Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection

M	ror the	ZUIT Cale	endar year, or tax year beginning , 2017, an	na enaing			, 20
В	Check if	applicable:	C Name of organization Airline Ambassadors Internation	onal, I	nc. D	Employe	r identification number
	Address	change	Doing business as			75-26	79444
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone	number
	Initial retu	urn	550 14th RD S	1014		(415)	359-8006
	Final retur	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended	d return	G	Gross rec	eipts \$ 212,932		
	Application	on pending	F Name and address of principal officer:		H(a) Is this a group	return for su	bordinates? Yes X No
			Nancy Rivard, President, 550 14th RD S Apt 1014, Arlington,	VA 22202			
	Tax-exen	npt status:					ist. (see instructions)
J	Website:		www.airlineamb.org	1021	H(c) Group exe		
K				of formation			f legal domicile: VA
	art I	Summ		Orionnation	. 1990	w State 0	riegai domicile. VA
-			escribe the organization's mission or most significant activities:	3/-1/	2 1 1		
9		Drielly ut	less for exphana and milhorable obil decrees:	Airline	Ambassado	ors In	ternational, Inc
unc			des for orphans and vulnerable children worl			aging	
rns			ts with the airline industry for humanitari				
Activities & Governance	The Court of		is box if the organization discontinued its operations or disp			1 1	s net assets.
Ö						3	
8 8			of independent voting members of the governing body (Part VI, I			4	
ritie			mber of individuals employed in calendar year 2017 (Part V, line 2			5	
cţ	100000		mber of volunteers (estimate if necessary)			6	35
ĕ			elated business revenue from Part VIII, column (C), line 12 .			7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 34			7b	0
					Prior Year		Current Year
0	8	Contribut	tions and grants (Part VIII, line 1h)		219,4	136.	212,272
Revenue			service revenue (Part VIII, line 2g)				
			ent income (Part VIII, column (A), lines 3, 4, and 7d)			60.	60
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			00.	600
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line		219,4	106	Towns Co. Co. Co.
			nd similar amounts paid (Part IX, column (A), lines 1-3)		219,5	20.	212,932
			paid to or for members (Part IX, column (A), line 4)			-	
			other compensation, employee benefits (Part IX, column (A), lines 5-	_	F0 (204	50.040
Expenses			onal fundraising fees (Part IX, column (A), line 11e)		52,9	104.	52,842
nec							
EXP	1			69.	167.6	153	160 155
			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	_	167,8		168,155
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		220,7		220,997
_		Revenue	less expenses. Subtract line 18 from line 12		-1,2		-8,065
Fund Balances		_		Beg	inning of Currer		End of Year
Sala	20		ets (Part X, line 16)		148,8		126,346
Ind E	21		ilities (Part X, line 26)		15,3		942
			ts or fund balances. Subtract line 21 from line 20		133,4	169.	125,404
Pa	art II	Signat	ture Block		Annual Control		
			ry, I declare that I have examined this return, including accompanying schedules a				knowledge and belief, it
tru	e, correct,	, and compl	ete. Declaration of preparer (other than officer) is based on all information of which	preparer ha	s any knowledg	e.	
		1	Nancy Rivard.		m	an 11	2018
Sig	jn	Sign	ature of officer		Date	0	
le	re	Na	ncy Rivard, President				
			or print name and title				
2~	id	Print/Ty	pe preparer's name Preparer's signature	Date		Shook IV	PTIN
	id	- AC	i Aminin CHA. CPA	05/		Check X self-emplo	
	epare		ame ALI AMINI, CMA, CPA	MARKET .	Firm's E		
13	e Only	Firm's a	ddress ► 4620 N PARK AVE APT 1501 W, CHEVY CHASE	, MD 20	and the same of		1)455-7039
Лa	v the IR		s this return with the preparer shown above? (see instructions)	J 110 20	ACTO LUCIO	10. (30	Yes X No
0.000000	-		ction Act Notice, see the separate instructions. BAA	DEV 40	2/05/17 PRO	•	Form 990 (201
ur	raperw	ork nedu	cuon Act Nouce, see the separate instructions. BAA	REV 12	JUSITI FRO		(201

1	Check if Schedule O contains a response or note to any line in this Part III
	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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 \$ 83,945. including grants of \$ 0.) (Revenue \$ 83,734.)
	Humanitarian Missions Program: The Organization recruited volunteers to participate on missions to Guatemala, two missions for Philippines, South Africa, Haiti, Houston U.S.A., Nepal, Puerto Rico U.S.A., XMAS Angels and Catherines Cottage and to hand deliver aid directly to children in need and assist community projects.
4b	(Code:)(Expenses
4c	
4c	(Code:) (Expenses \$4,456. including grants of \$0.) (Revenue \$4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.
4c	(Code:) (Expenses \$4,456. including grants of \$0.) (Revenue \$4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.
4c	(Code:) (Expenses \$ 4,456. including grants of \$ 0.) (Revenue \$ 4,166.) Children's Medical Escort Program: Airline Ambassadors volunteers provided caring companions for 156 children that traveled to the U.S.

