

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2009, and ending For the 2009 calendar year, or tax year beginning D Employer Identification Number Check if applicable UNITED AIRLINES PILOTS RETIREMENT 58-1686601 Address change or print or type See specific Instruc-FOUNDATION, INC. Telephone number Name change 9550 W. HIGGINS ROAD #1000 708-562-1967 Initial return ROSEMONT, IL 60018 Termination Amended return G Gross receipts \$ 228.789. CLIFFORD SANDERSON F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 ψJ Website: ► H(c) Group exemption number ÕK DE X Corporation L Year of Formation 1986 M State of legal domicile Form of organization Association Part I Summarv Briefly describe the organization's mission or most significant activities PROVIDING FINANCIAL ASSISTANCE TO FAMILIES OF RETIRED UNITED AIRLINES PILOTS L'UA if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a Phye unit fee Business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and Gents (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment incomes art VIII, column (A), lines 3, 4, and 7d) 36,811. 39,779. 68,669. 69,466. Office revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Retar revenue add Jines 8 through 11 (must equal Part VIII, column (A), line 12) 105,480 109,245.Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56,700 46,000. Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,894 5,855. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 62,594 51,855. Revenue less expenses Subtract line 18 from line 12 42,886. 57,390 **Beginning of Year End of Year** Total assets (Part X, line 16) 1,559,498 1,821,746. 21 Total liabilities (Part X, line 26) 0 22 1,821,746. Net assets or fund balances. Subtract line 21 from line 20 1,559,498. Part II Signature Block that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tion of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer MAHADDEUS Type or print name and title Preparer's identifying number (see instructions) Date Check if self-employed Paid Preparer's signature Pre-7/02/10 parer's KNUTTE ASSOCIATES) P.C Firm's name (or yours if self-employed), Use 7900 S. CASS AVE STE 36-3459708 Only address, and ZIP + 4 960-3317 DARIEN, IL 60561 (630)May the IRS discuss this return with the preparer shown above? (see instructions) lXl Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

TEEA0113L 12/29/09

	990 (2009) UNITED AIRLINES PILOTS RETIREMENT	58-16866	01		Page 2
Par	t III Statement of Program Service Accomplishments				
1	Bræfly describe the organization's mission PROVIDING FINANCIAL ASSISTANCE TO FAMILIES OF RETIRED UNITED AIRL	INES PILOTS	5		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior			
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O		Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes	X	No
Ū	If 'Yes,' describe these changes on Schedule O.			ت	
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses. So allocations to o	ection thers,	501(c) the tot	(3) al
4.	(Code: (Expenses \$ 46,000. including grants of \$ 46,000.) (F	Pavanua ¢			
40	THE ORGANIZATION PROVIDED FINANCIAL ASSISTANCE TO SEVEN FAMILIES OF AIRLINES PILOTS TO HELP THEM MAINTAIN A REASONABLE STANDARD OF LIVE	OF RETIRED			,
4 b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
					 -
	Code Code) ou on 1:5			
40	: (Code:) (Expenses \$ including grants of \$) (F	revenue \$)
		- 			
4 d	Other program services (Describe in Schedule O.)	-			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 46,000.				
	· · · · · · · · · · · · · · · · · · ·				

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Х ĸ Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х Yes,' complete Schedule D. Part V 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D. Parts VI. VIII, VIII, IX, or X X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 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 • 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 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 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 487 If Yes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII Х 12 Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х 20 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х b 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 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If 'Yes,' complete Schedule L, Part l 25 a 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 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III X 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Х Part V, line 2. 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 Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38

BAA

Form 990 (2009)

Form 990 (2009) UNITED AIRLINES PILOTS RETIREMENT 58-168660	l .	P	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable			
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 (gambling) winnings to prize winners?	1 c		
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
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?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
, ,			
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?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
benefit contract?	7e		_ X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	•		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
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	į		
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form **990** (2009) 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.

