

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
AIR LINE PILOTS ASSOCIATION INTERNATIONAL

D Employer identification number
36-0710830

% ELIZABETH ROBINSON
Doing business as

E Telephone number
(703) 689-4170

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7950 JONES BRANCH DRIVE Suite 400

G Gross receipts \$ 326,962,866

City or town, state or province, country, and ZIP or foreign postal code
MCLEAN, VA 22102

F Name and address of principal officer:
CAPT JOSEPH DEPETE
7950 JONES BRANCH DRIVE 400S
MCLEAN, VA 22102

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP://WWW.ALPA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1931 **M** State of legal domicile: VA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	205
4 Number of independent voting members of the governing body (Part VI, line 1b)	198
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	378
6 Total number of volunteers (estimate if necessary)	425
7a Total unrelated business revenue from Part VIII, column (C), line 12	246,812
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	205,948,251	226,355,703
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,244,846	7,462,598
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,605,568	1,452,439
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,798,665	235,270,740
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	186,601	325,200
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,648,560	71,929,170
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	94,506,920	105,472,827
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	167,342,081	177,727,197
19 Revenue less expenses. Subtract line 18 from line 12	44,456,584	57,543,543

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	235,249,205	361,804,146
21 Total liabilities (Part X, line 26)	81,560,214	124,016,380
22 Net assets or fund balances. Subtract line 21 from line 20	153,688,991	237,787,766

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-09-23

JOSEPH A GENOVESE JR VP FINANCE/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00234075

Firm's name ▶ WITHUMSMITHBROWNPC Firm's EIN ▶

Firm's address ▶ 4600 EAST WEST HWY 900 Phone no. (301) 272-6000
BETHESDA, MD 208143423

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

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 21, with sub-questions a through f for questions 11 and 14. Questions cover topics like political campaign activities, lobbying, donor advised funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	378			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	Yes	
<p>b If "Yes," enter the name of the foreign country: ▶ CA , CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a 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>			7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
9 Sponsoring organizations maintaining donor advised funds.					
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>			13a		
<p>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>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>			15	Yes	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>			16		No

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 (205), 1b (198), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 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.
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:

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for MEMBERSHIP DUES, PUBLICATIONS, MEMBER BENEFITS, etc.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	301,325			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	23,875	0		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,373,605			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	44,048,885			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,564,995			
9 Other employee benefits	9,887,906			
10 Payroll taxes	3,053,779			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,622,209			
c Accounting	325,850			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,456			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,956,390			
12 Advertising and promotion	134,803			
13 Office expenses	3,166,392			
14 Information technology	1,129,909			
15 Royalties	0			
16 Occupancy	9,909,795			
17 Travel	16,347,518			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,186,898			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,755,151			
23 Insurance	1,887,824			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FLIGHT PAY LOSS & RELATED	49,081,304			
b PER CAPITA DUES	1,453,616			
c PUBLICATIONS/SUBSCRIPTIONS	718,320			
d BAD DEBT EXPENSE	427,275			
e All other expenses	1,367,117			
25 Total functional expenses. Add lines 1 through 24e	177,727,197	0		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,053	1	2,053
	2 Savings and temporary cash investments	20,754,292	2	22,250,039
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	7,546,064	4	8,565,686
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	2,635,520	7	2,472,474
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,385,558	9	3,873,477
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,953,082		
	b Less: accumulated depreciation	10b 20,089,018	6,188,961	10c 20,864,064
	11 Investments—publicly traded securities	189,933,176	11	255,318,094
	12 Investments—other securities. See Part IV, line 11	3,524,666	12	4,468,067
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	2,278,915	15	43,990,192
16 Total assets. Add lines 1 through 15 (must equal line 34)	235,249,205	16	361,804,146	
Liabilities	17 Accounts payable and accrued expenses	39,452,377	17	39,516,728
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	42,107,837	25	84,499,652
	26 Total liabilities. Add lines 17 through 25	81,560,214	26	124,016,380
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	153,688,991	27	237,787,766
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	153,688,991	32	237,787,766	
33 Total liabilities and net assets/fund balances	235,249,205	33	361,804,146	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	235,270,740
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,727,197
3	Revenue less expenses. Subtract line 2 from line 1	3	57,543,543
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,688,991
5	Net unrealized gains (losses) on investments	5	15,928,565
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,626,667
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	237,787,766

