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Form	•	•	u

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

A F	or the	e 2016 calendar year, or tax year beginning $$ FEB $$ $$ $$ 1 , $$ $$ 20 $$ 1 $$ $$ and enc	ding D	EC 31, 2016	
В с	heck if	C Name of organization		D Employer identifi	cation number
a	oplicabl	UNITED AIRLINES EMPLOYEE SICK LEAVE			
	Addre chang	SS TRUST		ļ	
	Name chang	Doing business as		81-6	220828
X]Initial return		om/suite	E Telephone numbe	
]Final return	DO DOY OCCAO WILDID		(312)997-8000
	termin ated			G Gross receipts \$	295,602,662.
	Amen			H(a) Is this a group r	
	Application			for subordinates	
	pendu	PO BOX 06649 WHQHR, CHICAGO, IL 60606-0	0649	H(b) Are all subordinates	
īī	ax-ex	empt status	527	=	list (see instructions)
	_	te: N/A		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
		organization: Corporation X Trust Association Other	L Year		M State of legal domicile; NY
Pa	rt∛l	Summary			
_	1	Briefly describe the organization's mission or most significant activities PROVID	DE SI	CK LEAVE BE	NEFITS TO
ŭ		ELÍGIBLE EMPLOYEES OF UNITED AIRLINES, INC	, A	ND AFFILIAT	ES OF
rna		Check this box I if the organization discontinued its operations or disposed			
ove		Number of voting members of the governing body (Part VI, line 1a)		3	1
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es (5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
V İ ţi.	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12, 53, 45, 50		7a	180,506.
٩	b	Total unrelated business revenue from Part VIII, column (C), line 2 CETVED Net unrelated business taxable income from Form 990-T, line 4 CETVED	[7b	137,295.
			78	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2d) NOV 1 5 2017	Jö		0.
Revenue	9	Program service revenue (Part VIII, line 2g) NOV 1 5 2017	0.5		295,422,156.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7≅[180,506.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e-			0.
	12	Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12)	<u></u>		295,602,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			262,864,064.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_		0.
Š	þ	Total fundraising expenses (Part IX, column (D), line 25)	<u>) .</u>		40.044
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		42,211.
1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_ _		262,906,275.
. 6	19	Revenue less expenses_Subtract line 18 from line 12		_ 	32,696,387.
sets or dances			Be	eginning of Current Year	End of Year
Sse		Total assets (Part X, line 16)	<u> </u>		32,696,387.
Net Ass Fund Ba		Total liabilities (Part X, line 26)	<u> </u>		0.
		Net assets or fund balances Subtract line 21 from line 20			32,696,387.
-		Signature Block	ad atatam	ante and to the heet of n	ou knowledge and helief it is
		ities of perjury, I declare that I have examined this return, including accompanying schedules ar it, and complete. Declaration of preparer (other than officer) is based on all information of which			ly knowledge and belief, it is
uue,	correc	it, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparei	r nas any knowledge.	1.0
e:		Sidnature of officer		Date	
Sigr		RICHARD MAYES, MANAGING DIRECTOR-HEALTH	H /WET	J.NESS	
Her	•	Type or print name and title	17 11 11	301100	
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		SUZAN BECLAY	D AL	11/7/2017 self-emplo	P00998435
Prep		Firm's name Towers Watson		Firm's EIN	53-0181291
-	Only	Firm's address 1001 Lakeside Avenue, Suite 1500		i iiiii 3 LiiV	
		Cleveland, OH 44114		Phone no 21	6-937-4089
May	the II	RS discuss this return with the preparer shown above? (see instructions)		. 110110 110.22	X Yes No
	1 11-1		ıs.		Form 990 (2016)
		ee Schedule O for Organization Mission Sta	ateme	ent Continua	