<u>Sec</u>	<u>:tion A.</u>	Governing Body and M	anagement					
					1 1		Yes	No
		number of voting members of	-		1a 12			
١	Enter the	number of voting members th	at are independent	t	1b 12			
2	Did any officer, of	fficer, director, trustee, or key rector, trustee or key employe	employee have a se?	family relationship or a business r	elationship with any other	2		X
3	Did the o	ganization delegate control ov directors or trustees, or key	ver management du	uties customarily performed by or anagement company or other pers	under the direct supervision	3		х
4		ganization make any significa	· ·	• •		4		X
		prior Form 990 was filed?	3	- 5				
5	Did the d	ganization become aware dur	ing the year of a m	naterial diversion of the organization	on's assets?	5		Х
6	Does the	organization have members o	r stockholders?	•		6		Х
7 8	Does the	organization have members, s	stockholders, or oth	ner persons who may elect one or	more members of the	7a		х
ı	Are any	ecisions of the governing bod	y subject to approv	al by members, stockholders, or c	other persons?	7b		Х
8	Did the o		y document the me	etings held or written actions und	ertaken during the year by			
i		rning body?				8 a	X	i
	•	imittee with authority to act or	behalf of the gove	ernina body?		8b	X	
	Is there	ny officer, director or trustee.	or kev emplovee lu	sted in Part VII, Section A, who ca is and addresses in Schedule O	annot be reached at the	9		X
Sec				ormation about policies not	required by the Internal			
	enue Code	•						
							Yes	No
10 a	Does the	organization have local chapte	ers, branches, or at	ffiliates?		10 a		<u>X</u>
ı	If 'Yes,' o and bran	oes the organization have writ thes to ensure their operations	ten policies and pr are consistent wit	ocedures governing the activities of the organization?	of such chapters, affiliates,	10 b		
11	Has the	rganization provided a copy o	f this Form 990 to a	all members of its governing body	•	11		X
		· · · · · · · · · · · · · · · · · · ·		ganization to review this Form 99	O SEE SCHEDULE O			
		organization have a written co	•			12a		<u>X</u>
ŀ	Are office to conflic	rs, directors or trustees, and les?	ey employees requ	uired to disclose annually interests	that could give rise	12Ь		<u></u>
•		organization regularly and cor <i>O how this is done</i>	sistently monitor a	nd enforce compliance with the po	olicy? If 'Yes,' describe in	12c		
13	Does the	organization have a written wl	nistleblower policy?	•		13		X
14	Does the	organization have a written do	cument retention a	and destruction policy?		14		<u>X</u>
15	Did the persons,	ocess for determining comper comparability data, and conter	nsation of the follow inporaneous substa	ving persons include a review and intiation of the deliberation and de	approval by independent ecision?			
ā	The orga	nization's CEO, Executive Dire	ctor, or top manage	ement official		15a		Х
t	Other off	cers of key employees of the o	organization			15 b		Х
	If 'Yes' to	line 15a or 15b, describe the	process in Schedul	le O (See instructions)		1	ļ	
16 a	Did the contity du	ganization invest in, contributing the year?	e assets to, or part	icipate in a joint venture or similar	r arrangement with a taxable	16a		
t	in joint v	nture arrangements under app	olicable federal tax	rocedure requiring the organization law, and taken steps to safeguard	n to evaluate its participation d the organization's exempt			
C		h respect to such arrangemen	ts?			16 b		
	tion C.	Disclosures	Farm 000	and to be filed by TT				
		ates with which a copy of this	•					
18	inspectio	Indicate how you make thes	e available. Check		and 990-T (501(c)(3)s only) av	ailabl	e for p	oublic
			s website	X Upon request				
19	Describe statemer	in Schedule O whether (and if its available to the public.	so, how) the organ SEE SCHEDULE	nization makes its governing docui O	ments, conflict of interest poli	cy, an	d fina	ncial
		name, physical address, and t SUS BOCHNIARZ 11165		of the person who possesses the larger of the person who possesses the larger of the person of the p	books and records of the orga 0154-5638		on	
•		OF POCHUTURE TITES	VEGENCI DK'	#P210HP31EV' TP 0	0134 3030 /00-302-	<u> </u>		

