Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calen	dar year,	or tax year beginning		, 2009, and endin	ıg			,		
В	Check if	applicable:		С				D Employ	yer Ider	ntification Num	ber	
	Add	dress change	Please use IRS label		Internat	ional		75-	267	9444		
		ne change	or print or type.	418 California Avenu				E Teleph				
		-	See	Moss Beach, CA 94038						8-7844		
		ial return	specific Instruc-	,				630	120	0-/044		
	Teri	mination	tions.							_		
	Am	ended return						G Gross r	receipts	\$	7 <u>88,</u>	205.
	App	olication pending	F Name	and address of principal officer: ${ m Nanc}$	y Rivard		H(a) Is this a				Yes	X No
			Same 1	As C Above			H(b) Are all				Yes	No
ī	Tax-	exempt statu	ıs X 501	(c) (3) (insert no.)	4947(a)(1) or 527	IT INO,	attach a list.	. (see ir	nstructions)		
J				ineamb.org	10 11 (0)/(.,	H(c) Group 6	evemntion n	umher	>		
K			X Corpor		Other ►	L Year of Format				f legal domicile	ту	
	rt I			ation Trust Association C	otner	L Year of Format	tion:	IVI	State of	r legal domicile	: 1A	
Fa	1 1	Summa			:e:	7.1 7.1	7. 1		- .			
	1 8	Briefly descri	be the or	ganization's mission or most sign	ificant activiti	es: <u>Airline</u> _	<u>Ambass</u>	<u>adors</u>	<u> </u>	<u>ernatio</u>	<u>naı</u>	
e				<u>itarian aid to child</u>								
Jan				relief and developme								
ērr				rerage contacts with							c an	<u>d</u>
δ				if the organization discontinued i					1 -	ts.		•
ಇ				bers of the governing body (Part					3			9
es				nt voting members of the governing					4			6
₹				yees (Part V, line 2a)					5			0
Activities & Governance				teers (estimate if necessary)					6			0
•				ousiness revenue from Part VIII,					7 a			97.
	b l	Net unrelated	business	s taxable income from Form 990-	T, line 34		<u> </u>		7 b)		0.
							Р	rior Year		Curre	ent Ye	ar
d)	8 (Contributions	and gran	nts (Part VIII, line 1h)			. 4	,884,8	393.		725,	143.
Revenue	9 F	Program serv	ice rever	ue (Part VIII, line 2g)								
¥e	10	Investment ir	ncome (Pa	art VIII, column (A), lines 3, 4, ar	nd 7d)							97.
ď			-	III, column (A), lines 5, 6d, 8c, 9d	•			95,9	930.		9,	027.
			-	nes 8 through 11 (must equal Pa		•		,980,8				267.
				ounts paid (Part IX, column (A),				,587,0				566.
				members (Part IX, column (A), I	-			, , .		-/-		
								72,	757		72	788.
8				nsation, employee benefits (Part						1	•	
SI.S	16a ⊦	Professional	fundraisir	ng fees (Part IX, column (A), line	11e)			178,6	550.		⊥,	400.
Expenses	b∃	Total fundrais	sing expe	nses (Part IX, column (D), line 2	5) ▶	10,940.						
ш	17 (Other expens	es (Part	IX, column (A), lines 11a-11d, 11	f-24f)			105,2	257.		141.	321.
		•		nes 13-17 (must equal Part IX, c	•			,943,6				075.
				es. Subtract line 18 from line 12.				,037,1				808.
	19	Neveriue less	expense	s. Subtract line 18 from line 12.						1	•	
Net Assets or Fund Balances								ning of \			of Yea	
ssel 3ala			` '	ne 16)				,154,3				811.
et A	21	Total liabilitie	s (Part X	, line 26)				1,9	938.		1,	474.
		<u>N</u> et assets or	fund bal	ances. Subtract line 21 from line	20		. 1	,152,4	436.		527 ,	337.
Pa	rt II	Signati	ure Blo	ck								
		Under penaltie	s of perjury,	I declare that I have examined this return, in Declaration of preparer (other than officer)	ncluding accompa	nying schedules and stat	tements, and	to the best	of my k	nowledge and I	pelief, it	is
		true, correct, a	ina complete	E. Declaration of preparer (other than officer)	is based on all in	tormation of which prepa	arer nas any i	knowleage.				
Sig	n	>										
He		Signature	of officer				Da	te				
		► Nancy	v Riva	rd			Presi	dent				
			rint name an	-			11001	aciic				
						Date	0.1	ook if	F	Preparer's iden (see instruction	tifying n	umber
Pa	: A					Date	se	neck if lf-		(see instruction	s)	
Pre		Preparer's					en	nployed		D00100:		
	rer's	signature		hur J. Ortiz					[]	P001994	υU	
Us		Firm's name (or <u>Art</u>	hur J. Ortiz & Assoc	lates, In	ıC.						
On		yours if self- employed),	▶ P.O	. Box 302			EI	N ► 2	20-4	689315		
	-,	address, and ZIP + 4	San	Carlos, CA 94070			Pt	none no.	(65	50) 591-	219	8
				•		ons)	1			X Yes		No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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.			
•	• 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.			
	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.			
	 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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? If 'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D. Parts XI. XII. and XIII</i> .	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	12		Λ
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) Airline Ambassadors International
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
Ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .	27		X
28	Was the organization a party to a business transation 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		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X

BAA Form **990** (2009)