	0 (2017)		1	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
4	Section 501(c)(3) organizations. 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		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	11a	×	
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	11b		×
С	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	11c		×
d	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	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	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.	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
ь	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	441		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		×
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)			×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19	000	×

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	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	-	_
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? If "Yes," complete Schedule L, Part I	25a		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	00		.,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		×
21	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		×
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
C				2000
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	_	×
50	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-		
	Part I	31		×
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		×
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			19:41
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
34	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	×
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		×
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,	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		×
100×20	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
		Form	990	(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
4020	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	F		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-	300	-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
o	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			150
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-	100	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		-	
b	against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 444		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		1	1
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			II GOL
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and f	or a	"No"
all	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			X
o a ti	on A. Governing Body and Management			lines.
ecu	on A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year 1a 6		20.00	
1a	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.			
	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
ь	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
4	Did the organization make any significant changes to its governing documents since the prior rolling documents since the prior rolling the visual prior rolling the visual prior rolling documents since the prior rolling the visual prior rolling documents since the prior rolling the visual prior rolling documents since the prior rolling the visual prior rolling documents since the prior rolling the visual prior rolling	5		×
5	Did the organization have members or stockholders?	6	×	
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
10	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			91
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in 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	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	_
13	Did the organization have a written whistleblower policy?	13	×	_
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	-
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	GGE.	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	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		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			100
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Part VI, Line 17 s	tmt	7-3-7-3	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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)	torost	nolli	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	rerest	POIIC	y, an
	financial statements available to the public during the tax year.	2000		
20	State the name, address, and telephone number of the person who possesses the organization's books and research to the person who possesses the organization's books and research to the person who possesses the organization's books and research to the person who possesses the organization's books and research to the person who possesses the organization or the person who person who person or the person who person or the person of the person who person or the person of the	cords	0.00	106
	Nancy Rivard, President, 550 14th RD S, Apt 1014, Arlington, VA 22202 (41)	135	7-01	00

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

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

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

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Nancy Rivard President and Executive Director	40.00	×		×				59,195.	0.	0.	
(2) Sandy Dhyuvetter Secretary	5.00	×		×				0.	0.	0.	
(3) Sandy Ettinger Treasurer	5.00	×		×				0.	0.	0.	
(4) Jamal Nelson Member of the Board	5.00	×						0.	0.	0.	
(5) Chris Hansen Member of the Board	5.00	×						0.	0.	0.	
(6) Chritina Andersen Member of the Board	5.00	×						0.	0.	0.	
(7)											
(8)	ļ										
(9)											
(10)		-									
(11)		-	T								
(12)					T				-		
(13)					T						
(14)		-			T						

	(A) Name and title	(B) Average hours per week (list any	box, u	Position (do not check more than o box, unless person is both officer and a director/truste					(D) Reportable compensation	(E) Reportable compensation from	m	(F) Estimated amount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC		other compensation the from the organization and relate organization	e ion ed
(15)							ā						
(16)													
(17)													
(18)											-		
(19)				-							+		
(20)				+									
(21)				+	Н						-		
(22)				-		-						-	
(23)				+									
(24)				+									
(25)				+	-	-	_						
1b	Sub-total			_		_		•	59,195.	0			0.
c	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A				. 1		59,195.				
2	Total number of individuals (including but reportable compensation from the organization)	not limited	to the	ose	liste	ed a	bove) wl		ore than \$100,0	00 of		0.
3	Did the organization list any former off		or o	r tra	ieto	0 1	(0)/ 0	mn	lovos or high	ant component	ad [Yes	No
4	employee on line 1a? If "Yes," complete S	Schedule J	for su	ch i	ndi	/idu	al .					3	×
*	For any individual listed on line 1a, is the organization and related organizations	greater that	in \$1	1e c 50,0	om 000'	pen? If	"Yes	n ar	nd other complete Sche	ensation from tedule J for su	ch		
5	individual								ual	4	×		
Section	for services rendered to the organization? If "Yes," complete Schedule J for such person								5	×			
1	Complete this table for your five highest of compensation from the organization. Rep year.	ompensate ort comper	ed ind	epe n fo	nde r the	ent c	contra	acto ar ye	ear ending with	d more than \$1 or within the o	00,000 organiz	of ation's	tax
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) pensation	
									•			recordinato.	
												36	
							-	_					

