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Department of the Treasury Internal Revenue Service

h 990 | Poture of Organization Even

## **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)

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

OMB No 1545 0047

Open to Public Inspection

Α_	ror the 2	UTZ Calend	dar year, or tax year beginning , 2012, and endi	ny		,
В	Check if app	licable	C		D Employer Ident	ification Number
	Address	s change	UNITED AIRLINES PILOTS RETIREMENT		58-1686	601
	Name o	hange	FOUNDATION, INC.		E Telephone num	ber
	Initial re		9550 W. HIGGINS ROAD #1000		708-562	-1967
	Termina		ROSEMONT, IL 60018			
	$\vdash$				G Gross receipts	\$ 219,115.
	<b>⊢</b> ⊣	ed return	E Name and address of principal officer	H(a) Is this	a group return for affi	
	Applica	tion pending		1 ' '	affiliates included?	Yes No
			SAME AS C ABOVE	If 'No.'	attach a list (see ins	structions)
<u> </u>	Tax-exem		X 501(c)(3) 501(c) ( )    (insert no ) 4947(a)(1) or 527	4	_	
J	Website	e: ► N/			exemption number	
K		rganization	X Corporation Trust Association Other L Year of Form	ation 198	6 M State of I	legal domicile IL
Pa		<u>Summar</u>				
		-		<u>NG_FINA</u>	<u>NCIAL ASS</u> I	STANCE TO
ģ	<u>FA</u>	<u>MILIES</u>	S OF RETIRED UNITED AIRLINES PILOTS			
anc		<b></b>				
Activities & Governance		<b></b>				
ð			ox If the organization discontinued its operations or disposed of m	nore than 2	25% of its net as	
9			oting members of the governing body (Part VI, line 1a)		3 4	11
S			dependent voting members of the governing body (Part VI, line 1b)		5	11
ij	-		r of individuals employed in calendar year 2012 (Part V, line 2a) r of volunteers (estimate if necessary)		6	12
ਵਿੱ			ed business revenue from Part VIII, column (C), line 12		7 a	0.
⋖			business taxable income from Form 990-T, line 34		7 b	0.
_	DINE		d busiless taxable income from 1 om 1 550 1, line 54		rior Year	Current Year
	8 Cor	atributions	and grants (Part VIII, line 1h)	<del>'</del>	38,246.	159,387.
ē			vice revenue (Part VIII, line 2g)		30,240.	137,307.
Revenue		•	ncome (Part VIII, column (A), lines 3, 4, and 7d)		1,390.	59,728.
ě			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,350.	33,720.
			e – adplines 8 through 11 (must equal Part VIII, column (A), line 12)		39,636.	219,115.
			imilar antounts paid (Part) X, column (A), lines 1-3)	<del>-  </del>	36,900.	36,900.
			go or for members (Part IX, golumn (A), line 4)	-	30, 300.	30,300.
ø	<b>15</b> Sal	iaries, otni	compensation employee benefits (Part IX, column (A), lines 5-10)			
Expenses			Undraising fees (Part IX, column (A), line 11e)			
흜	<b>b</b> Tot	al fundrais	sin (Aperage Part-IX, sellimin (D), line 25) >			
Ð	17 Oth	ner expens	ses (Part IX, July Innes 11a-11d, 11f-24e)		4,223.	6,491.
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		41,123.	43,391.
	1		s expenses Subtract line 18 from line 12		-1,487.	175,724.
8 8				Beninni	ng of Current Year	End of Year
ŧ.	<b>20</b> Tot	al assets	(Part X, line 16)		2,033,087.	2,349,498.
Αğ	21 Tot		es (Part X, line 26)		0.	0.
Not Asset Fund Balan	00 No.		r fund balances Subtract line 21 from line 20			
	22 140	<u> </u>			2,033,087.	2,349,498.
		_	re Block			
Und	er penalties on plete Declar	of perjury, I dealers	eclare that I have examined this return, including accompanying schedules and statements, and tearer (other than officer) is based on all information of which preparer has any knowledge	o the best of n	ny knowledge and bel	lief, it is true, correct, and
		I V	Parana & Charles		4-30	10
٠.		Signati	re of officer		ate 7-30	<del>~ 1 - 3</del>
Sig	gn 	, Signate	BERNARD D. STERNER V.R + TRE			
He	re	TVON	BERNARD D. STERNER V.R + TRE	HISUYC!	en.	<del></del>
_		Type of	preparer's name Preparer's signature a Date		T	PTIN
		1	Dr. III - CAL		Check if	
Pa		JOSEPI	H KNUTTE, CPA 4/15	/13	self-employed	P01317776
	eparer	Firm's name			1	
Us	e Only	Firm's addr	ess 7900 S CASS AVE STE 210		Firm's EIN ► 36	-3459708
			DARIEN, IL 605615066		Phone no (63	0) 960-3317
Ma	y the IRS	discuss th	nis return with the preparer shown above? (see instructions)			X Yes No
				EEA0113L 12	2/10/12	Form <b>990</b> (2012)