Form 990 (2009) Airline Ambassadors International Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	ole gaming 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	0		
2b 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 this return. (see instru	uctions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b)	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	ority over, a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank Financial Accounts.	and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?)	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Tax Shelter Transaction?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	anization 6a		Χ
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or deductible?	gifts were not		
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?		1	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?)	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req Form 8282?			Χ
d If 'Yes,' indicate the number of Forms 8282 filed during the year			v
benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			Λ
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess bu holdings at any time during the year?	siness		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make any 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			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form **990** (2009) Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ection A. Governing Body and Management				
	• •			Yes	No
	1 a Enter the number of voting members of the governing body		9		
ı	b Enter the number of voting members that are independent	. 1b	6		
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee or key employee?	relationship with any ot	her 2		X
3	3 Did the organization delegate control over management duties customarily performed by o of officers, directors or trustees, or key employees to a management company or other per	r under the direct super	vision		Х
4		13011:	4		X
•	since the prior Form 990 was filed?				
5	'				Х
6					X
7:	7a Does the organization have members, stockholders, or other persons who may elect one of				
,	governing body?		7a		X
ı	${f b}$ Are any decisions of the governing body subject to approval by members, stockholders, or	other persons?	7b		X
8	8 Did the organization contemporaneously document the meetings held or written actions un the following:	dertaken during the yea	r by		
i	a The governing body?		8a		X
ı	b Each committee with authority to act on behalf of the governing body?		8b		X
9	9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	cannot be reached at the	e 9		Х
	ection B. Policies (This Section B requests information about policies no				
Rev	evenue Code.)				
				Yes	
10	0 a Does the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
l	b If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affilia	ates, 10b		
11	1 Has the organization provided a copy of this Form 990 to all members of its governing bod	y before filing the form?	· 11		X
11 /	1 A Describe in Schedule O the process, if any, used by the organization to review this Form 9	90. See Schedul	e 0		
	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
l	b Are officers, directors or trustees, and key employees required to disclose annually interes to conflicts?	ts that could give rise	12b	Х	
•	c Does the organization regularly and consistently monitor and enforce compliance with the <i>Schedule O how this is done</i>				Х
13	3 Does the organization have a written whistleblower policy?		13	Χ	
14	4 Does the organization have a written document retention and destruction policy?		14	Χ	
15	5 Did the process for determining compensation of the following persons include a review ar persons, comparability data, and contemporaneous substantiation of the deliberation and contemporaneous substantiation of the deliberation and contemporare co	nd approval by independ decision?	ent		
i	a The organization's CEO, Executive Director, or top management official				X
ı	b Other officers of key employees of the organization		15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16	6 a Did the organization invest in, contribute assets to, or participate in a joint venture or simil entity during the year?	ar arrangement with a ta	axable 16a		X
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organizati in joint venture arrangements under applicable federal tax law, and taken steps to safegua status with respect to such arrangements?	ird the organization's ex	empt		
Sec	ection C. Disclosures		1 :32	1	
17	•				
18	8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply.				public
	Own website Another's website X Upon request				
19	statements available to the public. See Schedule 0				ancial
20	State the name, physical address, and telephone number of the person who possesses the Nancy Rivard 418 California Avenue Moss Beach CA 94038		he organizat	ion:	

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did no	t compen	sate a	ıny (curre	ent (officer	, dir	ector, or trustee.		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours					hat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Nancy Rivard										_
President	40	X		Χ	Χ			36,100.	0.	0.
David Rivard										
Executive Direc	20	X						0.	0.	0.
Frank Campagna										
Executive Direc	1	X						0.	0.	0.
Steve Crane										
Executive Direc	1	Χ						0.	0.	0.
Stephen Forneris										
Executive Direc	1	X						0.	0.	0.
Peter Greenberg										
Executive Direc	1	X						0.	0.	0.
Patricia McPeak									_	
Executive Direc	1	X						0.	0.	0.
Daniel Sheth									•	
Executive Direc	1	Х						0.	0.	0.
<u>Leilei LeLaulu</u>		3.7							0	0
Executive Direc	1	Χ						0.	0.	0.

Fart VII Section A. Officers, Directors, Trus		ley				es,	an				
(A) Name and Title	(B) Average	Posi	tion (c) k all :	that a	(vlaaı	(D)	(E)	`	(F)
Name and Title	hours per week			Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amoun compe fror orgar and	mated t of other ensation m the nization related izations
1 b Total							>	36,100.	0.	<u> </u>	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	d abo	ove)) wh	o re	ceived more than	\$100,000 in reporta	able comp	pensation
from the organization 0											Yes No
											ies No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i.	or trust ndividua	ee, 1 11	кеу 	emp	oloy	ee,	or n	ignest compensati	ea employee 	. 3	Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual.	portable han \$15	e cor	mpe 00?	nsat If 'Y	tion <i>es'</i>	and com	d oth	er compensation e Schedule J for s	from such		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens	satio	n fro	om a	anv	unre	elate	ed organization for	services		X
Section B. Independent Contractors	icuaic 3	101	340	προ	2130	11				<u>· J </u>	- 11
1 Complete this table for your five highest compensation from the organization.	ed inde	pend	dent	cor	ntra	ctors	s tha	t received more th	nan \$100,000 of		
(A) Name and business addres	s							(B) Description of		(C)	
and addition								222.76.00.1			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	e list	ted a	above) who receiv	ed more than		

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
CONTRIBUTION AND OTHER SI	f All other contributions, gifts, grants, and similar amounts not included above 1f 725,143. g Noncash contribns included in lns 1a-1f: \$ h Total. Add lines 1a-1f	725,143.			
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e	7237113.			
PROGI	f All other program service revenue				
	 Investment income (including dividends, interest and other similar amounts)	97.		97.	
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses				
NUE	d Net gain or (loss)				
OTHER REVEN	of contributions reported on line 1c). See Part IV, line 18				
0	c Net income or (loss) from fundraising events	9,027.			9,027.
	9 a Gross income from gaming activities. See Part IV, line 19				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a b				
	c d All other revenue				
	e Total. Add lines 11a-11d	734,267.	0.	97.	9,027.

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) but are not required to complete columns (B), (C), and (D).