Form	1 990 (2016) TRUST	81-6220828 Page 2
Pa	rt 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	UNITED
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any conficent program convece during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
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 other	ers, the total expenses, and
	revenue, if any, for each program service reported	
4a		ue \$)
	or outling attended, the	
	Check if Schedule O contains a response or note to any line in this Part III Refly describe the origination's meason TO PROVIDE SICK LEAVE BENEFITS TO BLIGIBLE EMPLOYEES OF UNITED ATRLINES, INC., AND AFFILIATES OF UNITED ATRLINES, INC. Dd the originization undertake any significant program services during the year which were not listed on the prior Form S90 or 990-E27 If "vis." describe these new services on Schedule O Dd the originization crosses conducting, or make significant changes in how it conducts, any program services. If "vis." describe these changes on Schedule O Describe the originization's program service accomplishments for each of its three largest program services, as measured by ex Section 501c(ki) and 501c(ki) originizations are required to report the amount of grants and allocations to others, the total expreventue, fany, for each program service reported. (Code	
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue\$)
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
		*** ***
	·	
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue\$)
	The state of the s	
		
4d	Other program services (Describe in Schedule O)	
_4e	Total program service expenses ▶ 262,906,275.	
		Form 990 (2016)

Part IV,				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	İ
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		20, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.
_	Schedule D, Parts XI and XII	12a	├	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	 	x
13	CHANN TO THE STATE OF THE STATE	13	1	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	\vdash	1
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		 	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		i i	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-	+	+
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	٣		T
.5	complete Schedule G, Part III	19		x
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Form 990 (2016) TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ŀ
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit]]
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		L
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	į l		Į
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		ı	ļ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	20	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		2/2	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		, v
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		x
31		30		 ^ -
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	3.		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		 ```
YE	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		† <u></u>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	}
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ĭ .
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
	-	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	1240	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		4	33.34
(gambling) winnings to prize winners?	1c		W 15, 75, 14
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	31.	SAG	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
filed for the calendar year ending with or within the year covered by this return	<u>o</u>		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		, v 2 · «
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3.00	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	28. 47.39.
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	l	х
b If "Yes," enter the name of the foreign country	7	31.4	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- { } { } { }		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1 TO	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 	┝▔
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	100		
any contributions that were not tax deductible as charitable contributions?	6a	l	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	 		
were not tax deductible?	6b	ł	l
7 Organizations that may receive deductible contributions under section 170(c).	4.2		
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	کسند 7a ا		X
and the same of th	7b	-	 -
 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 	''		\vdash
to file Form 8282?	7c]	x
d If "Yes," indicate the number of Forms 8282 filed during the year	10		
· · · · · · · · · · · · · · · · · · ·	L	11 \ £	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	 	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		├	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	┝	┼──
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		11/2	-4.
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2.4		W.
sponsoring organization have excess business holdings at any time during the year?	8	67	
9 Sponsoring organizations maintaining donor advised funds.		Q' '.	1 - 21
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	├─	┼──
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	133	1 1/2
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b	- W		
	 '∏ĵ'		
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			K
		1 1	
b Gross income from other sources (Do not net amounts due or paid to other sources against	\$ 42 \$ 		1 3
amounts due or received from them)	─ ─~~ ›.`] - <i>i</i>	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	≥ .	15
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		14 .	3
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1	4.	 _
a Is the organization licensed to issue qualified health plans in more than one state?	13a	1 32	+-
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the		1: 4	15:
organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	100	1 4 %	X
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	├-	+^
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	n 990	/2016

UNITED AIRLINES EMPLOYEE SICK LEAVE 81-6220828 TRUST Form 990 (2016) Page 6 Rart VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent * Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes $\overline{\mathbf{x}}$ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

a The organization's CEO, Executive Director, or top management official

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

		Disc	

17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. X Upon request. Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records >

UNITED AIRLINES, INC. - (312)997-8000 P.O. BOX 06649 WHOHR, CHICAGO, IL 60606-0649

Form 990 (2016)

15a 15b

16a

OMITED	VIKHIMAD	
TRUST		

orm 990 (2		TRUST_					81-6220	828
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated	
	Employees, an	d Independe	ent Contra	ctors				