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 36-0710830

Name: AIR LINE PILOTS ASSOCIATION INTERNATIONAL

Form 990 (2019)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part III, Line 4b:

See Schedule O

Form 990, Part III, Line 4c:

See Schedule O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH DEPETE PRESIDENT	60.0 5.0			X				1,241,160	0	53,482
LORI GARVER FORMER GENERAL MANAGER	0.0 0.0						X	729,686	0	11,817
ANA MCAHRON-SCHULZ DIR. OF ECONOMIC & FINANCIAL	40.0 0.0				X			596,169	0	69,112
DAVID KRIEGER GENERAL MANAGER	40.0 5.0			X				575,145	0	68,977
JONATHAN COHEN CHIEF COUNSEL/DIRECTOR, LEGAL	40.0 0.0				X			563,503	0	67,443
BRUCE YORK SR. ADVISOR & CHIEF NEGOTIATOR	40.0 0.0				X			537,765	0	74,082
ELIZABETH GINSBURG DIRECTOR OF REPRESENTATION	40.0 0.0				X			504,930	0	67,004
JAMES JOHNSON FORMER SR. MANAGING ATTORNEY	0.0 0.0						X	548,662	0	13,816
MARCUS MIGLIORE SR. MANAGING ATTORNEY	40.0 0.0				X			450,243	0	73,294
HOWARD HAGY DIR, ENGINEERING & AIR SAFETY	40.0 0.0				X			416,506	0	73,014

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			
KELLY COLLIE DIRECTOR, HUMAN RESOURCES	40.0 2.0				X			414,013	0	71,137
ELIZABETH ROBINSON DIRECTOR OF FINANCE/CFO	40.0 5.0			X				438,387	0	35,965
ARTHUR LUBY ASST. DIR. OF REPRESENTATION	40.0 0.0				X			402,598	0	66,068
ANDREW SHOSTACK ASST. DIRECTOR, REPRESENTATION	40.0 0.0				X			399,533	0	62,201
THOMAS CIANTRA MANAGING ATTORNEY	40.0 0.0				X			377,043	0	72,729
MARIE SCHWARTZ DIR OF STRATEGIC MBR DEV & RES	40.0 0.0				X			362,724	0	68,977
RICHARD HARRELL DIR, INFORMATION TECH & SVCS	40.0 0.0				X			351,564	0	72,414
DAVID WEAVER DIRECTOR, COMMUNICATIONS	40.0 0.0				X			339,074	0	72,326
ELIZABETH BAKER DIR. OF GOVERNMENT AFFAIRS	40.0 0.0				X			365,628	0	33,600
STEVE HODGSON MGR, RETIREMENT & INSURANCE	40.0 5.0				X			331,050	0	65,469

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			
JOHN SCHLEDER SR. LABOR REL CNSL/MEC COORD	40.0 0.0					X		314,799	0	57,536
TIMOTHY CANOLL FORMER PRESIDENT	0.0 0.0						X	347,659	0	18,047
ANDREA GRIFFITH COMPTROLLER	40.0 0.0					X		292,574	0	68,977
JANE SCHRAFT SR. LABOR REL CNSL/MEC COORD	40.0 0.0					X		308,763	0	50,998
LEE VEID-NORSTERN MANAGER-IT DEVELPMT & SUPPORT	40.0 0.0					X		294,005	0	65,142
RANDY KENAGY MGR, ENGINEERING & OPERATIONS	40.0 0.0					X		285,550	0	68,977
CATHERINE POWERS MANAGING ATTORNEY	40.0 5.0						X	293,025	0	38,876
RUSSELL SKLENKA EXECUTIVE ADMINISTRATOR	40.0 0.0			X				219,147	0	0
JOSEPH GENOVESE VP FINANCE/TREASURER	50.0 5.0			X				163,779	0	0
ROBERT FOX FIRST VICE PRESIDENT	50.0 5.0			X				143,597	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			
WILLIAM COUETTE VP ADMINISTRATION/SECRETARY	50.0 5.0			X				133,338	0	0
MIKE HAMILTON EXECUTIVE VICE PRESIDENT	10.0 0.0			X				28,000	0	0
JUSTIN HAWKINS EXECUTIVE VICE PRESIDENT	10.0 0.0			X				7,000	0	0
WES CLAPPER EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,686	0	0
WES REED EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,070	0	0
JOE YOUNGERMAN EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,000	0	0
SEAN CREED EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,000	0	0
ANDREW MASSEY EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,000	0	0
JIM JOHNSON EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,000	0	0
TIM PERRY EXECUTIVE VICE PRESIDENT	10.0 0.0			X				6,000	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			
SEE SCH O FOR LIST BOARD OF DIRECTORS	1.0 0.0	X						0	0	0

