

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the **2017** calendar year, or tax year beginning **2017**, and ending **20**

| | | | |
|--|--|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>Airline Ambassadors International, Inc.</u> | | D Employer identification number 75-2679444 |
| | Doing business as | | E Telephone number (415) 359-8006 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 550 14th RD S | 1014 | |
| City or town, state or province, country, and ZIP or foreign postal code Arlington, VA 22202 | | | G Gross receipts \$ 212,932. |
| F Name and address of principal officer: Nancy Rivard, President, 550 14th RD S Apt 1014, Arlington, VA 22202 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |

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

J Website: www.airlineamb.org **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1996 **M** State of legal domicile: VA

Part I Summary

| | | | |
|---|---|---------------------------|----------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>Airline Ambassadors International, Inc. provides for orphans and vulnerable children worldwide by leveraging contacts with the airline industry for humanitarian service.</u> | | |
| | 2 Check this box <input type="checkbox"/> 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) | 3 | 6 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 1 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 350 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 219,436. |
| | 9 Program service revenue (Part VIII, line 2g) | Current Year | 212,272. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 60. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 600. |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 219,496. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 212,932. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 52,904. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 769. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 167,853. |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 220,757. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | -8,065. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 148,811. |
| | 21 Total liabilities (Part X, line 26) | End of Year | 126,346. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 15,342. |
| | | | 942. |
| | | | 133,469. |
| | | | 125,404. |

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

Nancy Rivard Signature of officer May 11, 2018 Date

Nancy Rivard, President Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Ali Aminy, CMA, CPA Preparer's signature Ali Aminy, CMA, CPA Date 05/11/2018 Check if self-employed PTIN P01390681

Firm's name ALI AMINI, CMA, CPA Firm's EIN ▶

Firm's address ▶ 4620 N PARK AVE APT 1501 W, CHEVY CHASE, MD 20815 Phone no. (301) 455-7039

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No