Form	າ <b>990 ເ</b> (2012)     ໂ	JNITED AIRLINES	PILOTS RETIREMENT	58-168660	1 Page <b>2</b>
Pa	tilli Staten	nent of Program Se	rvice Accomplishments		
	Check if	f Schedule O contains a	response to any question in this Part III		
1	Briefly describe	the organization's mis	sion		
	•	-	STANCE TO FAMILIES OF RETIRED	UNITED ATRITUES PILOT	S
	THOVEDING				~
				. <b></b>	
	5.111				
2			cant program services during the year which were	not listed on the prior	
	Form 990 or 99				Yes X No
		oe these new services o			
3	-	-	, or make significant changes in how it conduc	ts, any program services?	Yes X No
	If 'Yes,' describ	oe these changes on Sc	hedule O		
4	Describe the or	rganization's program s	ervice accomplishments for each of its three la	irgest program services, as measure	d by expenses
	Section 501(c)(3	3) and 501(c)(4) organizated	tions and section 4947(a)(1) trusts are required to le, if any, for each program service reported	report the amount of grants and allocal	ions to
	others, the total	ar expenses, and revene	e, if any, for each program service reported		
	(OI	\ (F	26.000	26 000 \ (D-11-11-	
4 a	(Code	) (Expenses \$	36,900 including grants of \$		
			D FINANCIAL ASSISTANCE TO SEV		ONTLED
	<u>AIRLINES</u>	PILOTS TO HELP	THEM MAINTAIN A REASONABLE ST	<u> EANDARD OF LIVING.</u>	
				· <b></b>	
				- <b></b>	<b></b>
				· <b></b>	
					· <b></b> -
41	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					. <b></b>
					. <b>_</b>
					<b></b>
4 0	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					<b></b>
	A Other pregram	corvices (Describe in 9	conodulo (1)		
4		services (Describe in S			
	(Expenses	service expenses	including grants of \$	) (Revenue \$	)

Form 990 (2012) UNITED AIRLINES PILOTS RETIREMENT
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
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, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	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	11 d		Х
е	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>-</del>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	15		Х
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, Parts III and IV	16		Х
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 (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	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 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) UNITED AIRLINES PILOTS RETIREMENT

Part IV | Checklist of Required Schedules (continued)

			163	140
21	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
22	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 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	<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 Schedule J	23		Х
24 a	a 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
ŀ	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 any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) 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		Х
ł	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 Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
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		Х
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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	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, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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		Х
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	_37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	(2012)

# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check it Schedule O contains a response to any question in this rait v			لللل
			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	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		
2	a 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  2 a 0			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4	a 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)?	4 a	·	Х
	b If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	9 a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	1 3		(
	a Initiation fees and capital contributions included on Part VIII, line 12			SE ST
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 b			2
11	Section 501(c)(12) organizations. Enter	4		
	a Gross income from 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.).	** **		W .
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	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 organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 b		
3 A A			000	2012

Form 990 (2012) UNITED AIRLINES PILOTS RETIREMENT 58-1686601 Page 6 Part 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 to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 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? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10 a Did the organization have local chapters, branches, or affiliates? Х 10 a 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O X Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 Х X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ILSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) X Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SEE SCHEDULE O

the public during the tax year.