Column C	ising
and organizations in the U.S. See Part IV, line 21	0. 3,332. 307.
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22. 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 to 1,153,416. 4 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4958(n)(3) and persons described in section 4958(n)(3) and section 403(b) employer contributions. 9 Other employee benefits. 10 Payroll taxes. 6 6,144. 3,441. 2,396. 11 Fees for services (non-employees). a Management. 33,458. 9,703. 22,417. b Legal. 1,500. 1,500. c Accounting. 13,610. 13,610. d Lobbying. e Prof fundraising svcs. See Part IV, in 17. 1,400. f Investment management fees. g Other. 2,504. 448. 2,056. 12 Advertising and promotion. 7,596. 7,596. 13 Office expenses. 18,557. 13,805. 1,345. 14 Information technology. 15 Royalties. 16 Occupancy. 31,160. 2,493. 28,667. 17 Travel. 889. 116. 773. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 3,142. 3,142. 10 Interest. 20 Depreciation, depletion, and amortization. 1,573. 755. 771.	0. 3,332. 307.
organizations, and individuals outside the U.S. see Part IV, lines 15 and 16 (1). 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4958(0)(1) and persons described in section 4958(0)(1) and 1,100	0. 3,332. 307.
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. 36,100. 31,407. 4,693.	0. 3,332. 307.
Compensation of current officers, directors, trustees, and key employees 36,100. 31,407. 4,693.	0. 3,332. 307.
disqualified persons (as defined under section 4958(n)(1) and persons described in section 4958(n)(3)(B). 7 Other salaries and wages. 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (non-employees). a Management. b Legal. 1,500. c Accounting. d Lobbying. e Prof fundraising svcs. See Part IV, In 17. f Investment management fees. g Other. 2,504. 448. 2,056. 12 Advertising and promotion. 7,596. 7,596. 13 Office expenses. 18,557. 13,805. 1,345. 14 Information technology. 15 Royalties. 16 Occupancy. 3,142. 3,142. 20 Interest. 19 Conferences, conventions, and meetings. 10 O. 0. 0. 0. 0. 0. 0. 0. 0. 0.	3,332.
8 Pension plan contributions (include section 401 (k) and section 403 (b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 6 , 144. 3 , 441. 2 , 396. 11 Fees for services (non-employees). a Management. b Legal. 1 , 500. c Accounting. 1 13, 610. d Lobbying. e Prof fundraising svcs. See Part IV, In 17. f Investment management fees. g Other. 2 , 504. 4 48. 2 , 056. 12 Advertising and promotion. 7 , 596. 7 , 596. 13 Office expenses. 18 , 557. 13 , 805. 1 , 1, 345. 14 Information technology. 15 Royalties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 1 , 573. 755. 771.	307.
## 401 (k) and section 403(b) employer contributions). ## 9 Other employee benefits. ## 10 Payroll taxes. ## 17 Fees for services (non-employees). ## 18 Amanagement. ## 1500. ## 15	
10 Payroll taxes 6,144. 3,441. 2,396. 11 Fees for services (non-employees) 33,458. 9,703. 22,417. b Legal 1,500. 1,500. c Accounting 13,610. 13,610. d Lobbying 13,610. 13,610. e Prof fundraising svcs. See Part IV, In 17. 1,400. 1,400. f Investment management fees. 2,504. 448. 2,056. 12 Advertising and promotion 7,596. 7,596. 13 Office expenses 18,557. 13,805. 1,345. 14 Information technology. 31,160. 2,493. 28,667. 17 Travel. 889. 116. 773. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 3,142. 3,142. 19 Conferences, conventions, and meetings. 3,142. 3,142. 20 Interest. 2 21 Payments to affiliates 2 22 Depreciation, depletion, and amortization 1,573. 755. 771.	
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Payments of travel or entertainment expenses for any federal, state, or local public officials	
20Interest21Payments to affiliates21Depreciation, depletion, and amortization1,573.755.771.	
21 Payments to affiliates1,573.755.771.22 Depreciation, depletion, and amortization1,573.755.771.	
22 Depreciation, depletion, and amortization 1,573. 755. 771.	
23 Insurance 1,404. 365. 1,039.	47.
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).	
a Telephone 9,445. 3,306. 6,139.	
b Postage and Shipping 7,390. 2,587. 3,694.	1,109.
c Credit Card & Bank Fees 5,126. 5,126.	
d Theft 2,542. 2,542.	
e Bad Debt 1,400. 1,400.	
f All other expenses	
	LO,940.
26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,

BAA Form **990** (2009)

	ΙΙΛ	Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	86,617.	1	104,737.
	2	Savings and temporary cash investments		2	1,004.
	3	Pledges and grants receivable, net	8,100.	3	8,100.
	4	Accounts receivable, net	3,480.	4	
	5	Receivables from current and former officers, directors, trustees, key employend highest compensated employees. Complete Part II of Schedule L	ees,	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule	: L	6	
A S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use	1,046,886.	8	397,116.
s	9	Prepaid expenses and deferred charges	2,800.	9	14,336.
	10 a	Land, buildings, and equipment: cost or other basis. 10a 46,7	31.		
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	13. 5,091.	10 c	3,518.
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,154,374.	16	528,811.
	17	Accounts payable and accrued expenses	1,938.	17	1,474.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
1		of Schedule L		22	
E S	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. Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25.		26	1,474.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	1,083,934.	27	458,835.
S S F		Temporarily restricted net assets.	68,502.	28	68,502.
T S	29	Permanently restricted net assets.		29	00,302.
O R	23	Organizations that do not follow SFAS 117, check here ► and comple		23	
		lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances		33	527,337.
¥		Total liabilities and net assets/fund balances		34	528,811.