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed
- 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 See instructions for definition of 'key employees'
- 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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				c)	•		(D)	(E)	(F)
Name and Title	Average hours		tion (k all t	hat app		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CLIFFORD SANDERSON										
PRESIDENT	5	Х		Х				0.	0.	0.
THADDEUS BOCHNIARZ										
TREASURER	5	X		Х	ļ			0.	0.	0.
STEPHEN MODDLE										
SECRETARY	5	X		X			L_	0.	0.	0.
BERNARD STERNER									_	
VICE PRESIDENT	5	Х					ļ	0.	0.	0.
HERBERT BREIVIK								_		_
DIRECTOR	2	Х					_	0.	0.	0.
WALT_CLARK		١.,								•
DIRECTOR	2	Х						0.	0.	0.
JOSEPH VITELLI		۱ ,, ا								•
DIRECTOR	3	X						0.	0.	0.
STEVE SCOTT	_	.,								0
DIRECTOR	2	X			\vdash			0.	0.	0.
DONALD_L. WRIGHT DIRECTOR	2	Х						0.	0.	0.
AL VENSKUS							_	0.		<u> </u>
DIRECTOR	2	х						0.	0.	0.
TOM WORKINGER			Н		\vdash		-			
DIRECTOR	2	х						0.	0.	0.
DON TOEPPEN	_							Ŭ.	0.	<u> </u>
DIRECTOR	2	Х						0.	0.	0.
										-
	1									
						, -				·

\$100,000 in compensation from the organization ► 0

Page 8

Pa	<u>t Vi</u>	II Statement of Re	evenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contributi All other contributions, gifts, g similar amounts not included Noncash contribus included in	ons) 1 prants, and above 1	b c d			·	
ĕ Š	_	Total. Add lines 1a-1f		·	39,779.			
	''	Total: Add IIIC3 Ta Ti		Business Code	35,775.			1 <u> </u>
PROGRAM SERVICE REVENUE	b							
Ϋ́	6			-				
8		All other program service Total. Add lines 2a-2f	ce revenue			* ** 2	· * *	\$*
а.	3	Investment income (incother similar amounts) Income from investmen Royalties	_	•	88,458.			88,458.
	b c	Gross Rents Less. rental expenses Rental income or (loss)	(i) Real	(ii) Personal	4	á	*	
	d	Net rental income or (lo	ss)		<u> </u>			
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 100,55 119,54 -18,99	4.			,	
	d	Net gain or (loss)		•	-18,992.	-18,992.		
OTHER REVENUE		Gross income from fund (not including \$		<u></u>	Å .	\ }	÷	
٥	С	Net income or (loss) fro	m fundraising	g ev <u>ents</u>	•			
		Gross income from gan See Part IV, line 19 Less direct expenses	ning activities	a				: ×
				D[
	10 a	Net income or (loss) from Gross sales of inventory and allowances					-	
	b	Less: cost of goods sold	i	ь	_			
		Net income or (loss) fro		ventory				
		Miscellaneous Reven	ue	Business Code				
	b c				_			
	-	All other revenue	•		 			
		Total. Add lines 11a-11a		•	100 045	_10 002		00 450
	12	Total revenue. See inst	ructions		109,245.	-18,992.	0.	88,458.