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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

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

Check and box is rickles all organization in		Γ		((		проп				
(A) Name and Title	(B) Average hours per week (list	one bo	Position (do not check more the one box, unless person is both officer and a director/trustee)					(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W 2/1099-MISC)	from the organization and related organizations
(1) BERNARD STERNER	5									
VICE PRESIDENT	0	X		Х				0.	0.	0.
(2) CLIFFORD SANDERSON	5									
PRESIDENT	0	Х		Х				0.	0.	0.
(3) STEPHEN MODDLE	5									
SECRETARY	0	Х		X				0.	0.	0.
(4) THADDEUS BOCHNIARZ	4									
DIRECTOR	0	X_						0.	0.	0.
(5) ROBERT HELFFERICH	2									
DIRECTOR	0	X					<u> </u>	0.	0.	0.
(6) WALT CLARK	2									
DIRECTOR	0	Х						0.	0.	0.
O JOSEPH VITELLI	3									
DIRECTOR	0	Х						0.	0.	0.
(8) STEVE SCOTT	2									
DIRECTOR	0	X						0.	0.	0.
(9) DONALD L. WRIGHT	2						l			
DIRECTOR	0	X						0.	0.	0.
(10) AL VENSKUS	2	ľ								
DIRECTOR	0	X					L	0.	0.	0.
(11) TOM WORKINGER	2									
DIRECTOR	0	X						0.	0.	0.
(12)										
(13)										
(14)										

Page 8

Part VII Section A. Officers, Directors, Trus	T	Key	En			es,	and	d Highest Con	pensated Emp	loyees (cont)		
	(B)		(C)				}		}			
(A) Name and title	Average hours per	box	, unle	check ess p	erson direct	than is bot or/trus	h an stee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other		
	week (list any hours	or di	Former Highest employe Key em Officer Institutio					the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization		
	1	individual trustee or director	nstitutional trustee	Čer	Key employee	lest c	16			and related organizations		
	organiza tions below	รู้ นู้รู	nal tr		loyee	) mge						
	dotted line)	E	ıstee			Highest compensated employee						
(15)		-										
(16)	<b>-</b>		-									
(17)		ļ							<del></del>			
(18)									<del></del>			
(19)							-					
(20)							-					
(21)		-										
(22)	<u>-</u>				-	İ						
(23)												
(24)									·			
(25)												
1 b Sub-total		!			L		>	0.	0.	0.		
c Total from continuation sheets to Part VII, Section	ı A						<b>&gt;</b>	0.	0.	0.		
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to	those li	sted	abo	ve) v	who	recer	ved	0. more than \$100.00	0.  O of reportable compared to the compared t	0.		
from the organization • 0				,								
										Yes No		
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>ındıvıdu</i>	tee, al	key	em	ploy	ee, c	or h	ighest compensate	ed employee	3 X		
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportabl	le co	mpe	ensa If '\	ation Yes'	and com	oth <i>plet</i>	er compensation e Schedule J for	from			
<ul><li>such individual</li><li>Did any person listed on line 1a receive or accrue</li></ul>	compen	satio	ņ fr	om	any	unre	late	ed organization or	ındıvıdual	4 X		
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te So	chec	iule	J fo	r suc	cn p	erson		5 X		
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epen the c	den alen	t co dar	ntra year	ctors endi	tha	it received more the with or within the or	han \$100,000 of ganization's tax yea	r		
(A) Name and business addre	ss							( <b>B</b> ) Description o	of services	(C) Compensation		
									<del></del>	<u></u>		
2 Total number of independent contractors (including but		ted to	o tha	se I	ıstec	l abo	ve)	who received more	than			
\$100,000 in compensation from the organization	U											

	Check if Schedule O contains a response to any que	stion in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  1 a 1 b 1 c 1 c 1 d 1 e				
	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f  h Total. Add lines 1a-1f  Business Code	159,387.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue				
ā	<ul> <li>g Total. Add lines 2a-2f</li> <li>3 Investment income (including dividends, interest and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> </ul>	59,728.			59,728.
	6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)	<b>-</b>			
OTHER REVENUE	d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events	•			
	9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  a	<b>▶</b>			
	b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b	<b>▶</b>		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions	219,115.	0.	0.	59,728.
					1 27,140.