Form **990** (2009) BAA

Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? **b** Were the organization's financial statements audited by an independent accountant?..... 2b Χ c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c 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. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Χ За **b** 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..... 3b

BAA Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Airline Ambassadors International 75-2679444 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III - Functionally integrated d С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col. (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the rganization in col.
(i) listed in your (i) Name of Supported Organization (ii) EIN (vi) Is the inization in col (vii) Amount of Support (i) organized in the U.S.? your support? (see instructions)) governing document? Yes Yes No Yes No No Total

Par	t II Support Schedule for	•			(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
500	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	rt I.)				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
•	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ		structions)				12	
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year a	s a section 5	501(c)	(3)
	tion C. Computation of Pu			11 0		1	4.4	
	Public support percentage for 20 Public support percentage from							% %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	I not check the bo	ox on line 13, and	d the line 14 is 33	-1/3 % or m	ore, c	heck this box
k	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13. or 16	a. and line 15 is 3	3-1/3% or m	nore. c	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain i	n Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain i	n Part	IV how the
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17	a, or 17b, check t	nis box and	see in	structions ►
BAA					Sc	hedule A (F	orm 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Airline Ambassadors International Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	5,870,238.	4,106,736.	3,757,353.	4,884,894.		18,619,221.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.		.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	5,870,238.	4,106,736.	3,757,353.	4,884,894.	0.	18,619,221.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	<u> </u>	0.
8	Public support (Subtract line						10 610 001
<u> </u>	7c from line 6.)						18,619,221.
	tion B. Total Support	(-) 000F	4-> 0000	(-) 0007	4-13 00000	1-3 0000	(6 T-1-1
	ndar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	5,870,238.	4,106,736.		386.	0.	18,619,221.
	similar sources	28	2 307	1 1/1/			4 468
	Similar sources	28.	2,307.	1,747.			4,468.
c	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	28.	2,307.	1,747.	386.	0.	_
	Similar sources					0.	0.
11	similar sources					0.	0. 4,468. 0.
11 12	similar sources	28.	2,307.	1,747.	386.	s a section 501(c)	0. 4,468. 0. 0. 18,623,689.
11 12 13 14	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	is for the organizatop here	2,307.	1,747.	386.	s a section 501(c)	0. 4,468. 0. 0. 18,623,689.
11 12 13 14 Sec	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	is for the organizatop here	2,307.	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3)
11 12 13 14 Sec 15	similar sources. Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organization hereblic Support P	2,307. ation's first, secondercentage n (f) divided by lir	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3)
11 12 13 14 Sec 15 16	similar sources. Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	is for the organization hereblic Support P 009 (line 8, column 2008 Schedule A,	2,307. 2,307. ation's first, secondercentage n (f) divided by lint Part III, line 15.	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3)
11 12 13 14 Sec 15 16 Sec	similar sources. Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lns 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage from C. Computation of Investigation D. Computation of Investigation of Investigation and the support percentage from the computation of Investigation D. Computation of Investigation of Investigation and the support percentage from the computation of Investigation of Investigation of Investigation and the support percentage from the support percentage	is for the organized stop here	ation's first, second Percentage In (f) divided by line Part III, line 15 The Percentage	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3) ► X
11 12 13 14 Sec 15 16 Sec 17	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from those from the support percentage from	is for the organizal stop here	2,307. 2,307. 2ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	1,747.	or fifth tax year as	5 a section 501(c) 	0. 4,468. 0. 0. 18,623,689. (3) (3) (3) (3) (4) (5) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
11 12 13 14 Sec 15 16 Sec 17 18	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from those support percentage from the supp	is for the organiz. I stop here	2,307. 2,307. 2,307. 2ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on	1,747. 1,747. 1,747. 1,747. 1,747.	or fifth tax year as	5 a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3) (3) (3) (3) (4) (5) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
11 12 13 14 15 16 Sec 17 18 19 a	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20. Public support percentage from those support income percentage for Investment Income Investment	is for the organiz. I stop here	2,307. 2,307. 2,307. 2ercentage n (f) divided by lin Part III, line 15. ne Percentage column (f) divided le A, Part III, line check the box on The organization id not check a box	1,747. 1,747.	or fifth tax year as mn (f))is more than 33-1/3 iblicly supported a, and line 16 is n	s a section 501(c)	0. 4,468. 0. 18,623,689. (3) X % % ot % 6, and line 18

Schedule A	(Form 990	or 990-EZ	2) 2009	Airli	ne Amb	assador	s Inte	rnati	onal		2679444	Page 4
Part IV	Supplem Part II, Iir	ental In ne 17a d	format or 17b;	ion. Con and Par	nplete ti t III, lin	nis part to e 12. Pro	provide vide any	the e other	xplanation additional	s required information	by Part II, li n. See instr	ine 10; uctions.
							. – – – -					
							. – – – -					
							. — — — -					
							· – – – -					
							· -					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number
Airline Ambassadors Inter	rnational	75-2679444
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) or	rganization
	4947(a)(1) nonexempt charitable	trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundat	tion
1 01111 390-F1		trust treated as a private foundation
	501(c)(3) taxable private foundat	•
		1011
Check if your organization is covered by	the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the	e General Rule and a Special Rule. See instructions.
General Rule —		
<u> </u>	990-F7, or 990-PF that received, during the	year, \$5,000 or more (in money or property) from any one
contributor. (Complete Parts I and II	.)	your, quito or more (in money or property) from any one
Special Rules -		
		/3% support test of the regulations under sections
509(a)(1)/170(b)(1)(A)(vi) and received f	from any one contributor, during the year, a contribne 1h or (ii) Form 990-EZ, line 1. Complete F	oution of the greater of (1) \$5,000 or (2) 2% of the
		received from any one contributor, during the year,
aggregate contributions of more than	n \$1,000 for use <i>exclusively</i> for religious, cha	aritable, scientific, literary, or educational purposes, or the
prevention of cruelty to children or a	, , , , , , , , , , , , , , , , , , ,	
For a section 501(c)(7), (8), or (10)	organization filing Form 990 or 990-EZ, that religious, charitable, etc. purposes, but these	received from any one contributor, during the year, e contributions did not aggregate to more than \$1,000. If
this box is checked, enter here the t	otal contributions that were received during the	the year for an <i>exclusively</i> religious, charitable, etc.
	•	is organization because it received nonexclusively
religious, charitable, etc, contribution	ns of \$5,000 or more during the year	
Caution: An organization that is not cov	ered by the General Rule and/or the Special	Rules does not file Schedule B (Form 990, 990-EZ, or
990-PF, to certify that it does not meet t	the filing requirements of Schedule B (Form 9	ox on line H of its Form 990-EZ, or on line 2 of its Form 990, 990-EZ, or 990-PF).
	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)
for Form 990, 990EZ, or 990-PF.		2011211112 2 (1 31111 2021 2121 01 330 1 1) (1200)

of Part I

Airline Ambassadors International

Page 1 of 3

Employer identification number 75-2679444

Part I	Contributors	(see	instructions.)
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(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Flight Attendant Medical Research 201 S. Biscayne Blvd. #1310 Miami, FL 33131	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	American Airlines, Inc 1717 Main Street Suite 1600 Dallas, TX 75229	\$ <u>5,492.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	UNICEF 333 East 38th Street New York, NY 10016	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ISTAT Foundation 401 N. Michigan Ave. Chicago, IL 60611	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Austin Community Foundation P.O. Box 5159 Austin, TX 78763	\$ <u>9,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Nancy L Rivard 418 California Avenue Moss Beach, CA 94038	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