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 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization AIR LINE PILOTS ASSOCIATION INTERNATIONAL	Employer identification number 36-0710830
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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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting on revenue and assets.

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:
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	0
1d	1,677,382
1e	22,282
1f	1,655,100

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,329,854	5,227,392	13,102,462
d Equipment		10,584,699	7,707,744	2,876,955
e Other		12,038,529	7,153,882	4,884,647
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				20,864,064

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE	41,984,589
(2) INTERFUND RECEIVABLE	1,197,260
(3) OTHER CURRENT ASSETS	701,920
(4) OTHER ASSETS	106,423
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	43,990,192

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
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	84,499,652

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-0710830

Name: AIR LINE PILOTS ASSOCIATION INTERNATIONAL

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>LIABILITY FOR UNCERTAIN TAX 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. 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. Management of 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 consolidated 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 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	3	12			19,045,539
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3	12			19,045,539

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	CONTRIBUTION	7,634	CHECK			
		North America	CONTRIBUTION	8,626	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 **2**

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	12	Program Services	SEE PROGRAM SERVICES	3,535,481
North America			Grantmaking		23,875

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	72,406
East Asia and the Pacific			Program Services	SEE PROGRAM SERVICES	48,950

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		15,364,827

Note: To capture the full content of this document as Filed, 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

2019

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 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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 4

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

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data**Software ID:****Software Version:****EIN:** 36-0710830**Name:** AIR LINE PILOTS ASSOCIATION INTERNATIONAL**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AERO CLUB OF WASHINGTON PO BOX 16295 WASHINGTON, DC 20041	52-6054159	501(C)(6)	16,400				CONTRIBUTION
WAYNE STATE UNIVERSITY 5401 CASS AVE DETROIT, MI 48202	38-6028429	501(C)(3)	17,500				CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CPZ MEC PILOTS RELIEF FUND 7900 INTL DR 600 BLOOMINGTON, MN 55425	27-2795325	501(C)(5)	10,000				CONTRIBUTION
ECONOMIC CLUB OF WASHINGTON DC 1601 K STREET NW 210 WASHINGTON, DC 20006	52-1469926	501(C)(3)	7,000				CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WASHINGTON AVIATION OPEN 10221 STEAMBOAT LNDG LN BURKE, VA 22015	45-1579665	501(C)(3)	6,500				CONTRIBUTION
INTERNATIONAL AVIATION CLUB 2800 EISENHOWER AVE ALEXANDRIA, VA 22314	52-1190359	501(C)(7)	6,150				CONTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INVISIBLE HIGHWAY LLC 18543 DEVONSHIRE ST 300 NORTHRIDGE, CA 91324	27-1913848		170,000				SPONSORSHIP
UNIVERSITY OF NORTH DAKOTA 1241 N UNIVERSITY DR FARGO, ND 58102	23-7120898	501(C)(3)	6,000				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 for instructions and the latest information.**