Part IX | Statement of Functional Expenses

360	Check if Schedule O contains a			omplete column (A)	<del></del>
			(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising _expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	36,900.	36,900.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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				•
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			<del></del>	
11	Fees for services (non-employees)			<del></del>	
	Management				
	Legal				
	: Accounting	4,250.		4,250.	
	f Lobbying	4,250.		4,250.	
	• -				
	Professional fundraising services See Part IV, line 17			<del></del>	
	Investment management fees Other (If line 11g amt exceeds 10% of line 25, col-				
	umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	141.		141.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<u> </u>			
23	Insurance	2,100.		2,100.	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses	2,100.		2,100.	
	in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	<sup>1</sup>			<u> </u>	
t	)			<u> </u>	
(	; 			<u> </u>	
•	1 			<u> </u>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	43,391.	36,900.	6,491.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)				
	30F 98-2 (A3C 958-720)			L	

		Check if Schedule O contains a response to any qui	estion in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		351,617.	2	414,217.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
٧.	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, directors, nployees Complete		5	
	6	Loans and other receivables from other disqualified pesetion 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete	(S)(B) and contributing		6	
	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
Ť	9	Prepaid expenses and deferred charges		9	<del></del>	
5		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1		
	h	Less accumulated depreciation	10 b	· · · · · · · · · · · · · · · · · · ·	10 c	
	11	Investments – publicly traded securities		1,681,470.	11	1,935,281.
	12	Investments – other securities See Part IV, line 11		2,001,1,01	12	2/300/2021
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets		14	<del> </del>	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	34)	2,033,087.	16	2,349,498.
	17	Accounts payable and accrued expenses		2,033,007.	17	2,313,130.
	18	Grants payable			18	
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities		20		
I A	21	Escrow or custodial account liability Complete Part I'	V of Schedule D		21	
LIABILITIES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, directors, trustees, I disqualified persons		22	
į	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
S	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	_ 0.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete	1		
A S	27	Unrestricted net assets		2,033,087.	27	2,349,498.
ASSETS	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	_		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here ►			
FUZD D	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm		31		
A L A	32	Retained earnings, endowment, accumulated income,	or other funds		32	
BALAZCEN	33	Total net assets or fund balances		2,033,087.	33	2,349,498.
Š	34	Total liabilities and net assets/fund balances		2,033,087.	34	2,349,498.
BA						Form <b>990</b> (2012)

		8-1686601		Pa	ge <b>12</b>		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			_	X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2:	19,1	15.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		43,3	<u> </u>		
3	Revenue less expenses Subtract line 2 from line 1	3	1	75,7	<u> 124.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,033,087.				
5	Net unrealized gains (losses) on investments	5	14	40,6	<u> 87.</u>		
6	Donated services and use of facilities	6		_			
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				П		
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis	arate					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the acreview, or compilation of its financial statements and selection of an independent accountant?	dıt,	2 c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3 a		x		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 ь				
BAA			Form	990	(2012)		

### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

UNITED AIRLINES PILOTS RETIREMENT

Open to Public Inspection

Employer identification number

			ATION, INC.		<u>                                      </u>										
Parl	t I	Reason for Pub	lic Charity Status	(All organizations	must o	comple	ete this	part.)	See ii	nstruct	ions.				
The c	rga	nization is not a priva	ate foundation becaus	se it is (For lines 1 thro	ugh 11,	check c	nly one	box )							
1	Г	A church, conventior	n of churches or asso	ciation of churches des	cribed in	sectio	n 170(b)	(1)(A)(i)	١.						
2	Г	A school described in	n section 170(b)(1)(A	<b>)(ii).</b> (Attach Schedule E	Ξ)										
3		A hospital or a coop	erative hospital servic	ce organization describe	ed in <b>se</b>	ction 17	0(b)(1)(A	A)(iii).							
4		A medical research	organization operated	I in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Ei	nter the hos	spital's			
	_	name, city, and state	9									•			
5		An organization opera	ited for the benefit of a	college or university own	ed or op	erated b	y a gove	rnmenta	I unit des	scribed in	section				
6				overnmental unit descri	ibed in s	ection <sup>1</sup>	70(b)(1)	(A)(v).							
7	X	An organization that n in section 170(b)(1)(	ormally receives a sub <b>A)(vi).</b> (Complete Pa	ally receives a substantial part of its support from a governmental unit or from the general public described											
8	L	A community trust de	escribed in <b>section 1</b> 3	<b>70(b)(1)(A)(vi).</b> (Comple	te Part	II )									
9		' related to its exempt f	unctions – subject to c	ore than 33-1/3% of its suppertain exceptions, and (2 11 tax) from businesses acqu	') no mor	e than 3	3-1/3% c	of its suc	port fron	aross ii	nvestment ir	m activit icome ai	ies nd		
10		An organization orga	anized and operated e	exclusively to test for pu	ublic saf	ety See	section	1 509(a)	(4).						
11		<sup>l</sup> supported organizatioi	zed and operated exclusions described in section in and complete line	sively for the benefit of, to 509(a)(1) or section 509 es_11e through 11h	perform (a)(2) S	the func ee <b>sectic</b>	tions of, on 509(a)	or carry <b>(3).</b> Che	out the p ck the bo	urposes ox that de	of one or mo escribes the	re public type of	ly		
		a Type I b	Type II c	Type III - Function	nally inte	egrated		d 🗍 🧵	Type III	– Non-f	unctionally	ıntegrat	ed		
е	L.	By checking this box other than foundation section 509(a)(2)	r, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons managers and other than one or more publicly supported organizations described in section 509(a)(1) or												
f		. , . ,	eived a written determi	nation from the IRS that i	ıs a Type	l, Type	II or Typ	e III sup	porting o	rganızatı	ion,				
g		Since August 17, 200	06, has the organizati	ion accepted any gift o	r contrib	oution fr	om any	of the fe	ollowing	persons	57				
												Yes I	No		
		below, the gove	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 g (i)				
		(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)				
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)				
h		Provide the following	g information about th	ie supported organization	on(s)						J.,				
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in i) listed in overning ment?	(v) Did yo the organ column ( supp	zation in	organiz colur	s the ation in (i) ed in the 5 ?	(vii) Amoun sup	of moneta port	ary		
					Yes	No	Yes	No	Yes	No					
(A)					ļ						<del></del>				
(B)															
											<del></del>	<u> </u>			
(C)											<del></del> -				
(D)															
(E)															
Total															
, viai															