Page 2 of 3

Employer identification number

Airline Ambassadors International

75-2679444

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Steel Reinforcing 6875 Province Circle Falls Church, VA 22040	\$1 <u>6,430.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Daniel Susott 8022 River Place Carmel, CA 93923	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Nana Cea 100 Rock Lane El Dorado, CA 95762	\$1 <u>0,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10_	Connie and Bob Lurie Foundation Inc 501 Silverside Rd Ste 123 Wilmington, DE 19809-1377	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	Navin Mehta 303 2nd Ave #10 New York, NY 10003	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12_	Saeed Yousef 4088 Autinori Ct. San Jose, CA 95148	\$ <u>8,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

Airline Ambassadors International

Page 3 of 3

Employer identification number

75-2<u>679444</u>

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Mariah Fuels LTD. 26411 Oak Rifge Drive The Woodlands, TX 77380	\$ <u>7,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14_	Southern Iowa Econ Dev Association PO Box 658 Ottumwa, IA 52501	\$ <u>5,343.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	Nixon Peabody LLP 100 Summer Street Boston, MA 02110	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

of Part II

Name of organization Airline Ambassadors International

of 1 Employer identification number

75-2679444

Part II	Noncash Property (see instructions.)	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$\$	
BAA	Cab	 	7 or 990 DEV (2000

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Airline Ambassadors International

Employer identification number

For organizations completing contributions of \$1,000 or less (a) (a) No. from Part I N/A Transferee' (a) (b)	lidtional		13-2019444		
No. from Purpose of gif	charitable, etc, individual contribu ting more than \$1,000 for the year	(Complete cols	(a) through (a) and the following li	ne entry.)	
No. from Purpose of gif	g Part III, enter total of <i>exclusively</i> religious ss for the year. (Enter this information once	s, charitable, etc, e – see instruction	ons.) ▶\$	N/A	
Transferee'			(d) Description of how gift is		
(a) (b)					
(a) (b)					
```	(e) Transfer of g s name, address, and ZIP + 4		ntionship of transferor to transfer	ee	
```					
No. from Purpose of gif	(c) ft Use of gift	l	(d) Description of how gift is	held	
Transferee'	(e) Transfer of g s name, address, and ZIP + 4		ationship of transferor to transfero	ee	
(a) (b) No. from Purpose of gif	(c) ft Use of gift		(d) Description of how gift is	held	
Transferee'	(e) Transfer of g s name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) (b) No. from Purpose of gif	(c) ft Use of gift		(d) Description of how gift is	held	
	(e)				
Transferee'	(e)	14.	Relationship of transferor to transferee		
	Transfer of g s name, address, and ZIP + 4		ationship of transferor to transfer	ee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

2009

OMB No. 1545-0047

Open to Public Inspection

Airline Amhassadors International

Employer Identification number

A11	rine Ambassadors international	75-2679444
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	L
	the organization answered 'Yes' to Form 990, Part IV, line 6.	tocame complete ii
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· ·
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
-		icad
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??	oe er
Pai	rt II Conservation Easements Complete if the organization answered 'Yes' to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an his	torically important land area
	Protection of natural habitat Preservation of certific	ed historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the forn last day of the tax year.	n of a conservation easement on the
		Held at the End of the Year
a	a Total number of conservation easements	a
ŀ	Total acreage restricted by conservation easements	
(Number of conservation easements on a certified historic structure included in (a)	
(d Number of conservation easements included in (c) acquired after 8/17/06	<u>d</u>
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	ne organization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easement it holds?	f violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year \rightarrow	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
	include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	s the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Similar Assets
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and treasures, or other similar assets held for public exhibition, education, or research in furtherance of p the text of the footnote to its financial statements that describes these items.	balance sheet works of art, historical public service, provide, in Part XIV,
ŀ	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and bala treasures, or other similar assets held for public exhibition, education, or research in furtherance of p amounts relating to these items:	public service, provide the following
	(i) Revenues included in Form 990, Part VIII, line 1	
	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under SFAS 116 relating to these items:	
ā	a Revenues included in Form 990, Part VIII, line 1	
ŀ	Assets included in Form 990, Part X	

Part III Organizations Maintai	ning Conect	ions of Art	, mistoric	ai rreasures, or	Other Similar ASS	els (C	onunu	eu)		
3 Using the organization's acquisition items (check all that apply):	on accession ar	d other recor	ds, check a _	any of the following th	at are a significant us	e of its	collection	on		
a Public exhibition		d	Loan or e	xchange programs						
b Scholarly research		е	Other							
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
assets to be sold to raise funds ra	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									
Part IV Escrow and Custodial 9, or reported an amou	Arrangemei Int on Form	nts Comple 990, Part X	ete if orga (, line 21.	anization answere	d 'Yes' to Form 99	}0, Pa	rt IV, I	ine		
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian,	or other inter	mediary for	contributions or othe	r assets not	Yes	Г	No		
b If 'Yes,' explain the arrangement							L			
3						Amount				
c Beginning balance					1 c					
d Additions during the year										
e Distributions during the year										
f Ending balance										
2a Did the organization include an ar						Yes		No		
b If 'Yes,' explain the arrangement								_		
Part V Endowment Funds Cor		anization a	nswered	'Yes' to Form 990	, Part IV, line 10.					
	(a) Current yea		Prior year	(c) Two years back	(d) Three years back	(e)	Four years	back		
1 a 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	-		d as:							
a Board designated or quasi-endow		%								
b Permanent endowment ►										
c Term endowment ►	₀ %									
3a Are there endowment funds not in	the possession	n of the organ	nization tha	t are held and admin	istered for the	Г	1			
organization by:							Yes	No		
(i) unrelated organizations						3a(i)				
(ii) related organizations						3a(ii)				
b If 'Yes' to 3a(ii), are the related of						3b				
4 Describe in Part XIV the intended					l' 10					
Part VI Investments—Land, Bu				i i						
Description of investment	(a)	Cost or othe (investmen	r basis (it)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	lue		
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment										
e Other				46,731.	43,213.			518.		
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form 990, F	Part X, colui	mn (B), line 10(c).)	▶		3,	518.		
RΛΛ					Sahad	ulo D /E	orm aa	07 2000		