OMB No. 1545-0047

2019

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>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <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 idemnification 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 idemnification 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 idemnification 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 If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7				
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: A NATIONAL OFFICER WHO INCURS EXPENSES WHEN THEY MAINTAIN A PRIMARY RESIDENCE OUTSIDE OF THE WASHINGTON, DC AREA IS REIMBURSED FOR APPROPRIATE HOUSING, MEALS, AND INCIDENTAL EXPENSES WHILE IN THE WASHINGTON, DC AREA AND TRANSPORTATION BETWEEN HIS/HER PRIMARY RESIDENCE OUTSIDE THE WASHINGTON, DC AREA AND WASHINGTON, DC. THIS POLICY HAS BEEN APPROVED BY THE ALPA BOARD OF DIRECTORS. AMOUNTS PROVIDED ARE REPORTED AS TAXABLE TO THE RECIPIENT.
SCHEDULE J, PART I, LINE 1A	DISCRETIONARY SPENDING ACCOUNT: THE NATIONAL OFFICERS RECEIVE A MONTHLY PAYMENT FOR REIMBURSEMENT OF EXTRAORDINARY EXPENSES, BOTH PERSONAL AND BUSINESS, ASSOCIATED WITH SERVICES IN AN ALPA NATIONAL OFFICER POSITION NOT UNDER AN ACCOUNTABLE PLAN. THIS PAYMENT WAS APPROVED BY THE ALPA BOARD OF DIRECTORS.
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT SEVERANCE COMPENSATION WAS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS NOTED BELOW: (1) LORI GARVER - \$562,216 (2) TIMOTHY CANOLL - \$165,257
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) JOSEPH DEPETE - \$485,153
SCHEDULE J, PART II	PRESIDENT'S REPORTABLE COMPENSATION: THE PRESIDENT'S REPORTABLE COMPENSATION INCLUDED SALARY, TAXABLE ALLOWANCES AND NONQUALIFIED DEFERRED COMPENSATION. THE COMPENSATION PACKAGE WAS REVIEWED AND APPROVED BY ALPA BOARD OF DIRECTORS.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIMOTHY CANOLL FORMER PRESIDENT	(i)	0		347,659	16,659	1,388	365,706	0
	(ii)	0			0	0	0	0
1JOSEPH DEPETE PRESIDENT	(i)	568,514		672,646	33,600	30,290	1,305,050	0
	(ii)	0			0	0	0	0
2JOSEPH GENOVESE VP FINANCE/TREASURER	(i)			163,779	0	0	163,779	0
	(ii)	0			0	0	0	0
3LORI GARVER FORMER GENERAL MANAGER	(i)	0	36,344	693,342	10,908	909	741,503	0
	(ii)	0			0	0	0	0
4DAVID KRIEGER GENERAL MANAGER	(i)	484,684	43,705	46,756	33,600	39,856	648,601	0
	(ii)	0			0	0	0	0
5ELIZABETH ROBINSON DIRECTOR OF FINANCE/CFO	(i)	384,558	37,093	16,736	33,600	9,557	481,544	0
	(ii)	0			0	0	0	0
6RUSSELL SKLENKA EXECUTIVE ADMINISTRATOR	(i)			219,147	0	0	219,147	0
	(ii)	0			0	0	0	0
7BRUCE YORK SR. ADVISOR & CHIEF NEGOTIATOR	(i)	443,415	41,300	53,050	33,600	44,063	615,428	0
	(ii)	0			0	0	0	0
8JONATHAN COHEN CHIEF COUNSEL/DIRECTOR, LEGAL	(i)	458,524	42,662	62,317	33,600	37,275	634,378	0
	(ii)	0			0	0	0	0
9ANA MCAHRON-SCHULZ DIR. OF ECONOMIC & FINANCIAL	(i)	366,676	35,316	194,177	33,600	37,975	667,744	0
	(ii)	0			0	0	0	0
10ELIZABETH GINSBURG DIRECTOR OF REPRESENTATION	(i)	435,034	40,237	29,659	33,600	34,956	573,486	0
	(ii)	0			0	0	0	0
11JAMES JOHNSON FORMER SR. MANAGING ATTORNEY	(i)	0	29,345	519,317	12,753	1,063	562,478	0
	(ii)	0			0	0	0	0
12HOWARD HAGY DIR, ENGINEERING & AIR SAFETY	(i)	349,348	35,316	31,842	33,600	42,719	492,825	0
	(ii)	0			0	0	0	0
13MARCUS MIGLIORE SR. MANAGING ATTORNEY	(i)	377,682	35,095	37,466	33,600	40,951	524,794	0
	(ii)	0			0	0	0	0
14ARTHUR LUBY ASST. DIR. OF REPRESENTATION	(i)	334,191	34,670	33,737	33,600	33,725	469,923	0
	(ii)	0			0	0	0	0
15KELLY COLLIE DIRECTOR, HUMAN RESOURCES	(i)	322,719	33,255	58,039	33,600	40,347	487,960	0
	(ii)	0			0	0	0	0
16MARIE SCHWARTZ DIR OF STRATEGIC MBR DEV & RES	(i)	304,728	32,598	25,398	33,600	38,499	434,823	0
	(ii)	0			0	0	0	0
17ANDREW SHOSTACK ASST. DIRECTOR, REPRESENTATION	(i)	324,434	33,840	41,259	33,600	29,858	462,991	0
	(ii)	0			0	0	0	0
18RICHARD HARRELL DIR, INFORMATION TECH & SVCS	(i)	294,744	31,933	24,887	33,600	43,893	429,057	0
	(ii)	0			0	0	0	0
19ELIZABETH BAKER DIR. OF GOVERNMENT AFFAIRS	(i)	319,569	33,068	12,991	33,600	3,690	402,918	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				
21STEVE HODGSON MGR, RETIREMENT & INSURANCE	(i)	286,619	30,970	13,461	33,600	33,125	397,775	0
	(ii)	0			0	0	0	0
1DAVID WEAVER DIRECTOR, COMMUNICATIONS	(i)	326,056		13,018	33,600	45,738	418,412	0
	(ii)	0			0	0	0	0
2CATHERINE POWERS MANAGING ATTORNEY	(i)	254,817	29,481	8,727	33,600	6,532	333,157	0
	(ii)	0			0	0	0	0
3THOMAS CIANTRA MANAGING ATTORNEY	(i)	336,011	33,082	7,950	33,600	40,386	451,029	0
	(ii)	0			0	0	0	0
4JOHN SCHLEDER SR. LABOR REL CNSL/MEC COORD	(i)	283,922	26,038	4,839	25,835	32,911	373,545	0
	(ii)	0			0	0	0	0
5JANE SCHRAFT SR. LABOR REL CNSL/MEC COORD	(i)	279,223	26,118	3,422	33,600	18,608	360,971	0
	(ii)	0			0	0	0	0
6ANDREA GRIFFITH COMPTROLLER	(i)	251,242	29,406	11,926	33,600	36,633	362,807	0
	(ii)	0			0	0	0	0
7LEE VEID-NORSTERN MANAGER-IT DEVELPMT & SUPPORT	(i)	259,141	29,128	5,736	33,600	32,798	360,403	0
	(ii)	0			0	0	0	0
8RANDY KENAGY MGR, ENGINEERING & OPERATIONS	(i)	253,884	29,564	2,102	33,600	36,633	355,783	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 for the latest information.

