

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

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

C Name of organization: SOUTHWEST AIRLINES PILOTS ASSOCIATION. % Casey Murray. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1450 EMPIRE CENTRAL DR STE 737. City or town, state or province, country, and ZIP or foreign postal code: DALLAS, TX 752474081

D Employer identification number: 75-1711418. E Telephone number: (800) 969-7972. G Gross receipts \$ 39,158,487

F Name and address of principal officer: Casey Murray, 1450 Empire Central Dr, Suite 737, Dallas, TX 75247

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

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

J Website:

K Form of organization: Association [checked] Corporation [], Trust [], Other []

L Year of formation: 1978. M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: REPRESENTING THE PILOTS OF SOUTHWEST AIRLINES. OUR MISSION IS TO PROVIDE A SECURE AND REWARDING CAREER FOR OUR PILOTS AND THEIR FAMILIES BY EQUITABLY ENHANCING COMPENSATION AND QUALITY OF LIFE ISSUES THROUGH CONTRACT NEGOTIATIONS FAITHFULLY DEFENDING INDIVIDUAL AND COLLECTIVE CONTRACTUAL RIGHTS VIA ADMINISTRATION AND ENFORCEMENT PROCEDURES AND ACTIVELY PROMOTING PROFESSIONALISM AND SAFETY THROUGH EFFECTIVE ORGANIZATIONAL COMMUNICATIONS.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 25. 4 Number of independent voting members of the governing body (Part VI, line 1b) 25. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 51. 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 25,188,310 / 32,153,240. 9 Program service revenue (Part VIII, line 2g) 0 / 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 252,046 / 658,110. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -98,171 / 146,439. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,342,185 / 32,957,789.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,955 / 7,133. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 / 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,834,264 / 7,532,421. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 / 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 0 / 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,245,670 / 24,850,390. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 28,087,889 / 32,389,944. 19 Revenue less expenses. Subtract line 18 from line 12 -2,745,704 / 567,845.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 29,353,019 / 32,510,814. 21 Total liabilities (Part X, line 26) 3,650,230 / 4,233,183. 22 Net assets or fund balances. Subtract line 21 from line 20 25,702,789 / 28,277,631.

Part II Signature Block

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

Sign Here: Signature of officer Brian Hickman Director of Finance, Date 2024-11-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. [] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE SOUTHWEST AIRLINES PILOTS ASSOCIATION SWAPA IS A NON-PROFIT EMPLOYEE ASSOCIATION REPRESENTING THE PILOTS OF SOUTHWEST AIRLINES. OUR MISSION IS TO PROVIDE A SECURE AND REWARDING CAREER FOR OUR PILOTS AND THEIR FAMILIES BY EQUITABLY ENHANCING COMPENSATION AND QUALITY OF LIFE ISSUES THROUGH CONTRACT NEGOTIATIONS FAITHFULLY DEFENDING INDIVIDUAL AND COLLECTIVE CONTRACTUAL RIGHTS VIA ADMINISTRATION AND ENFORCEMENT PROCEDURES AND ACTIVELY PROMOTING PROFESSIONALISM AND SAFETY THROUGH EFFECTIVE ORGANIZATIONAL COMMUNICATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
Pro-active Safety Program

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
Pilot Contract Administration and Research

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
Enhancing Compensations and Quality of Life Issues through Contract Negotiations

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 0

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, numerical input boxes (e.g., 2a, 51, 7d, 0), and Yes/No response boxes. Questions cover topics like federal employment tax returns, unrelated business gross income, foreign country interests, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BRIAN HICKMAN 1450 EMPIRE CENTRAL DR STE 737 DALLAS, TX 752474081 (214) 722-4206