Page 10

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) but are not required to complete columns (B), (C), and (D),

Do . 6b,	not include amounts reported on lines 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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	46,000.	46,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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.	0.	0.	0.
7	Other salaries and wages			İ	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	τ			
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)				
	Management			***	<u> </u>
	D Legal				· · · · · · · · · · · · · · · · · · ·
	: Accounting	3,625.		3,625.	
	Lobbying	0,0201		3,0201	
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				
	Advertising and promotion				
	Office expenses	•		·	
	·				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u>.</u>
22	Depreciation, depletion, and amortization				
	Insurance	2,115.		2,115.	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	*	* * * * * * * * * * * * * * * * * * *		» &.
•	MISCELLANEOUS	115.		115.	
t	?	110.			
(
('				
•	'				
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	51,855.	46,000.	5,855.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
DΛΛ					Form 990 (2009)

BAA

Form 990 (2009)

Balance Sheet (A) Beginning of year **(B)** End of year 1 Cash - non-interest-bearing 270,507 2 282,752. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis 10a Complete Part VI of Schedule D 10b 10 c **b** Less¹ accumulated depreciation 1,288,991 1,538,994. 11 Investments - publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,559,498 1,821,746. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. 0 26 0. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 1,559,498. 1,821,746. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 1,559,498 1,821,746. 33 33 Total net assets or fund balances 1,559,498. 1,821,746. Total liabilities and net assets/fund balances

TEEA0111L 01/30/10

orm	990	(2009)	UNI	TED	AIF	LIN	ES	PILOT	S	RETIREMENT	58-1686601		Pa	ige 12
Par	t XI	Fir	ancia	Stat	eme	nts a	and	Repor	tin	ng		_		
													Yes	No
1	Acc	ounting	g metho	d used	to p	epare	e the	Form 9	90	X Cash Accrual Other			·	
		e orga chedul		chang	ged its	s meth	hod (of accou	ntır	ing from a prior year or checked 'Other,' explain				
2a	Wer	e the d	organiza	tion's	financ	cial st	aten	ents co	mр	oiled or reviewed by an independent accountant?		2a		Х
b	Wer	e the o	organiza	tion's	financ	cial st	aten	ents au	dite	ed by an independent accountant?		2ь	Χ	
С										e a committee that assumes responsibility for overs and selection of an independent accountant?	ght of the audit,	2c	Х	
		e orga chedul		chang	ged ei	ther it	ts ov	ersight	oro	ocess or selection process during the tax year, expla	ın			
d			line 2a d ed basis						dıc	cate whether the financial statements for the year w	ere issued on a			
	X	Sepa	arate ba	SIS		Cons	solid	ated bas	IS	Both consolidated and separate basis				
3а			t of a fe and OME					organıza	tio	on required to undergo an audit or audits as set forth	ın the Single	3a		Х
										audit or audits? If the organization did not undergo any steps taken to undergo such audits	the required audit	3ь		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

OMB No 1545-0047 2009

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Total

nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

UNITED AIRLINES PILOTS RETIREMENT

FOUNDATION, INC 58-1686601 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 X 8 community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II Type III - Functionally integrated Type III- Other C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the rganization in col (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (vi) Is the ganization in col (ii) EIN (vii) Amount of Support (i) organized in the (see instructions)) governing document? your support? Yes No Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	<u>:) </u>	<u></u>			
Sec	tion A. Public Support						 _	
begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	40,337.	42,967.	175,523.	36,811.	39,77	19.	335,417.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							0.
4	Total. Add lines 1-through 3	40,337.	42,967.	175,523.	36,811.	39,77	19.	335,417.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5g	a Yang					0.
6	Public support. Subtract line 5 from line 4	<i>i</i>	> <u>*</u>	* "	<i>;</i> •\$			335,417.
Sec	tion B. Total Support		_		_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	40,337.	42,967.	175,523.	36,811.	39,77	19.	335,417.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	50,760.	61,748.	83,816.	69,876.	88,458.		354,658.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10	· * * *						690,075.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			L	12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	s a section 50)1(c)((3)
	tion C. Computation of Pul						 _	40.00
	Public support percentage for 20			e 11, column (f)		<u> </u>	14	48.6%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			L	15	52.4%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo olicly supported or	x on line 13, and ganization	the line 14 is 33-	-1/3 % or mo	re, ch	neck this box
b	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13, or 16a ganization.	, and line 15 is 33	3-1/3% or mo	re, cl	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in	Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization to the 'facts-and organization meets the 'facts-and organization's facts-and organization's facts and organization's facts and organization organization organization organization organization organization of the organization organiz	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppor	e. Explain in rted organiza	Part tion.	IV how the ▶
18_	Private foundation. If the organi	zation did not che	ck a box on line,	าง, 1 <u>6</u> a, 16b, 17a	, or 1/b, check <u>t</u> h	ns box and s	<u>e ins</u>	structions -