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III )

Sec	Section A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	36,811.	39,779.	34,381.	38,246.	159,3	87.	308,604.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-					0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	36,811.	39,779.	34,381.	38,246.	159,3	87.	308,604.
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)							0.
6	<b>Public support.</b> Subtract line 5 from line 4							308,604.
<u>Sec</u>	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	2	(f) Total
7	Amounts from line 4	36,811.	39,779.	34,381.	38,246.	159,3	87.	308,604.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,876.	88,458.	49,844.	50,770.	59,7	28.	318,676.
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							627,280.
12	Gross receipts from related activ	rities, etc (see inst	ructions)				12	0.
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20			e 11, column (f))		L	14	49.20%
	Public support percentage from 3			h 13		2.1/20/	15	48.65%
	16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
to	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	e. Éxplain in	Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this tion qualifies as a	box and <b>stop her</b> a publicly supporte	<b>e.</b> Explain in ed organizati	Part ion	IV how the ▶
	Private foundation. If the organization		un a bux on line I	J, 10a, 100, 1/a,				
BAA					Sch	iedule 🗛 (Foi	rm 99	0 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			-			
	dar year (or fiscal yr beginning in)  Gifts, grants, contributions  and membership fees  received (Do not include  any 'unusual grants')	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 in line 10b, whether or not the business is regularly carried on						4
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organize stop here	ation's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c)(3	<b>→</b> □
	tion C. Computation of Pul						
	Public support percentage for 20			e 13, column (f)	<b>1</b>	15	%
	Public support percentage from :					16	%
	tion D. Computation of Inv						
17	Investment income percentage for		* *	-	ımn (f))	17	<u>%</u>
	Investment income percentage for					18	%
	<b>33-1/3% support tests – 2012.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	▶ [_
b	33-1/3% support tests — 2011. If Inne 18 is not more than 33-1/3%	the organization, check this box	did not check a b and <b>stop here.</b> The	ox on line 14 or l e organization qu	ine 19a, and line i valifies as a public	16 is more than 33 ly supported organ	-1/3%, and eization ►
20	Private foundation. If the organiz	zation did not che	eck a box on line	4, 19a, or 19b, o	theck this box and	see instructions	▶ 🗍
544							