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) MATTHEW REDDING EXECUTIVE DIRECTOR	40.00 1.00			X			308,724	0	81,721
(2) STELLA DULANYA GENERAL COUNSEL	40.00 0.00				X		262,982	0	90,106
(3) BRIAN HICKMAN DIRECTOR OF FINANCE	40.00 15.00			X			230,371	0	54,226
(4) PATRICK SHANAHAN DIRECTOR OF INFORMATION TECHNOLOGY	40.00 0.00				X		211,995	0	66,014
(5) MICHAEL HAYNES DIRECTOR OF RETIREMENT	40.00 5.00					X	179,973	0	72,163
(6) AMY ROBINSON DIRECTOR OF COMMUNICATIONS	40.00 0.00				X		161,972	0	73,951
(7) SIBI KARAKKATTIL DATABASE ADMINISTRATOR	40.00 0.00					X	136,698	0	68,831
(8) NIA WILLIAMS CONTROLLER	40.00 10.00					X	140,571	0	39,069
(9) MELANIE UREMOVICH ATTORNEY	40.00 0.00					X	193,862	0	63,788
(10) DAVID BREZIK ATTORNEY	40.00 0.00					X	167,606	0	64,159
(11) CASEY MURRAY PRESIDENT	40.00 5.00	X		X			0	0	0
(12) MICHAEL SANTORO VICE PRESIDENT	40.00 5.00	X		X			0	0	0
(13) OMID TOM NEKOU EI 2ND VICE PRESIDENT	40.00 5.00	X		X			0	0	0
(14) IVAR OLAV TAKLE BOD - ATL - CHAIR	15.00 1.00	X					0	0	0
(15) DANIEL MONG BOD - ATL - VICE-CHAIR	15.00 1.00	X					0	0	0
(16) DAREN BLACK BOD - BWI - CHAIR	15.00 1.00	X					0	0	0
(17) MIKE PISCITELLI BOD - BWI - VICE-CHAIR	15.00 1.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW WRIGHT BOD - DAL - CHAIR	15.00 1.00	X						0	0	0
(19) CRAIG SCHMIDT BOD - DAL - VICE-CHAIR	15.00 1.00	X						0	0	0
(20) MARK POWERS BOD - DEN - CHAIR	15.00 1.00	X						0	0	0
(21) KEVIN HORNBURG BOD - DEN - VICE-CHAIR	15.00 1.00	X						0	0	0
(22) WILLIAM HATCHEL BOD - HOU - CHAIR	15.00 1.00	X						0	0	0
(23) MICHAEL INDE BOD - HOU - VICE-CHAIR	15.00 1.00	X						0	0	0
(24) MATTHEW AFFENITA BOD - LAS - CHAIR	15.00 1.00	X						0	0	0
(25) MICHAEL LIK BOD - LAS - VICE-CHAIR	15.00 1.00	X						0	0	0
(26) CHRISTOPHER HALL BOD - LAX - CHAIR	15.00 1.00	X						0	0	0
(27) MICHAEL CALLAGHAN BOD - LAX - VICE-CHAIR	15.00 1.00	X						0	0	0
(28) SCOTT THATCHER BOD - MCO - CHAIR	15.00 1.00	X						0	0	0
(29) JIM ARCHER BOD - MCO - VICE-CHAIR	15.00 1.00	X						0	0	0
(30) LAURIN TORIELLO BOD - MDW - CHAIR	15.00 1.00	X						0	0	0
(31) MIKE ANZALOTTI BOD - MDW - VICE-CHAIR	15.00 1.00	X						0	0	0
(32) DOUGLAS BOOHER BOD - OAK - CHAIR	15.00 1.00	X						0	0	0
(33) CHRISTOPHER DAVIS BOD - OAK - VICE - CHAIR	15.00 1.00	X						0	0	0
(34) KEVIN REECE BOD - PHX - CHAIR	15.00 1.00	X						0	0	0
(35) BRIAN MARIN BOD - PHX - VICE-CHAIR	15.00 1.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,994,754	0	674,028	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOGETI USA LLC 28309 NETWORK PLACE CHICAGO, IL 60673	CONSULTING	537,835
COMPUTER FINANCIAL CONSULTANTS INC 56 TOP GALLANT ROAD STAMFORD, CT 06902	CONSULTING	525,325
AVIATION MEDICINE ADVISORY SERVICE 15530 E BRONCOS PKWY SUITE 350 CENTENNIAL, CO 80112	CONSULTING	579,989
Presidio Networked Solutions Group PO Box 677638 Dallas, TX 752677638	CONSULTING	4,202,456
SOFTCHOICE 16609 COLLECTIONS CENTER DR CHICAGO, IL 60693	CONSULTING	230,863

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include lines 2a through 2f and a total line 2g.

Table for Other Revenue with columns for revenue amounts. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory.