OMB No. 1545-0047

2019**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 63,000 airline pilots and professional flight engineers who make up 35 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 2019 was a busy period for collective bargaining, as the association was engaged in negotiations to amend, create, or implement collective bargaining agreements at several ALPA carriers.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	PROGRAM SERVICE ACTIVITY #2: Government Affairs: As the voice of professional airline pilots, the association represents a pilot partisan agenda to Congress and to many administrative agencies, including the Department of Transportation, Federal Aviation Administration, Department of State, Department of Homeland Security and Transportation Security Administration. Key legislative issues for pilots in 2019 included implementation of the FAA Reauthorization Act of 2018, including secondary cockpit barriers, promoting one level of safety and security for all-cargo and passenger air operations, the enforcement of Open Skies agreements and stopping flag of convenience operations in aviation; and funding for TSA security programs such as the Federal Flight Deck Officer program.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PROGRAM SERVICE ACTIVITY #3: Aviation Safety: ALPA maintains a network of hundreds of pilot volunteers, supported by approximately two dozen staff professionals, organized into an extensive structure of local and national committees. Key safety issues in 2019 included: aircraft certification, pilot fatigue, pilot health, pilot training and qualification, airport and runway safety, various improvements to aviation security and pilot and passenger screening, safety management systems, and the results of key accident investigations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PROGRAM SERVICE ACTIVITY #4: Publications: The union's magazine, Air Line Pilot, is published 10 times per year with a circulation of about 89,000 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 35 pilot groups including their individual local councils, publish and distribute both paper and e-mail newsletters with news and information of interest to their pilots. The Association occasionally publishes specialized newsletters on matters of urgent interest and also maintains an extensive website that carries news, announcements, and general information on both publically accessible homepage and a "member only" portion of the website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES REPORTED ON W-2: THE ASSOCIATION REPORTED ON ITS 2019 FORM W-3 THE ISSUANCE OF 1,005 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS: On March 1, 2019, The ALPA Constitution and By-Laws were amended to reflect changes to Article III, Local Councils and Local Executive Councils, Section 3. Local Council Meetings, G. Proxies, pursuant to the direction of the 2018 Board of Directors. On June 11, 2019, The ALPA Constitution and By-Laws were amended to reflect changes to Article I, General, and Article III, Local Councils and Local Executive Councils, regarding ALPAs new electronic nomination processes beginning in the Fall of 2019 pursuant to the direction of the 2018 Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS: ALPA REPRESENTS OVER 63,000 PILOT MEMBERS. ALPA HAS ONLY ONE CATEGORY OF ACTIVE MEMBERS. ALPA ALSO COLLECTS DUES FROM EXECUTIVE INACTIVE MEMBERS (AT A REDUCED RATE) AND "NON-MEMBERS" (AT ANOTHER REDUCED RATE). EXECUTIVE INACTIVE MEMBERS ARE ENTITLED TO ALL OF THE RIGHTS AND BENEFITS OF ACTIVE MEMBERS EXCEPT THEY MAY NOT VOTE, ASSUME OR HOLD ELECTIVE OR APPOINTIVE OFFICE (INCLUDING COMMITTEE ASSIGNMENTS), ATTEND MEETINGS OR BE INCLUDED ON THE ACTIVE MEMBER MAILING LIST. "NON-MEMBERS" ARE NOT MEMBERS OF ALPA WHO ARE NEVERTHELESS COMPELLED TO PAY UNION DUES OR FEES UNDER AN AGENCY SHOP AGREEMENT. NON-MEMBERS ARE ENTITLED TO A PRO RATA ADJUSTMENT FOR ANY EXPENSES THAT ARE NOT GERMANE. NON-MEMBERS ARE NOT ENTITLED TO ANY BENEFITS OF ALPA MEMBERSHIP.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS: THE ORGANIZATION ENGAGES WITH AN INDEPENDENT CERTIFIED ACCOUNTING FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990 BASED ON INFORMATION PROVIDED BY 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