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

	(Complete only if you che	cked the box on I	ine 9 of Part I)				
Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line	*	**	,	* ^		
	7c from line 6)		<u> </u>	L	<u> </u>		
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
c	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	⁽⁾ ► □
Sec	tion C. Computation of Pul		ercentage				
15	Public support percentage for 20	009 (line 8, colum	n (f) divided by lir	ne 13, column (f)).	15	%
	Public support percentage from					16	%
<u>Sec</u>	tion D. Computation of Inv	estment Incor	ne Percentage	•			
	Investment income percentage f	•	, .	•	ımn (f))	17	<u>%</u> _
	Investment income percentage f		•			<u> </u>	<u>%</u> _
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this be 33-1/3 support tests – 2008. If the						▶ ☐
	33-1/3 support tests – 2008. If the support tests support tests is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	and fine 10
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	▶ □

Schedule	A (F	orm 9	90 or 9	990-E	Z) 200	9 U	NITE	ED A	IRLI	NES	PILO	TS R	ETIR	EMENT		58-3	168660	1	Pag	e 4
Part IV	S	apple	men	tal Ir	ıform	atio	n. Co	mple	te th	ıs pa	rt to p	rovid	e the	explana r addıtıc	tions r	equired	by Par	t II, line	= 10;	_
	P	art II,	line	17a	<u>or 17</u>	b; ar	nd Pa	art III,	, lıne	12.	Provid	e any	othe /	r additio	nal inf	ormatio	n. See	<u>ınstruc</u>	tions.	
																-				
AD	<u>DITI</u>	ONA	L_SU	PPLE	MEN	<u>ITAL</u>	INF	<u>DRM</u>	<u>QITA</u>	<u>N</u>						· 				
THE	OF	GAN:	[ZAT]	ION .	<u>REA</u> I	JZE	D <u>A</u>	LOSS	ON.	THE	_SAL	<u> </u>	<u>INVE</u>	STMENT	'S_OF_	\$18,99	2 FOR	THE_	YEAR _	
END	<u>DED</u>	DECI	EMBE	31	_,_20	<u> 90.</u>														
																. – – – .				
				. _												. .				
																				- -
	- – –																			
		_					_	_		_										
																				