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Airline Ambassador			75-267	9444	Page
Part VII Investments—Other Securities See Fo		ie 12.	N/A	ı:	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuate Cost or end-of-year mark	tion ket value	
Financial derivatives					
Closely-held equity interests					
Other					
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	000 D 1 V 1	10)	37 / 7		
Part VIII Investments—Program Related (See F		ine 13)	N/A		
(a) Description of investment type	(b) Book value		(c) Method of valuate Cost or end-of-year mark	tion ket value	
			occion cha chi year man		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X,	line 15) N/A				
	scription			(b) Pook va	aluo
(a) De:	scription			(b) Book va	alue
Total. (Column (b) must equal Form 990, Part X, col.(B), li			▶		
Part X Other Liabilities (See Form 990, Part 2					
(a) Description of Liability	(b) Amount				
Federal Income Taxes					
		_			
		_			

2. FIN 48 Footnote. In Part XIV, 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.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Schedule D	(Form 990) 2009 AITIINE AMDASSAGOIS INTERNATIONAL	15-2619444	Page 5
Part XIV	Supplemental Information (continued)		
2 000 0 1 10 1	(

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization						Employer identifica	ation number	_
Airline Ambassadors International							4	
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the organ	nization ar	nswered 'Y rt.	es' to Form 990, Part I	V, line	17.		
1 Indicate whether the organization		•		owing activities. Check	all that	apply.		_
Mail solicitations		g		Solicitation of non-				
Internet and email solicitations				Solicitation of gove	-	-		
Phone solicitations	•			Special fundraising				
					events			
In-person solicitations				-1 (i)				
2a Did the organization have written of employees listed in Form 990, Par	t VII) or entity	in connect	iy maividu tion with p	rofessional fundraising	services	s?	Yes XI	No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or entre or	tities (fund	draisers) p	ursuant to agreements	under v	which the fundra	iser is to be	
					(v) Ar	mount paid to		_
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts		retained by)	(vi) Amount paid t (or retained by)	.0
or entity (fundraiser)			ibutions?	from activity	fundraiser listed in col.(i)		organization	
		Yes	No			(7	g	—
		100						
								_
								—
Total			•					Λ
Total	ation is register	rod or lico	ncod to co	ligit funds or has been	potified	it is exempt fro		0.
or licensing.	ation is register	red or lice	riseu to sc	of that been	notinea	it is exempt iro	om registration	
-								

	•	reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts grea	ater than	1 \$5,00	00.	
			(a) Event #1 December Gala	(b) Event #2	(c) Other Events	(Aďď col		nts ough	
R E			(event type)	(event type)	(total number)	CC	ol. (c))		
REVENUE	1	Gross receipts	62,965.				62,9	965.	
Ł	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)	62,965.				62,9	965.	
	4	Cash prizes							
	5	Noncash prizes							
D R E C T	6	Rent/facility costs	53,938.				53,9	938.	
C T	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses							
3		Direct expense summary. Add lines 4- th					53,9	938. 927.	
Par	11 Net income summary. Combine lines 3, column (d) and line 10								
	,	\$15,000 on Form 990-EZ, line 6a				1			
R E V E N U E	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo							ng ough	
ñ									
E .	1	Gross revenue							
D X	2	Cash prizes							
D P E N C T S	3	Non-cash prizes							
S	4	Rent/facility costs							
	5	Other direct expenses							
			Yes%	Yes%	Yes%				
	6	Volunteer labor	No	No	No				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		>				
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7					
			(3)				YES	NO	
		er the state(s) in which the organization or							
		ne organization licensed to operate gaming o,' explain:	g activities in each of th	iese states?		9	а		
10.									
		e any of the organization's gaming license es,' explain:	es revokea, suspendea	or terminated during the	e lax year?	10	a		
		· 							
11		s the organization operate gaming activitie	es with nonmembers?			11			
		ne organization a grantor, beneficiary or tri							
12	adm	ninister charitable gaming?				12	. [

Schedule G (Form 990 or 990-EZ) 2009 Airline Amb	75-267944	4	Page 3	
			YE	S NO
13 Indicate the percentage of gaming activity operated in	n:			
a The organization's facility		13a %		
b An outside facility		13b %		
14 Enter the name and address of the person who prepa	ares the organization's gaming/special ev	ents books and records:		
Name: ►		. — — — — — — — — — — — — — — — — — — —		
Address: -				
15a Does the organization have a contact with a third par			15a	
b If 'Yes,' enter the amount of gaming revenue received		and the amount		
of gaming revenue retained by the third party \$	·			
c If 'Yes,' enter name and address of the third party:				
Name - N				
Name: •				
Addrocc: >				
Address: -				
16 Gaming manager information				
daming manager information				
Name: ►				
Gaming manager compensation ► \$				
Description of services provided: ►				
Director/officer Employee	Independent contractor			
_				
17 Mandatory distributions				
a Is the organization required under state law to make	charitable distributions from the gaming	proceeds to retain the		
state gaming license?			17a	
${f b}$ Enter the amount of distributions required under state		ganizations or spent in the		
organization's own exempt activities during the tax ye	ear: ►\$			
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990-E	Z) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

75-2679444

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Airline Ambassadors International