Return Reference	Explanation
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 2019.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PART VII, SECTION A, LINE 1</p>	<p>BOARD OF DIRECTORS: THE FOLLOWING INDIVIDUALS SERVED, AVERAGE WEEKLY HOUR OF 1, ON ALPA BOARD OF DIRECTORS IN 2019 AND DID NOT RECEIVE ANY REPORTABLE COMPENSATION FROM THE ORGANIZATION FOR SERVICES RENDERED IN THEIR CAPACITY AS DIRECTORS: Mohammed Alsamak Roger Anderson Nicolas Archambault Derek Archer Eric Armstrong S Arrington Ryan Babcock Mark Bailey Steven Bard Craig Barnes Richard Barnes Daniel Batchelder Christopher Bayley Adam Bell Earl Blowers Nicholas Bolander Darryl Boon Mason Bowden Riley Box John Breiling Ken Broomhead Mark Bugden Aaron Bunnis Robert Burgess Bryan Burks Michael Burnham Taylor Campbell Nathan Caron Graham Cartwright Mona Cates Robert Cecchi Gerald Chernochan David Clark Christopher Clay Benjamin Conroy Patrick Couture Jeffery Cramer Thomas Cross Anthony Cutler Dawid De Villiers Craig Devries Sarah Dickerson Thomas Dowdle David Drews Andrew Dubiel Kari Ellett Taylor Elliott Karim Elsammak Eisa Emami Michael Erickson Randy Erickson James Ewart Jeffrey Farquhar Brent Farrar David Fichtner Andrew Freund John Garratt Cornel Garvey Allyson Geiger Marc Gonzalez Brennan Gray William Gresslin Joshua Hallett Coleman Hamilton James Harding Andrew Hardman Nicolas Harman Shlomo Hatchwell Jesse Head Theodore Hebert Cynthia Higgins Todd Hirshon Brian Hoffman Ryan Hoffman Gary Holzinger Tyler Hover Michael Howe Bradley Hutchens Michael Intfen Gannett Jean Kathryn Judge Joshua Kallet Cameron Kerr Paul Kesely Ryan Kessler Andrew Kinnear Clark Kluwe Robert Kolbus Daniel Krieger Mark Langton Jake Lanier Erik Larsen Jeffrey Larson Mark Lavoie Jerome Leber Kristen Legge Kenneth Lillberg Tony Loeks Jonathan Lykken James Macarthur Dustin Maggard Mark Manausa Gregory Masterman Brad Mazurski Sean Mcgrath Sean Mchugh Jan Mcnish Jarod Meehan Eric Meenk Frederick Michalk Donn Minoggie Juan Morales-Lube Peter Moran Michael Nagy Antonio Nassar Scott Norton Edward Oakes Brandon Oberdorfer John Oden David Oeswein Emmanuel Okon David Page Don Pardiack Aaron Penner Richard Perkins Jesse Peters Austin Peterson Donald Poulin Daniel Priest Darrell Pye Jefferson Quinn Conrad Reid Gilbert Renaud Jared Roberts Joshua Roberts William Rodgers Charles Roos Brian Roseme Michael Savoury Jade Schiewe John Secord Dean Shaw Anita Shew Chase Simpson Christian Smitheram Vagner Soares Brenen Sorokan Vignesh Sridhar Stacy Stader Kim Steingass Corey Strachan Matthew Stubbs Michael Sullivan David Talaber Joel Tamayo Ian Thompson Kayla Torarak Joshua Trisko Stacey Tumoth Donald Urban Lindsey Van Beusekom Thomas Vanden Berg James Vejr Mark Veney Bradley Vien Philipp Von Donop Aaron Ward Stacey Warner Rob Watson Richard Wheeler Jordan White Lawrence Wicklund Thisura Wijepala William Wilder Joshua Winowiecki David Wojtkowski Jessica Wolcott Alfred Wong Smith Woolfrey Christopher Young Israel Young Patrick Zeller Douglas Zink Justin Zola</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1	<p>BOARD OF DIRECTORS: THE FOLLOWING INDIVIDUALS SERVED, AVERAGE WEEKLY HOUR OF 1, ON ALPA BOARD OF DIRECTORS IN 2019. 