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O contains a resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	34,681. 3,222.									
	e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f	174 200									
	g h	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	174,369. 0.	212,272.								
Program Service Revenue	2a b c d		Business Code									
rogra	f g	All other program service revenue. Total. Add lines 2a–2f										
	3 4 5 6a b c d 7a b	Investment income (including divide and other similar amounts)	nds, interest, ▶ nd proceeds ▶	60.	60.	0.	0.					
Other Revenue	8a	Gross income from fundraising events (not including \$ 3,222. of contributions reported on line 1c). See Part IV, line 18 a										
Othe	b	Less: direct expenses b										
Б	С	Net income or (loss) from fundraising e Gross income from gaming activities. See Part IV, line 19	events . ►									
		Less: direct expenses b Net income or (loss) from gaming activ Gross sales of inventory, less returns and allowances a	rities ▶									
	b c	Less: cost of goods sold b Net income or (loss) from sales of inve	ntory ▶									
	11a	Mishelidi isotis Hevel ide	Euglines Code		and the factor of the							
	b											
	d	All other revenue		600.	600.	0.	0.					
	12	Total. Add lines 11a-11d		600.	660.	0.	0.					

Part IX Statement of Functional Expenses

	Section 501(c)(3) a	and 501(c)(4) o	rganizations must	complete all columns.	All other organizations mus	t complete column (A).
--	---------------------	-----------------	-------------------	-----------------------	-----------------------------	------------------------

	Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, 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										
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	47,834.	0.	47,834.	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)										
7 8	Other salaries and wages										
9 10 11	Other employee benefits	5,008.	0.	5,008.	0.						
a b c	Management	15,265.	0.	15,265.	0.						
d e f	Lobbying										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11 121	0.	11,121.	0.						
12	Advertising and promotion	11,121.			0.						
13	Office expenses	3,346.	0.	3,346.							
14	Information technology	5,711.	0.	5,711.	0.						
15	Royalties										
16	Occupancy	9,300.	0.	9,300.	0.						
17 18	Travel										
19	Conferences, conventions, and meetings .										
20	Interest	3,282.	454.	2,828.	0.						
21	Payments to affiliates	-,	7,7,7,7								
22	Depreciation, depletion, and amortization .										
23	Insurance	1,197.	0.	1,197.	0.						
	Other expenses. Itemize expenses not covered										
24	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.)										
		1 156	1 156	0.	0.						
a	Escort expenses	4,456.	4,456.	0.	769.						
b	Fundraising exenses	769.	0.	0.	0.						
C	Human trafficking expenses	26,273.	26,273.	0.	0.						
d	Mission expenses	83,946. 3,489.	83,946.	3,489.	0.						
9	All other expenses Total functional expenses. Add lines 1 through 24e	220,997.	115,129.	105,099.	769.						
25	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)	220,997.	110,129.	100,099.	769.						

Part X Balance Sheet

- Control of the Cont	Maria .	Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
\neg	1	Cash-non-interest-bearing	146,980.	1	25,715.
	2	Savings and temporary cash investments		2	100,268.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	685.	4	156.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	974.	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
22		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	172.	9	207.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 47,069.			
		Less: accumulated depreciation 10b 47,069.	0.	10c	0.
1	11	Investments—publicly traded securities		11	
1	12	Investments—other securities. See Part IV, line 11		12	
- 1	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		15	
100	15	Other assets. See Part IV, line 11	148,811.	16	126,346.
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,256.	17	289.
- 1	17 18	Grants payable	12,230.	18	203.
- 1	19	Deferred revenue		19	
100	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
2000	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons. Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	3,086.		653.
	26	Total liabilities. Add lines 17 through 25	15,342.	26	942.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	133,469.	27	125,404.
3al	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	133,469.	33	125,404.
		Total liabilities and net assets/fund balances	148,811.	34	126,346.

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			932.
2	Total expenses (must equal Part IX, column (A), line 25)	2			997.
3	Revenue less expenses. Subtract line 2 from line 1	3			065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			169.
5	Net unrealized gains (losses) on investments	5			
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 0)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	25,4	104.
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: ☐ Cash ☐ Accrual ☐ Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in			
0-					
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	iled or			
					-
h	Separate basis Consolidated basis Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant?		2b	×	
	separate basis, consolidated basis, or both:	d on a			1000
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis		1		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ovolabi	alkes)	100 100	
•	of the audit, review, or compilation of its financial statements and selection of an independent accour	ersigni			
	If the organization changed either its oversight process or selection process during the tax year, exp		2c	×	
	Schedule O.	nairi iri		Filip	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	1000		
ou	the Single Audit Act and OMB Circular A-133?	Orun III	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				^
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
		-101	0.000	990	(2017)
			FOI	. 550	(2017)