		- -				-								_ 						

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

2009

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

N ATDITNES DIINTS BETTBEMENT

Employer Identification number

	TTED AIRLINES PILOTS RETIREMEN UNDATION, INC.	TT		58-1686601
Par		r Advised Funds or Othe	er Similar Funds or Ac	
	the organization answered 'Yes' t			P
		(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and doi funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor advise legal control?	d Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	the benefit of the donor or dor	ng that grant funds may be nor advisor or for any other	
_	purpose conferring impermissible private bene		104 11 5	Yes No
	t II Conservation Easements Comple		•	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by		_ `` *`	
	Preservation of land for public use (e.g., r	ecreation or pleasure)	Preservation of an histori	• •
	Protection of natural habitat		Preservation of certified h	nistoric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organizati last day of the tax year	on held a qualified conservation	on contribution in the form of	a conservation easement on the
	the state of the s		*	Held at the End of the Year
а	Total number of conservation easements		2a	
t	Total acreage restricted by conservation ease	ments	2b	
c	: Number of conservation easements on a certi	fied historic structure included	ın (a) 2c	
	Number of conservation easements included i		2d	
3	Number of conservation easements modified,	transferred, released, extingui	ished, or terminated by the o	organization during the tax
	year ►			
4	Number of states where property subject to co	onservation easement is locate	ed •	
5	Does the organization have a written policy re	garding the periodic monitorin	g, inspection, handling of vio	
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring the year •		conservation easements	∐ Yes ☐ No
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conse	ervation easements	
	during the year ►		\$.	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its r to the organization's financial	revenue and expense statemer statements that describes th	nt, and balance sheet, and e organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical	Treasures, or Other Si	milar Assets
	Complete if the organization ans	wered 'Yes' to Form 990,	, Part IV, líne 8.	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or res	search in furtherance of publ	
t	If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, to report in its rev lic exhibition, education, or res	venue statement and balance search in furtherance of publ	e sheet works of art, historical ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		▶\$
	(ii) Assets included in Form 990, Part X			►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items	er sımılar assets for fınancıal	gain, provide the following
a	Revenues included in Form 990, Part VIII, line	÷1		► \$
b	Assets included in Form 990, Part X			▶ \$

Part III Organizations Maintai	ning Colle	ctions	of Art, Hist	orica	<u>i ireasure</u>	es, or C	ther Similar As	sets (<u>:ontinu</u>	<u> 1ed) </u>
3 Using the organization's acquisition items (check all that apply)	n accession	and oth	ner records, che	ck an	y of the follo	wing tha	it are a significant i	use of its	collecti	ion
a Public exhibition			d Loan	or ex	change prog	rams				
b Scholarly research			e Other							
c Preservation for future genera	itions									
4 Provide a description of the organ Part XIV.	ization's col	lections	and explain ho	w the	further the	organiza	ition's exempt purp	ose in		
5 During the year, did the organizat assets to be sold to raise funds ra	ther than to	be mai	ntained as part	of the	organizatio	n's collec	tion?	Yes		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangen int on For	nents (m 990,	Complete if on Part X, line	orgar 21.	ıızatıon ar	swered	l 'Yes' to Form	990, Pa 	ırt IV, 	line
1a Is the organization an agent, trust included on Form 990, Part X?						or other	assets not	Yes	. [No
b If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the follow	ing ta	ble					
							<u> </u>	Amour	<u>t</u>	
c Beginning balance							1c			
d Additions during the year							1d			
e Distributions during the year							1e			
f Ending balance				_			[1f]			٦
2a Did the organization include an ar		rm 990,	Part X, line 21	,				Yes	L	No
b If 'Yes,' explain the arrangement			-1	1	/aal ta Far	000	Dark IV June 10			
Part V Endowment Funds Con										
4.5	(a) Current	year	(b) Prior yea	<u>.r</u>	(c) Two yea	ars dack	(d) Three years bac	<u>(e)</u>	Four year	s Dack
1a Beginning of year balance					**	. 14		*	···· · · · · · · · · · · · · · · · · ·	٠,
b Contributions					**	318				
c Net Investment earnings, gains, and losses			- · · · ·							
d Grants or scholarships										
Other expenditures for facilities and programs						*	,	,	,	«
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage	of the year	end bala	ance held as							
a Board designated or quasi-endowed	ment ▶		%							
b Permanent endowment ►										
c Term endowment ►	%									
3a Are there endowment funds not in organization by	the posses	sion of t	he organization	that	are held and	admınıs	tered for the	I	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related or	ganizations	listed as	s required on S	chedu	le R ²			3b		
4 Describe in Part XIV the intended	uses of the	organiza	ation's endowm	ent fu	nds					
Part VI Investments-Land, Bu	ıildings, a	nd Eq	uipment. Se	e For	m 990, Pa	art X, lı	ne 10.			
Description of investment			t or other basis vestment)		Cost or oth oasis (other)	er	(c) Accumulated Depreciation	(d)	Book Va	alue
1a Land							š			
b Buildings										
c Leasehold improvements		[
d Equipment										
e Other										
Total. Add lines 1a through 1e (Column	(d) must ed	ual Fori	m 990, Part X, d	colum	n (B), line 10	O(c))				0.
BAA							Sche	edule D (f	orm 99	0) 2009