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 THEIR SERVICE ON THE ALPA BOARD. THESE AMOUNTS ARE TAXABLE TO THE RECIPIENT AS REPORTABLE COMPENSATION: Jimmy Abdalla 2,829 Christopher Abell 116 David Adler 153 Mark Allen 2,650 Brent Allen 6,886 Abel Barba 1,750 Robert Baxter 5,496 Christopher Bowers 1,614 Frank Brady 8 Nathaniel Brown 223 William Brynjolfsson 469 Steven Burson 257 Rod Buskas 1,997 Eric Carlson 1,891 Timothy Carpenter 73 Mark Circelli 382 Jeffrey Cohen 123 David Colquhoun 13,348 Scott Combest 256 Timothy Connors 682 Joseph Cornelius 1,250 John Costello 37 Jay Cowieson 2,460 Andrew Coyle 59 James Crytser 556 Marcelo Demelo 1,234 Sam Derosa 3,237 Piero Desjardins 5,496 Jared Dichter 1,961 Brian Dirlam 37 Marc Duffy-Vinclette 6,099 Adam Feldman 1,100 John Fremont 346 Samuel Friedman Cowan 223 Daniel Genzale 973 Nikolaos Giannoussidis 416 Christopher Gill 12,181 Roger Goodwin 98 Glen Gorrie 918 Matthew Grieco 189 John Harmer 763 Peter Harmon 41,845 Richard Harper 106 Ivan Harris 1,236 Darren Hartmann 1,335 Nicholas Harwood 65 Jonathan Hayes 399 Michael Hoxmeier 1,305 Andrew Hughes 10,083 Robert Jackson 3,244 Steven Johnson 291 Glenn Johnson 3,592 Travis Jordan 1,500 Mark Jurkowski 4,650 Christopher Kenney 89 Trevor Kleinschnittger 51 Robert Kloft 34 Derrick Kocik 1,061 Todd Kohner 2,327 Thomas Kramer 368 Eyal Lamdan 361 James Langille 573 Christopher Lanier 124 Samuel Larson 1,641 Thomas Lawler 1,250 Hoon Lee 322 Brian Lethert 28 Jon Lewis 2,227 Brandon Lighty 1,028 Anthony Lind 116 Donald Loepke 8,619 Nils Lundblad 6,610 Scott Martin 743 Samuel Mason 10,406 Bridget Matarrese 467 Samuel Mccarthy 1,295 James Mccullough 526 Roman Mclellan 4,010 Daniel Mills 472 Daniel Moore 254 Cody Moore 279 Ryan Morris 500 Wendy Morse 893 James Muchowicz 709 Mehran Mushtaq 987 Scott Nelson 58 Sarah Nelson 1,260 Christopher Norman 29,689 Richard Odbert 20,291 Noel Ojeda 537 Kevin O'Mahoney 1,490 Kyle Ong 105 Joshua Owen 376 James Owen 11,341 Matthew Passafiume 250 Lawrence Payne 6,730 Benjamin Peacock 103 Patrick Pietrzak 2,290 Michael Poggi 9,828 Lucas Ragusa 250 George Riley 39 John Roback 324 Scott Rubin 2,788 David Schneider 124 Jeffrey Schroeder 38 Richard Schumann 250 Michael Sederlund 85 Robert Selmer 178 Konstantin Shevlin 296 Robert Shirey 343 Alejandro Sparis 128 Carey Steacy 1,908 Michael Sterling 3,750 Daniel Stowell 3,479 Matthew Thaler 247 Todd Thursby 1,984 Nicholas Toon 318 Steven Toothe 12,602 Peter Van Stee 1,790 David Waditschatka 11,079 Christopher Whitty 573 Fred Wilkins 1,250 David Wood 383 Mark Young 95 Tracie Zampa 368 Samuel Zweifel 500 ----- TOTAL \$328,374</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS ARE ATTRIBUTABLE TO: (\$200,000) MEC DUES REFUND \$10,057,477 MEDICAL REL. CHANGES OTHER THAN NET PERIODIC PENSION COST \$1,188,406 PENSION REL. CHANGES OTHER THAN NET PERIODIC PENSION COST \$22 TRANSLATION GAIN (\$419,238) INVESTMENT IN 304 PENNSYLVANIA AVE. ----- \$10,626,667 TOTAL