Employer identification number

Form 990, Part III, Line 1 - Organization Mission
Airline Ambassadors International provides humanitarian aid to children and families
in need as well as international relief and development to underprivileged
communities_throughout_the_world. We leverage_contacts_with_commercial_airlines_to
facilitate_our_work_and_accomplish_our_mission_through_the_following_programs: 1)
The Children's escort program provides escorts for the transportation of children to
receive donated medical care that is not available in their home countries and of
orphans to their new adoptive parents. 2) The humanitarian missions program
provides needed aid and services to children in orphanages, clinics and remote
communities. Members had deliver humanitarian assistance and help fund
<u>international development projects for the children visited. 3) The special events</u>
programs provides volunteers for local charitable events and international
conferences to help build goodwill and international understanding. 4) The youth
program_encourages_communication_between_children_in_the_United_States_and_foreign
disadvantaged_children5) The Casa Corps program provides technical transfer of
<u>building code technology to developing countries requesting our assistance. The</u>
lives_of_over_82,000_children_were_directly_improved_by_these_programs
Form 990, Part III, Line 4a - Program Service Accomplishments
Airline Ambassadors International provides humanitarian aid to children and families
in need as well as international relief and development to underprivileged
communities throughout the world. We leverage contacts with commercial airlines to
facilitate our work and accomplish our mission through the following programs: 1) The
Children's escort program provides escorts for the transportation of children to
receive donated medical care that is not available in their home countries and of
orphans to their new adoptive parents. 2) The humanitarian missions program provides
needed aid and services to children in orphanages, clinics and remote communities.

Name of the organization Airline Ambassadors International	Employer identification number 75-2679444							
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)								
Members had deliver humanitarian assistance and help fund inter	national development							
projects for the children visited. 3) The special events programs provides								
volunteers for local charitable events and international confer	rences to help build							
goodwill and international understanding. 4) The youth program encourages								
communication between children in the United States and foreign	disadvantaged							
children. 5) The Casa Corps program provides technical transfe	er of building code							
technology to developing countries requesting our assistance.	The lives of over							
82,000 children were directly improved by these programs.								
Form 990, Part VI, Line 11 - Form 990 Review Process								
No review was or will be conducted.								
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available								
The all governing documents, policies and financial statements	are available to the							
public upon request. All requests are to be submitted to Airli	ne Ambassadors							
International, C/O Nancy Rivard, 418 California Avenue, Moss Be	each CA 94038.							

Schedule 0	(Form 990) 2009				Page 2
Name of the orga	anization			Employer identification	number
Airline	Ambassadors	International		75-2679444	

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Trea Internal Revenue Servi	asury ice	► File a separate application for each return.					
 If you are filir 	▶						
If you are filir	ng for an Additional (Not Au	tomatic) 3-Month Extension, complete only Part II (on	page 2 of this fe	orm).			
Do not complete	Part II unless you have alread	ady been granted an automatic 3-month extension on a	a previously filed	d Form 8868.			
Part I Aut	omatic 3-Month Extens	sion of Time. Only submit original (no copies	needed).				
A corporation rec	quired to file Form 990-T and	requesting an automatic 6-month extension — check t	his box and con	nplete Part I only ▶			
All other corpora income tax return), partnerships, REMICS, and trusts must use Form 70	04 to request ar	n extension of time to file			
returns noted bel the additional (no Form 990-T. Inste	low (6 months for a corporati ot automatic) 3-month extens ead, you must submit the ful	electronically file Form 8868 if you want a 3-month auto on required to file Form 990-T). However, you cannot f ion or (2) you file Forms 990-BL, 6069, or 8870, group ly completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits.	ile Form 8868 e returns, or a co	lectronically if (1) you want omposite or consolidated			
Nam	ne of Exempt Organization		En	nployer identification number			
Type or print							
. Ai	rline Ambassadors		7	5-2679444			
due date for	nber, street, and room or suite number	. If a P.O. box, see instructions.					
	8 California Avenu						
instructions. City	, town or post office, state, and ZIP co	de. For a foreign address, see instructions.					
	ss Beach, CA 94038						
	turn to be filed (file a separa	te application for each return):					
X Form 990	-	Form 990-T (corporation)	Form 4720	0			
Form 990-BL	⊢	Form 990-T (section 401(a) or 408(a) trust)	Form 5227	orm 5227			
Form 990-EZ	-	Form 990-T (trust other than above)	Form 6069				
Form 990-PF		Form 1041-A	Form 8870				
Telephone No. If the organiz If this is for a check this bo the extension	a Group Return, enter the orgon $ ightharpoonup$. If it is for part of a will cover.	FAX No. ►e or place of business in the United States, check this anization's four digit Group Exemption Number (GEN) the group, check this box. ► and attach a list with	box	s is for the whole group,			
· .	•	hs for a corporation required to file Form 990-T) exten					
until _ <u>8 /</u>		the exempt organization return for the organization na	amed above.				
	ion is for the organization's r	eturn for:					
	endar year 20 <u>09</u> or						
tax	year beginning	, 20, and ending, 20 _	 ·				
2 If this tax y	ear is for less than 12 month	s, check reason: Initial return Final retu	rn Cha	nge in accounting period			
		90-PF, 990-T, 4720, or 6069, enter the tentative tax, les		3a \$ 0.			
		990-T, enter any refundable credits and estimated tax ent allowed as a credit.		3b \$ 0.			
deposit with	n FTD coupon or, if required,	3a. Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment Sys	item).	3c \$ 0.			
Caution. If you a payment instruction		ic fund withdrawal with this Form 8868, see Form 8453	3-EO and Form	8879-EO for			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

Department of the Treasury

OMB No. 1545-0687 For calendar year 2009 or other tax year beginning _______, 2009, and ending ______ , _____ Open to Public Inspection for