	Investments-Other Securities See F	orm 990, Part X, Im	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial c	lerivatives			
Closely-he	ld equity interests			
Other				
				<u>.</u>
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
=====		-		
	mn (b) must equal Form 990 Part X, col. (B) line 12)		10)	
Part VIII	Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
		+		
		+		
		- 		
				<u> </u>
Total. (Colun	nn (b) must equal Form 990, Part X, Col (B) line 13.)			
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A		
		escription		(b) Book value
				·
			<u>.</u>	<u></u>
	lumn (b) must equal Form 990, Part X, col (B),		•	
Part X	Other Liabilities (See Form 990, Part			
	(a) Description of Liability	(b) Amount		.
Federal Inc	come Taxes		—	*
			 	√4
				
			\dashv	
			\dashv	

	· · · · · · · · · · · · · · · · · · ·		-	
			-	
	· · · · · · · · · · · · · · · · · · ·			
-	(I) 15 000 D 111 157 157		⊣	
	nn (b) must equal Form 990, Part X, col. (B) line 25)			
for uncerta	ootnote In Part XIV, provide the text of the foo in tax positions under FIN 48.	nnote to the organization) SEE F	's financial statements that reports the PART XIV	e organization's liability

Schedule D (Form 990) 2009 UNITED AIRLINES PILOTS RETIREMENT

58-1686601

Page 3

		8-1686601	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		109,245.
2	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	51,855.
3	Excess or (deficit) for the year Subtract line 2 from line 1	ļ	<u>57,390.</u>
4	Net unrealized gains (losses) on investments	<u> </u>	204,858.
5	Donated services and use of facilities	<u> </u>	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		204,858.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		262,248.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	<u>Return</u>	
	Total revenue, gains, and other support per audited financial statements	1	333,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
á	Net unrealized gains on investments 2a 204,858	<u>.</u> ^	
ı	Donated services and use of facilities 2b	-	
	Recoveries of prior year grants	_	
•	Other (Describe in Part XIV) SEE PART XIV 2d 18,992	<u>. </u>	
•	Add lines 2a through 2d.	2e	223,850.
3	Subtract line 2e from line 1	3	109,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
á	Investments expenses not included on Form 990, Part VIII, line 7b.		
ŧ	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	109,245.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	
1	Total expenses and losses per audited financial statements	1	70,847.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	loo loo	
ā	Donated services and use of facilities 2a	b	
t	Prior year adjustments 2b		
(Other losses 2c		
(Other (Describe in Part XIV) SEE PART XIV 2d 18,992	7	
	Add lines 2a through 2d	2e	18,992.
	Subtract line 2e from line 1	3	51,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
	Investments expenses not included on Form 990, Part VIII, line 7b.		
	Other (Describe in Part XIV)	7	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	51,855.
	t XIV Supplemental Information	.1~.1	31,033.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this praction	V, lines 1b and a part to provide a	2b, Part V, ny additional
	PART X - FIN 48 FOOTNOTE 		
	IN JUNE 2006, THE FASB ISSUED FINANCIAL INTERPRETATION 48, "ACCOUNTS	ING FOR	
	UNCERTAINTY IN INCOME TAXES" (FASB ACCOUNTING STANDARD CODIFICATION	(ASC) 740,	
	INCOME TAXES) WHICH CLARIFIES THE ACCOUNTING UNCERTAINTY IN INCOME T	TAXES RECO	GNIZED
	IN AN ORGANIZATION'S FINANCIAL STATEMENTS IN ACCORDANCE WITH SFAS NO). 109,	
	"ACCOUNTING FOR INCOME TAXES" ("SFAS 109"). ASC 740 PROVIDES THAT A	TAX BENEF	T FROM
	AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY		
	POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF		
<u> </u>	TOUTILEM WITH DE COSTATUDO OF ON BARMINATION, INCLUDING RESOLUTIONS	<u>, , , , , , , , , , , , , , , , , , , </u>	