Table for Miscellaneous Income with columns for Business Code and revenue amounts. Rows include Miscellaneous Income, All other revenue, and Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,133	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,668,782	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	2,923,616	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	477,716	0	0	0
9 Other employee benefits	1,086,814	0	0	0
10 Payroll taxes	375,493	0	0	0
11 Fees for services (non-employees):				
a Management	11,400	0	0	0
b Legal	539,194	0	0	0
c Accounting	60,900	0	0	0
d Lobbying	1,142,799	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	921,098	0	0	0
12 Advertising and promotion	647,194	0	0	0
13 Office expenses	296,430	0	0	0
14 Information technology	5,482,840	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	248,196	0	0	0
17 Travel	1,465,336	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,231,250	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	179,910	0	0	0
23 Insurance	359,749	0	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Trip Loss	11,983,787	0	0	0
b Dues & Subscriptions	64,503	0	0	0
c	0	0	0	0
d	0	0	0	0
e All other expenses	215,804	0	0	0
25 Total functional expenses. Add lines 1 through 24e	32,389,944	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0	0	0	0

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,740,651	1	4,798,127
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,291,358	4	1,249,415
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	264,909	9	206,400
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,484,336		
	b Less: accumulated depreciation	10b 4,678,064	1,908,716	10c 1,806,272
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	24,087,746	12	24,279,159
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	59,639	15	171,441
16 Total assets: Add lines 1 through 15 (must equal line 33)	29,353,019	16	32,510,814	
Liabilities	17 Accounts payable and accrued expenses	2,141,455	17	1,310,626
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,508,775	25	2,922,557
	26 Total liabilities. Add lines 17 through 25	3,650,230	26	4,233,183
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	25,702,789	27	28,277,631
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,702,789	32	28,277,631
33 Total liabilities and net assets/fund balances	29,353,019	33	32,510,814	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,957,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,389,944
3	Revenue less expenses. Subtract line 2 from line 1	3	567,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,702,789
5	Net unrealized gains (losses) on investments	5	2,006,997
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
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 32, column (A))	10	28,277,631

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID: 23017649

Software Version: V2.0

Form 990, Special Condition Description:

Special Condition Description

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of the organization SOUTHWEST AIRLINES PILOTS ASSOCIATION	Employer identification number 75-1711418
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Yes** **No**

4a Was a correction made? **Yes** **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? **Yes** **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHWEST AIRLINES PILOTS ASSOCIATION

Employer identification number

75-1711418

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor and grantee notification.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, etc.), a table for 'Held at the End of the Year' (2a-2d), and several text-based questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		774,046		774,046
b Buildings		688,453	357,427	331,026
c Leasehold improvements		1,073,368	448,672	624,696
d Equipment		3,696,601	3,635,533	61,068
e Other		251,868	236,432	15,436
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,806,272

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, Other, and Mutual Funds. Total value is 24,279,159.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9) and a Total row.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes rows for Federal income taxes, Trip Loss Payable, Operating Lease Liabilities, and a Total row with value 2,922,557.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	35,303,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,006,997	
b	Donated services and use of facilities	2b	265,637	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,272,634	
3	Subtract line 2e from line 1	3	33,030,657	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-72,868	
c	Add lines 4a and 4b	4c	-72,868	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,957,789	

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

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

1	Total expenses and losses per audited financial statements		1	32,728,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	265,637	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	72,868	
e	Add lines 2a through 2d	2e	338,505	
3	Subtract line 2e from line 1	3	32,389,944	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	32,389,944	

Part XIII Supplemental Information

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

Return Reference	Explanation
Part X, line 2	The Association follows the guidance under the Financial Accounting Standards Board FASB Accounting Standards Codification Topic No. 740 Income Taxes Topic 740 which prescribes a comprehensive model for the financial statement recognition measurement presentation and disclosure of uncertain in tax positions taken or expected to be taken in income tax returns. In addition the Association has been determined by the Internal Revenue Service not to be a private Association within the meaning of Section 509a of the Internal Revenue Code. There was no taxable unrelated business income for the year ended December 31 2023.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWEST AIRLINES PILOTS ASSOCIATION