Schedule A (Form 990 or 990-EZ) 2012		NES PILOTS	RETIREMENT	58-1686601	Page_4
Part IV: Supplemental Inform Part II, line 17a or 1 (See instructions).	<b>mation.</b> Complete the 7b; and Part III, line	nis part to prov 12. Also com	vide the explanati plete this part for	ons required by Part II, line any additional information.	10;
SUPPORT SCHEDULE AI	DDITIONAL SUPPLE	MENTAL INFO	ORMATION		
THE_ORGANIZATION_REA	ALIZED A LOSS ON	_THE_SALE_O	F_INVESTMENTS	OF \$9,462 FOR THE YEA	AR
ENDED_DECEMBER_31, 2	2010		<b></b>		
			<b>_</b>		
				<del>-</del>	
			<del></del>	<b></b>	
		<b>-</b>			<b>-</b>
	<b></b>				<b>-</b>
	<del></del>	<b></b>			<b>-</b>
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			<b>-</b>		
			<b></b>		
					<b></b>

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012

OMB No 1545 0047

Open to Public

Name of the organization UNITED AIRLINES PILOTS RETIREMENT 58-1686601 FOUNDATION, INC Pait Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) **2** c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Paralli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ÞŚ Revenues included in Form 990, Part VIII, line 1 ÞŚ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items **►**\$ a Revenues included in Form 990, Part VIII, line 1 **▶** \$ b Assets included in Form 990, Part X

Schedule <b>D</b> (Form 990) 2012 UNITED AIRLI				58-16		Page 2
Part III Organizations Maintaining Coll	ections of Ar	t, Histori	cal Treasures, o	r Other Similar As	<b>sets</b> (contii	nued)
3 Using the organization's acquisition, accession, items (check all that apply)	and other records,	, check any	of the following that a	are a significant use of its	s collection	
a Public exhibition	d [	Loan or	exchange programs			
<b>b</b> Scholarly research	e [	Other				
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII	tions and explain	how they fu	rther the organization	's exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	r receive donation	ons of art, h	nistorical treasures,	or other similar assets	Yes	No
Part IV   Escrow and Custodial Arrangements.						
reported an amount on Form 99				, - ,	.,	
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an, or other inter	rmediary fo	r contributions or ot	her assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete th	e following	table			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance						
2 a Did the organization include an amount on Form 990, Part X, line 21?						
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	Check here if the	e explantio	n has been provide	d in Part XIII		
B W E		<u> </u>	. 107 11 5	000 D 111/1		
Part V Endowment Funds. Complete If (a) Curre			(c) Two years	(d) Three years	ine 10. (e) Four y	
<del>```</del>	(0)	Prior year	(c) Iwo years	(u) Tillee years	(e) Four y	
1 a Beginning of year balance b Contributions	<del></del>		<del> </del>		<del></del>	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs				_		
f Administrative expenses						
g End of year balance			( ) ( ) ( )			
2 Provide the estimated percentage of the curr	ent year end bal	ance (line	g, column (a)) held	as		
a Board designated or quasi-endowment	<u> </u>					
b Permanent endowment care and comment care and	ō 9,					
The percentages in lines 2a, 2b, and 2c shou	uld equal 100%					
	•					
3a Are there endowment funds not in the possession organization by	n of the organizat	on that are	held and administere	d for the	Yes	s No
(i) unrelated organizations					3a(i)	- 110
(ii) related organizations					3a(ii)	-
<b>b</b> If 'Yes' to 3a(ii), are the related organizations	s listed as require	ed on Sche	dule R?		3b	
4 Describe in Part XIII the intended uses of the	•				<u> </u>	
Part VI, Land, Buildings, and Equipmen	it. See Form 9	990, Part	X, line 10.			
Description of property	(a) Cost or othe (investme	er basıs	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment			<u> </u>		<u> </u>	
e Other	<u> </u>			<u> </u>	<u> </u>	
Total. Add lines 1a through 1e (Column (d) must e	equal Form 990,	Part X, col	umn (B), line 10(c)		<u> </u>	0.
RAA				Saha	dula D (Form 9	um 2012

Part VII	Investments - Other Securities. See		line 12. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) 			
(A) (B) (C) (D) (E) (F) (G) (H)			
(I)			
	in (b) must equal Form 990, Part X, column (B) line 12)		
	Investments — Program Related. See		line 13. N/A
r art viii	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total (Colum	nn (b) must equal Form 990, Part X, column (B) line 13 )		
Part IX	Other Assets. See Form 990, Part X,		
	(a) De	scription	(b) Book value
(1)			
(2)(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)			
(8)			
(9)			
(10)			
	lumn (b) must equal Form 990, Part X, column (		<b>&gt;</b>
Part X	Other Liabilities. See Form 990, Part		
(1) Fodo	(a) Description of liability ral income taxes	(b) Book value	
(2)	rai income taxes		<del> </del>
(3)			
(4)			
(5)			
(6)	A	-	
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Colun	nn (b) must equal Form 990, Part X, column (B) line 25 )	<u> </u>	<u> </u>

