTS
<b>(3)</b> FEDEX PILOTS POST MDCR RTR PM REIM PLAN	L	313,912	COST
<b>(4)</b> KITTY HAWK INSURANCE CO LTD	L	89,837	COST
<b>(5)</b> ALPA PILOT WELFARE BENEFIT PLAN	L	567,127	COST
<b>(6)</b> THE 1625 MASSACHUSETTS AVE NW CORP	Q	69,379	COST
<b>(7)</b> ALPA PILOT WELFARE BENEFIT PLAN	Q	296,846	COST
<b>(8)</b> ALPA INT'L RETIREMENT MEDICAL VEBA TR	R	200,000	COST
<b>(9)</b> KITTY HAWK INSURANCE CO LTD	R	1,734,226	COST
<b>(10)</b> KITTY HAWK INSURANCE CO LTD	S	124,990	COST