Employer identification number

75-1711418

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		No
2	Yes	
4a	Yes	
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MATTHEW REDDING EXECUTIVE DIRECTOR	(i)	157,106	0	151,618	38,520	43,201	390,445	0
	(ii)	0	0	0	0	0	0	0
2 STELLA DULANYA GENERAL COUNSEL	(i)	260,217	2,000	765	43,489	46,617	353,088	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN HICKMAN DIRECTOR OF FINANCE	(i)	229,546	500	325	38,153	16,073	284,597	0
	(ii)	0	0	0	0	0	0	0
4 PATRICK SHANAHAH DIRECTOR OF INFORMATION TECHNOLOGY	(i)	210,235	1,500	260	35,116	30,898	278,009	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL HAYNES DIRECTOR OF RETIREMENT	(i)	178,148	1,500	325	29,795	42,368	252,136	0
	(ii)	0	0	0	0	0	0	0
6 AMY ROBINSON DIRECTOR OF COMMUNICATIONS	(i)	159,207	2,000	765	26,736	47,215	235,923	0
	(ii)	0	0	0	0	0	0	0
7 SIBI KARAKKATTIL DATABASE ADMINISTRATOR	(i)	135,698	1,000	0	22,671	46,160	205,529	0
	(ii)	0	0	0	0	0	0	0
8 NIA WILLIAMS CONTROLLER	(i)	140,071	500	0	23,314	15,755	179,640	0
	(ii)	0	0	0	0	0	0	0
9 MELANIE UREMOVICH ATTORNEY	(i)	191,597	1,500	765	32,025	31,763	257,650	0
	(ii)	0	0	0	0	0	0	0
10 DAVID BREZIK ATTORNEY	(i)	166,771	250	585	27,701	36,458	231,765	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Part I Line 4a	Name :, Amount: MATTHEW REDDING, 99696

Additional Data

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Software Version:

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or 990-EZ.****Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization
SOUTHWEST AIRLINES PILOTS ASSOCIATION**Employer identification number**

75-1711418

Return Reference	Explanation
Part VI, Line 4	TBD
Part VI, Line 6	THE SOUTHWEST AIRLINES PILOTS ASSOCIATION HAS 5 CLASSES OF MEMBERSHIP: A. ACTIVE MEMBER B. EXECUTIVE ACTIVE MEMBER C. INACTIVE MEMBER D. EXECUTIVE INACTIVE MEMBER E. RETIRED MEMBER
Part VI, Line 7a	ANY ACTIVE MEMBER IN GOOD STANDING MAY NOMINATE ANY ELIGIBLE MEMBER TO SERVE AS AN OFFICER. THE OFFICERS OF THE ASSOCIATION ARE DEFINED AS ALL MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE OFFICERS OF THE ASSOCIATION SHALL BE THE PRESIDENT VICE PRESIDENT AND 2ND VICE PRESIDENT. THE DOMICILE OFFICERS SHALL BE THE CHAIR AND THE VICE CHAIR.
Part VI, Line 7b	THE GOVERNMENTAL POWERS OF THE ASSOCIATION SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE OFFICERS IN ACCORDANCE WITH THE LAWS PROVIDED IN THE ASSOCIATIONS CONSTITUTION. THE FINAL CONTROL OF THE ASSOCIATION SHALL BE VESTED IN THE MEMBERSHIP.
Part VI, Line 11b	EACH ELECTED OFFICER WILL RECEIVE A COPY FOR REVIEW.
Part VI, Line 15	EXECUTIVE PAY IS OUTLINED IN THE POLICY MANUAL AND STAFF SALARIES ARE REVIEWED ANNUALLY AND COMPARED WITH LOCAL STATISTICS AS WELL AS REVIEWED BY AN OUTSIDE INDEPENDENT HR CONSULTANT.
Part VI, Line 19	THE ASSOCIATIONS GOVERNING DOCUMENTS POLICY MANUAL AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
Part XII, Line 2c	No change from prior year.

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Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWEST AIRLINES PILOTS ASSOCIATION