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

 List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no (A)	(B)			(0)		- 1	(D)	(E)	(F)
Name and Title	Average	(de	not o	Posi	tion	than o		Reportable	Reportable	Estimated
	hours per	box,	unle	ss per	rson i	s both	h an	compensation	compensation	amount of
\$	week	offic	er an	dadı	recto	r/trus	tee)	from	from related	other
	(list any	tor				1 (the	organizations	compensation
	hours for	dırec		! !		ي ا		organization	(W-2/1099-MISC)	from the
	related	10 81	stee			sate	1	(W-2/1099-MISC)	,	organization
	organizations	ruste	frus		ee de	lad l		(,		and related
	below	lual t	tiona		oldu	yee y	١ ,			organizations
İ	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J - 1 3 - 1 1 - 1 1 1
(1) EVERCORE TRUST COMPANY	0.00	-	=	٩	ř.	± *	<u>.</u>			
CUSTODIAL TRUSTEE	1.00		\mathbf{x}		l	1		0.	0.	0
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Page 7

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\$100,000 of compensation from the organization

Form 990 (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than

TRUST Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) Related or Unrelated Total revenue business exempt function sections 512 - 514 revenue revenue The state of the s The state of the s Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 1c c Fundraising events 1d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ૽૾ૺ૱ૢ૽૽ૼૺૼૼૼૼૼૺ૾ **Business Code** 295,422,156 2 a EMPLOYER CONTRIBUTIONS 900099 Program Service Revenue f All other program service revenue 295,422,156 Total. Add lines 2a-2f Investment income (including dividends, interest, and 180,506 180,506 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses Net income or (loss) from gaming activities Sagar Land 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a All other revenue Total. Add lines 11a-11d 180,506. 295,422,156 295,602,662 Total revenue. See instructions. Form 990 (2016)

orm 990 (2016)	TRUST		
Part IX Statem	ent of Functional Ex	nenses	

Secti	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				1 1 1 3 may 1 m
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	262,864,064.	262,864,064.		
5	Compensation of current officers, directors,		1		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	ı			
	section 401(k) and 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes	 			
11	Fees for services (non-employees)				
а	Management	L			· · · · · · · · · · · · · · · · · · ·
b	Legal				
С	Accounting				
đ	Lobbying	<u> </u>			
е	Professional fundraising services. See Part IV, line 17			*	
f	Investment management fees		<u> </u>		
g	Other. (If line 11g amount exceeds 10% of line 25,	40 011	40 011		
	column (A) amount, list line 11g expenses on Sch O.)	42,211.	42,211.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	L		<u> </u>	<u> </u>
15	Royalties			ļ	ļ
16	Occupancy				
17	Travel	 	 		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		 		
19 20	Conferences, conventions, and meetings	 	ļ		
20 21	Interest Payments to affiliates		 		
21 22	Payments to affiliates Depreciation, depletion, and amortization		 		
23	Insurance		 		
23 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 ().)				
а	and the second s	<u> </u>	** * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
b					
c					
ď					-
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	262,906,275.	262,906,275.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				1
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		
					Farm 990 (0016

