

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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.

the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 20

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

C Name of organization Airline Ambassadors International, Inc.
 Doing business as
 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

D Employer identification number
75-2679444

E Telephone number
(415) 359-8006

G Gross receipts \$ 206,017.

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? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.airlineamb.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996 **M** State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Airline Ambassadors International, Inc. provides for orphans and vulnerable children worldwide by leveraging contacts with the airline industry for humanitarian service.

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)	<u>9</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>8</u>
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<u>1</u>
6 Total number of volunteers (estimate if necessary)	<u>253</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, line 38	<u>0.</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>212,272.</u>	<u>205,957.</u>
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>60.</u>	<u>60.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>600.</u>	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>212,932.</u>	<u>206,017.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
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)	<u>52,842.</u>	<u>44,154.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>168,155.</u>	<u>171,768.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>220,997.</u>	<u>215,922.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-8,065.</u>	<u>-9,905.</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>126,346.</u>	<u>118,778.</u>
21 Total liabilities (Part X, line 26)	<u>942.</u>	<u>3,279.</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>125,404.</u>	<u>115,499.</u>

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: Nancy Rivard Date: 11/1/2019
 Type or print name and title: Nancy Rivard, President

Paid Preparer Only
 Print/Type preparer's name: Alis Amiri CMA, CPA Preparer's signature: Alis Amiri Date: 11/01/2019 Check if self-employed PTIN: P01390681
 Firm's name: ALT 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