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 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
(1) KITTY HAWK INSURANCE CO LTD FB PERRY BLDG 1ST FL 40 CHURCH ST HAMILTON HM12 BD	CAPTIVE INS.	BD	ALPA	C CORP	1,090,564	10,931,741	100.000 %	Yes	
(2) ALPA CANADA INSURANCE TRUST 360 ALBERT STREET STE 1210 OTTAWA, ONTARIO K1R 7X7 CA	VEBA	CA	N/A	TRUST					No

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

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 BRANCE DRIVE 400S MCLEAN, VA 22102 32-0584293	VEBA	VA	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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
304 PENNSYLVANIA AVENUE CORP	B	419,238	COST
304 PENNSYLVANIA AVENUE CORP	D	68,544	COST
THE 1625 MASSACHUSETTS AVE NW CORP	D	76,515	COST
AIR LINE PILOTS ASSOCIATION PAC	D	61,698	COST
THE 1625 MASSACHUSETTS AVE NW CORP	K	1,136,685	PAYMENTS
FEDEX PILOTS POST MDCR RTR PM REIM PLAN	L	330,281	COST
KITTY HAWK INSURANCE CO LTD	L	77,976	COST
ALPA PILOT WELFARE BENEFIT PLAN	L	560,707	COST
AIR LINE PILOTS ASSOCIATION PAC	Q	74,631	COST
KITTY HAWK INSURANCE CO LTD	R	1,904,248	COST
ALPA INT'L RETIREMENT MEDICAL VEBA TR	R	1,100,000	COST