TRUST

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B)
2		(A) Beginning of year		(B)
2				End of year
	Cash - non-interest-bearing	0.	1	32,696,387.
3	Savings and temporary cash investments		2	
_	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,	1.48343333		
	trustees, key employees, and highest compensated employees. Complete	14.14.14.44	72.01	
	Part II of Schedule L		5	<u> </u>
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary	Marthalla as	1. J.	
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	<u></u>	7	ļ
8	Inventories for sale or use	<u> </u>	8_	
9	Prepaid expenses and deferred charges		9	
l0a	Land, buildings, and equipment cost or other	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		
	basis Complete Part VI of Schedule D		.4.3	
b	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	<u> </u>		<u></u>
13	, ,			
14	· ·			
15		<u> </u>		22 606 207
16		 		32,696,387.
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27	•	0 42 67 78 A NO PW 300 43		
28			28	
29	• •		29	
		25224611	1.1	7 1 1 2 1 3 2 2 2 2 1
30	Capital stock or trust principal, or current funds	0.	30	0.
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
32	• • • • • • • • • • • • • • • • • • • •	0.	32	32,696,387.
33	Total net assets or fund balances	0.	33	32,696,387.
34	Total liabilities and net assets/fund balances	0.	34	32,696,387.
	7 8 9 0 a b 1 2 3 4 5 6 7 8 9 0 1 2 2 2 3 4 5 6 2 2 7 8 9 0 3 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. Less accumulated depreciation. Investments - publicly traded securities. Investments - other securities. See Part IV, line 11. Intragible assets. Cither assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 34). Accounts payable and accrued expenses. Grants payable. Deferred revenue. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here. Temporarily restricted net assets. Permanently restricted net assets. Permanently restricted net assets. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here. Audi-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds.	Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. Less accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intestments - program-related. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officiers, directors, trustees, key employees, highest compensated employees, and dirid parties. Complete Part II of Schedule D. Loans and other payables to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third parties. Unrecured motes and loans payable to unrelated third part	Loans and other receivables from other disqualified persons (as defined under section 4958(h(1))), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - publicly traded securities Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV, line 11 Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-related See Part IV of Schedule D Investments - program-relate

Form	1 990 (2016) TRUST	81	-62208	28	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		.	205	<i>-</i>	,662.
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			$\frac{,882}{,275}$.
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{,273}{,387}$
3	Revenue less expenses. Subtract line 2 from line 1	3	32,	090	,307.
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5			
6	Net unrealized gains (losses) on investments Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	- -			
9	Other changes in net assets or fund balances (explain in Schedule O)	<u>8</u> 9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	_ -			:
10	column (B))	10	32	696	,387.
Pa	rt XIII Financial Statements and Reporting				7507
ــــــــــــــــــــــــــــــــــــــ	Check if Schedule O contains a response or note to any line in this Part XII				
	entering an earlier of the portion of the to the unity line in this Fact All				res No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		(×	1 1	1 7 8
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	(),		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1 1
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis		I .	Σ p }	
b	Were the organization's financial statements audited by an independent accountant?			2b	" X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e bası	s. I	**\	V. S.
	consolidated basis, or both		<u>`</u>	*	
	Separate basis Consolidated basis Both consolidated and separate basis		\[\]	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3 3
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t, 🔭	1.	\
	review, or compilation of its financial statements and selection of an independent accountant?		Ë	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	o. 📑		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle A	udit 💍		110
	Act and OMB Circular A-133?		Ľ.	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdıt 🗀		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	
			F	orm 9	90 (2016

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

UNITED AIRLINES EMPLOYEE SICK LEAVE Emplo

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization UNITED AIRLINES EMPLOYEE SICK LEAVE TRUST	Employer identification number 81-6220828
Form 990, Part I, Line 1, Description of Organization Mi	ssion:
UNITED AIRLINES, INC.	
Form 990, Part VI, Section B, line 11b:	
THE ORGANIZATION'S FORM 990 IS PREPARED BY AN INDEPENDEN	T ACTUARIAL FIRM
AND SUBSEQUENTLY REVIEWED BY THE ORGANIZATION'S MANAGEME	NT PRIOR TO FILING
WITH THE IRS.	
Form 990, Part VI, Section B, Line 12c:	
THE POLICY IS MONITORED PURSUANT TO THE PLAN TERMS.	
Form 990, Part VI, Section C, Line 19:	
AVAILABLE ONLY TO PARTICIPANTS AND BENEFICIARIES IN ACCO	ORDANCE WITH ERISA.
Form 990, Part VII Contact Addresses for Officers, Direct	ctors, Etc:
EVERCORE TRUST COMPANY - 515 S. FIGUEROA STREET, STE 100	00
LOS ANGELES, CA 90071	
	,
	•

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 356, or 37.