Employer identification number

75-1711418

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHWEST AIRLINES PILOTS ASSOCIATION CHARITABLE FUND 1450 Empire Central Dr Suite 737 Dallas, TX 75247 45-5404858	GRANTMAKING	TX	501(C)(3)	Charity Status 7	Southwest Airlines Pilots Association		No
(2) SWAPA SCHOLARSHIP FUND 1450 Empire Central Dr Suite 737 Dallas, TX 75247 75-2831556	SCHOLARSHIPS	TX	501(C)(3)	Charity Status 7	Southwest Airlines Pilots Association		No
(3) SOUTHWEST AIRLINES PILOTS ASSOCIATION PILOT MUTUAL AID PLAN 1450 Empire Central Dr Suite 737 Dallas, TX 75247 76-6487482	MEMBER BENEFITS	TX	501(C)(9)		Southwest Airlines Pilots Association		No
(4) SOUTHWEST AIRLINES PILOTS ASSOCIATION VEBA TRUST 1450 Empire Central Dr Suite 737 Dallas, TX 75247 90-6126130	MEMBER BENEFITS	TX	501(C)(9)		Southwest Airlines Pilots Association		No
(5) SOUTHWEST AIRLINES PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE 1450 Empire Central Dr Suite 737 Dallas, TX 75247 000000000	POLITICAL	TX	N/A		Southwest Airlines Pilots Association		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) See Statement	L		THE SUPPLEMENTAL INFORMATION BELOW APPLIES TO THE FOLLOWING RELATED ENTITIES: SOUTHWEST AIRLINES PILOTS ASSOCIATION CHARITABLE FUND TRUST SWAPA SCHOLARSHIP FUND FUND THREE SELECT MEMBERS OF THE ASSOCIATIONS BOARD OF DIRECTORS SERVE AS BOARD MEMBERS OF THE TRUST AND THE FUND. THE ASSOCIATION EMPLOYEES ALSO PROVIDE SUPPORTING SERVICES TO THE TRUST AND THE FUND HOWEVER DUE TO THE VARIOUS ADMINISTRATIVE SERVICES PROVIDED BY THE ASSOCIATION THE VALUE OF THESE TRANSACTIONS IS NOT READILY DETERMINABLE FOR THE YEAR ENDED DECEMBER 31 2023.
(2) See Statement	N		THE SUPPLEMENTAL INFORMATION BELOW APPLIES TO THE FOLLOWING RELATED ENTITIES: SOUTHWEST AIRLINES PILOTS ASSOCIATION CHARITABLE FUND TRUST SWAPA SCHOLARSHIP FUND FUND SOUTHWEST AIRLINES PILOTS ASSOCIATION PILOT MUTUAL AID PLAN SOUTHWEST AIRLINES PILOTS ASSOCIATION VEBA TRUST VEBA TRUST SOUTHWEST AIRLINES PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE PAC THE ASSOCIATION PROVIDES THE FACILITY EQUIPMENT AND MAILING LISTS TO SUPPORT THE RELATED ENTITIES NOTED ABOVE HOWEVER DUE TO THE VARIOUS ADMINISTRATIVE SERVICES PROVIDED BY THE ASSOCIATION THE VALUE OF THESE TRANSACTIONS IS NOT READILY DETERMINABLE FOR THE YEAR ENDED DECEMBER 31 2023.
(3) See Statement	O		THE SUPPLEMENTAL INFORMATION BELOW APPLIES TO THE FOLLOWING RELATED ENTITIES: SOUTHWEST AIRLINES PILOTS ASSOCIATION CHARITABLE FUND SWAPA SCHOLARSHIP FUND SOUTHWEST AIRLINES PILOTS ASSOCIATION PILOT MUTUAL AID PLAN SOUTHWEST AIRLINES PILOTS ASSOCIATION VEBA TRUST SOUTHWEST AIRLINES PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE ASSOCIATION EMPLOYEES AND BOARD MEMBERS COMMITTEE MEMBERS CONTRIBUTE SUPPORTING ACCOUNTING AND ADMINISTRATIVE SERVICES TO THE RELATED ENTITIES NOTED ABOVE HOWEVER DUE TO THE VARIOUS ADMINISTRATIVE SERVICES PROVIDED BY THE ASSOCIATION THE VALUE OF THESE TRANSACTIONS IS NOT READILY DETERMINABLE FOR THE YEAR ENDED DECEMBER 31 2023. SUBSTANTIALLY ALL MEMBERS AND EMPLOYEES OF THE ASSOCIATION PARTICIPATE IN THE SOUTHWEST AIRLINES PILOTS RETIREMENT SAVINGS PLAN THE "PLAN" SPONSORED BY THE AIRLINE AND THE ASSOCIATION. THE ASSOCIATION MADE NON ELECTIVE AND PROFIT-SHARING CONTRIBUTIONS TO THE PLAN OF \$726,195 AND \$69,041 RESPECTIVELY IN 2023.
(4) SOUTHWEST AIRLINES PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE	Q	4,051	Reimbursements for promotional products invoices

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2023

Additional Data[Return to Form](#)

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