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

Schedule D (Form 990) 2012 UNITED AIRLINES PILOTS RETIREMENT	58-168660	1 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	enue per Return	
1 Total revenue, gains, and other support per audited financial statements	1	359,802.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2 a	140,687.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	140,687.
3 Subtract line 2e from line 1	3	219,115.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b.		
<b>b</b> Other (Describe in Part XIII )		
c Add lines <b>4a</b> and <b>4b</b>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	219,115.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Return	
1 Total expenses and losses per audited financial statements	1	43,391.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2 a		
<b>b</b> Prior year adjustments		
c Other losses 2c	<del></del>	
d Other (Describe in Part XIII )	<del>  </del>	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	43,391.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	<del> </del>	13,331.
a Investment expenses not included on Form 990, Part VIII, line 7b.		
<b>b</b> Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	43,391.
Part XIII   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to PART X - FIN 48 FOOTNOTE	and 4, Part IV, lines 1b an to provide any additional i	d 2b, Part V, nformation
THE ORGANIZATION FILES ITS TAX RETURN WITH THE U.S. FEDERAL	AND VARIOUS STAT	E AND
LOCAL TAX JURISDICTIONS. WITH FEW EXCEPTIONS, THE COMPANY IS	NO LONGER SUBJE	CT_TO
EXAMINATIONS BY MAJOR TAX JURISDICTIONS FOR THE YEARS PRIOR	TO 2009.	. <b></b>
THE COMPANY INCLUDES PENALTIES AND INTEREST ASSESSED BY TAXIS	NG AUTHORITIES I	N ITS
OPERATING EXPENSES. THESE TOTAL \$0 FOR THE YEARS ENDED DECEM	BER 31, 2012 AND	2011,
RESPECTIVELY.	0-4-41 5	(F 000) 0010
	Scheaule <b>D</b>	(Form 990) 2012

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States

OMB No 1545 0047 2012

Open to Public Inspection

**Employer identification number** 58-1686601 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part General Information on Grants and Assistance UNITED AIRLINES PILOTS RETIREMENT Department of the Treasury Internal Revenue Service Name of the organization

X Yes

2

Real Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(i)							
<u>(2)</u>	10						
(3)							
(4)							
(3)							
<u>6</u>							
(8)					;		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	) and government o	rganizations listed i	n the line 1 table			<b>A</b>	0

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 58-1686601 UNITED AIRLINES PILOTS RETIREMENT Schedule I (Form 990) (2012) [Park] [[]

Page 2

(f) Description of non cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV appraisal other) (d) Amount of non-cash assistance 36,900. (c) Amount of cash grant (b) Number of recipients FINANCIAL ASSISTANCE TO (a) Type of grant or assistance 1 FAMILIES IN NEED Peri W 8 m 4 ស 9

additional information.

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Schedule I (Form 990) (2012)

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Name of the organization UNITED AIRLINES PILOTS RETIREMENT Employer identification number

FOUNDATION, INC.	58-1686601
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PRO	CESS
THE BOARD RECEIVE A COPY TO REVIEW AND APPROV	E. THE VICE PRESIDENT AND THE FORMER
TREASURER COLLECTIVELY REVIEW THE REPORT AND	THE 990 IN DETAIL BEFORE IT IS FILED.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITO	RING AND ENFORCEMENT OF CONFLICTS
ALL BOARD MEMEBERS ARE REQUIRED TO READ AND S	IGN OFF ON THE POLICY PERIODICALLY.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOC	UMENTS PUBLICLY AVAILABLE
IL 990S AND AUDIT REPORTS ARE AVAILABLE ON IL	LINOIS ATTORNEY GENERAL'S WEB SITE, AND
PRIOR FEDERAL 990S ARE AVAILABLE FROM GUIDEST	AR (HTTP://WWW2.GUIDESTAR.ORG/).
ORGANIZATION KEEPS COPIES OF THE LAST 10 YEAR	S OF REPORTS AND 990 AND COULD PROVIDE
COPIES UPON REQUEST.	