► Attach to Form 990.

2016	Open to Publi

OMB No 1545-0047

UNITED AIRLINES EMPLOYEE SICK LEAVE

Inspection

Employer identification number 81-6220828 Part I 🤞 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. TRUST Name of the organization

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

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. Partil

(a)	(q)	(0)	©	(e)	()	(b)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 512(b)(13) controlled	<u> </u>
of related organization	:	foreign country)	section	status (if section		entity?	
				501(c)(3))		Yes No	
UNITED AIRLINES PILOT DISABILITY VEBA TRUST							ı
- 76-0266124, PO BOX 06649 WHOHR, CHICAGO,						_	
IL 60606-0649	AIR TRANSPORTATION	Washington	501(c)(9)			× —	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2016

TRUST

Schedule R (Form 990) 2016

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

Page 2

81-6220828

General of Percentage managing ownership partner? Schedule R (Form 990) 2016 (i) Section 512(b)(13) controlled entity? Yes No 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 × ड Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets $\hat{oldsymbol{\epsilon}}$ <u>6</u> Yes No Disproportionate allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income CORP Ξ (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) DE (d)
Direct controlling
entity Primary activity 9 (c)
Legal
domicile
(state or
foreign AVIATION Primary activity UNITED AIRLINES, INC - 74-2099724 Name, address, and EIN of related organization Name, address, and EIN of related organization CHICAGO, IL 60606-0649 PO BOX 06649 WHQHR 632162 09-06-16 Part IV

UNITED AIRLINES EMPLOYEE SICK LEAVE Schedule R (Form 990) 2016 TRUST

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 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?	s with one or more	elated organizations listed	in Parts II-IV2	Yes
	,			Ta X
 D cant, grant, or capital contribution to related organization(s) C Giff, grant, or capital contribution from related organization(s) 				1c X
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)				× × ×
a Sale of assets to related organization(s)				
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				il X
k Lease of facilities, equipment, or other assets from related organization(s)				Tk X
Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			T X
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1
 Sharing of paid employees with related organization(s) 				10 X
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				- + + X
	vho must complete t	his line, including covered	relationships and transaction thresholds.	- 1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) UNITED AIRLINES, INC.	ಬ	295,422,156.	SEE PART VII SUPPLEMENTAL	'AL INFO
(2)				
(e)		1		
(4)				
(5)				
(9)				
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81-6220828

Page 4

UNITED AIRLINES EMPLOYEE SICK LEAVE TRUST

Schedule R (Form 990) 2016 TRUST

*Part VIે 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) (b) (c) (d)	(q)	(0)	(p)	(e)	3	(6)	ε	8	8	æ
Name, address, and EIN	Primary activity	nicile	Predominant income (related, unrelated,	Are all partners sec 501(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage ownershin
of entity.		(state or foreign country)	excluded from tax under sections 512-514)	Yes No	rotal	end-or-year assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	direction
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Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions
PART V, LINE 2(1)(D)
BENEFITS PAYABLE UNDER THE PLAN SHALL BE FUNDED ENTIRELY BY THE TRUST,
WHICH ITSELF SHALL BE FUNDED SOLELY BY COMPANY CONTRIBUTIONS. THE
COMPANY CHARLES AND DEDGEDED CONTRACTOR TO THE TOWARD AND ACCOUNT
COMPANY SHALL MAKE PERIODIC CONTRIBUTIONS TO THE TRUST IN ACCORDANCE
WITH THE FUNDING POLICY ESTABLISHED BY THE PLAN ADMINISTRATOR, AS
AMENDED FROM TIME TO TIME, WHICH SHALL BE DESIGNED TO ENSURE THAT THE
TRUST IS ADEQUATELY FUNDED PURSUANT TO ERISA AND OTHER APPLICABLE LAW
WITH RESPECT TO PARTICIPANTS' BENEFITS UNDER THE PLAN.

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