Part XIV Supplemental Information (continued)	30-1000001	Page
PART X - FIN 48 FOOTNOTE (CONTINUED)		
APPEALS OR LITIGATION PROCESSES, BASED ON TECHNICAL MERITS. INC		
MUST BE A MORE LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFF	ECTIVE DATE TO BE	
RECOGNIZED UPON THE ADOPTION OF ASC 740 AND IN SUBSEQUENT PERIOR	DS. THIS	
INTERPRETATION ALSO PROVIDES GUIDANCE ON MEASUREMENT, DERECOGNIT	TION, CLASSIFICATI	ON,
INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSU	RE AND TRANSITION.	
THE ORGANIZATION ADOPTED ASC 740 FOR THE FISCAL YEAR ENDED DECEM	MBER 31, 2009. TH	E
ADOPTION OF ASC 740 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIA	AL POSITION OR	
RESULTS OF OPERATIONS.		
		~
		~

Schedule D	(Form 990) 2009 Supplemental	UNITED	AIRLINES	PILOTS	RETIREME	NT		58-	1686601	P	age 5
Part XIV	Supplemental	Informat	i <mark>on</mark> (contını	ued)							
<u>-</u> .	••						,		_		
			 .								
			. – – – – – -								
				_							
			. – – – – –								
-											
										-	

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

UNITED AIRLINES PILOTS RETIREMENT FOUNDATION, INC.

58-1686601

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

LOSS ON SALE NETTED ON 990 PART I LN. 10

TOTAL \$ 18,992. 18,992.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

LOSS ON SALE NETTED ON 990 PART I LN. 10

TOTAL \$ 18,992.

SCHEDULE I (Form 990)

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Open to Public Inspection

UNITED AIRLINES PILOTS RET Part General Information on G		ance				58-168660		
Does the organization maintain recor the selection criteria used to award to Describe in Part IV the organization's	procedures for mon	toring the use of g	rant funds in the United	States.				No
Part II Grants and Other Assista								
990, Part IV, line 21 for ar Part IV and Schedule I-1 (this box if no one	recipient received	more than \$5,00		► [X]
1 (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 gra or assistance	ant
2 Enter total number of section 501(c)(3 Enter total number of other organization	· ·	l rganizations	1	1	<u> </u>	•		0

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NCIAL ASSISTANCE TO FAMILIES IN NEED	7	46,000.			
IV Supplemental Information. Comple	ete this part to pre	ovide the informati	on required in Pa	rt I, line 2, and any other	r additional information.
				. 	·
·				·	
				·	
	·			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization UNITED AIRLINES PILOTS RETIREMENT FOUNDATION, INC.	Employer identification number 58-1686601
FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS	30 1000001
THE TREASURER AND THE VICE PRESIDENT COLLECTIVELY REVIEW	THE REPORT AND THE 990 THEN
SIGN AND FILE IT.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	CLY AVAILABLE
IL 990S AND AUDIT REPORTS ARE AVAILABLE ON ILLINOIS ATTOR	NEY GENERAL'S WEB SITE, AND
PRIOR FEDERAL 990S ARE AVAILABLE FROM GUIDESTAR (HTTP://W	WW2.GUIDESTAR.ORG/).
ORGANIZATION KEEPS COPIES OF THE LAST 10 YEARS OF REPORTS	AND 990 AND COULD PROVIDE
COPIES UPON REQUEST.	

Schedule 0 (Form 990) 2009 Page 2					
Name of the organization UNITED AIRLINES PILOTS RETIREMENT FOUNDATION, INC.	Employer identification number 58-1686601				
*					