Intern	al Revenue Service (77)		See sepa	rate in	structions.				501(c)(3) O	Organizations Only		
В	X = X = X = X = X = X = X = X = X = X =	schanged der section Print Airline Ambassadors International							(Employees' trust, see instructions for Block D.) 75-2679444 E Unrelated business activity			
	408A 530(a) 529(a)									instructions for		
С	Book value of all assets at end of year	Group exemption	number (See instri	uctions	for Block F.)							
		Check organization	n type ► X	501(c)	corporation	501(c) trust	401(a	a) trust	Other trust		
Η	Describe the organization's p	orimary unrelated I	ousiness activity.		<u> </u>		_					
>												
	During the tax year, was the	•	-	-		ubsidia	ry controlled	group	2 ►	Yes X No		
	f 'Yes,' enter the name and			oralio	11	T-1			CEO 720	7011		
	The books are in care of. N				/A\ I		ephone numl					
Par					(A) Income	•	(B) Expe	nses		(C) Net		
16	a Gross receipts or sales											
	b Less returns and allowances			1c		_						
	Cost of goods sold (Sched	•		2		_						
	Gross profit. Subtract line					_						
	a Capital gain net income (a	•				_						
	b Net gain (loss) (Form 4797, Part I		•			_						
	c Capital loss deduction for t			4c								
5	Income (loss) from partner (attach statement)	rships and S corpo	orations	5								
6	Rent income (Schedule C).											
7	Unrelated debt-financed in			7								
8	Interest, annuities, royaltie											
	organizations (Schedule F))		8								
9	Investment income of a section 50	01(c)(7), (9), or (17) or	ganization (Sch G)	9								
10	Exploited exempt activity is	ncome (Schedule	l)	10								
11	Advertising income (Sched	lule J)		11								
12	Other income (See instruct	tions; attach sched	dule.)									
				12								
13	Total. Combine lines 3 thro	ough 12		13		0.		().	0.		
Par		Taken Elsewh	ere (See instrud	ctions	for limitation	s on c	deductions	5.)				
	(Except for conti	ributions, dedu	ctions must be	direct	ly connected	with t	he unrela	ted bu	siness ir	ıcome.)		
14	Compensation of officers,	directors, and trus	tees (Schedule K).					14	4			
15	Salaries and wages							1	5			
16	Repairs and maintenance.							10	6			
17	Bad debts							1	7			
18	Interest (attach schedule) .							18	8			
19	Taxes and licenses							19	9			
20	Charitable contributions (S	ee instructions for	limitation rules.) .					20	0			
21	Depreciation (attach Form	4562)			21							
22	Less depreciation claimed							2	2b			
23	Depletion					•		2	3			
24	Contributions to deferred c	compensation plan	s					2	4			
25	Employee benefit program	S						2	5			
26	Excess exempt expenses								6			
27	Excess readership costs (S	•							7			
28	Other deductions (attach s								8			
29	Total deductions. Add line	s 14 through 28						2	9			
30	Unrelated business taxable								0			
31	Net operating loss deduction											
32	Unrelated business taxable									0.		
33	Specific deduction (Genera								3			
34	Unrelated business taxable the smaller of zero or line								4	0.		

		Tax Compu										
35	Orgai	nizations Taxa	ble as Corporatio	ns. See instructi	ons for tax com	<u>p</u> utation.						
	Contr	olled group me	embers (sections	1561 and 1563) (check here -	. See ins	structions and	d:				
а	Enter	your share of	the \$50,000, \$25,	000, and \$9,925	,000 taxable inc	ome brack	ets (in that or	der):				
	(1) \$		(2)	3	(3)	\$						
b			share of: (1) Add									
	(2) Ac	dditional 3% ta	x (not more than \$	\$100,000)			\$					
c			mount on line 34.						35 c			0.
36	Trust	s Taxable at Ti	rust Rates. See in	structions for tax	x computation.	Income tax	on the amou	nt				
	on lin	e 34 from:	Tax rate sched	dule or S	chedule D (Forn	n 1041)			36			
37	Proxy		uctions						37			
38	Alterr	native minimum	n tax						38			
39	Total	Add lines 37	and 38 to line 35c	or 36, whicheve	er applies				39			0.
		Tax and Pa										
			corporations attach	n Form 1118; tru	sts attach Form	1116)	40 a					
b	Other	credits (see ir	nstructions)				40 b		-			
			edit. Attach Form									
			minimum tax (att									
			nes 40a through 4						40 e			0.
41	Subtr	act line 40e fro	om line 39						41			0.
42	Other	taxes. Check	if from: Form	1 4255 Form	m 8611 Fo	orm 8697	Form 88	66				
			:hedule)						42			
43	Total	tax. Add lines	41 and 42						43			0.
44 a	Paym	ents: A 2008	3 overpayment cre	edited to 2009			44 a					
b	2009	estimated tax	payments				44 b					
			orm 8868									
			ns: Tax paid or wif				_					
е	Backı	up withholding	(see instructions)				44 e					
		credits and pa										
	_	orm 4136		Other		 Total ▶	44 f					
45			d lines 44a throug						45			0.
46			ty (see instruction						46			
47			s less than the tot						47			
			e 45 is larger than						48			
48	-	-					i overpaid					
49	Enter	the amount of	line 48 you want	Credited to 201	o estimated tax	(-		Refunded •	49			
Dord	١١/	Ctatamant	Dogovding C	outoin Astivit	ing and Othe	u Inform	otion (
Parl			Regarding C								1	Т
1			he 2009 calendar								Yes	No
		•	nk, securities, or ot		-	-	-		90-22	2.1,		
	Repor	t of Foreign Bar	nk and Financial Ac	counts. If YES, e	nter the name of	the foreign	country here	-				X
2	Durin	g the tax year,	did the organizat	ion receive a dis	tribution from, o	or was it th	e grantor of,	or transferor to,	a fore	ign trust?.		X
	If YES	S, see the insti	ructions for other	forms the organi	zation may hav	e to file.						
3	Enter	the amount of	tax-exempt interes	est received or a	ccrued during t	he tax yea	r ► \$	0.				
			of Goods Sold									
1			ng of year				entory at end	of year	6			
2							•	-				
3						7 Co	st of goods s e 6 from line s	old. Subtract 5. Enter here				
_								e 2	7			
4 a	i Additio	nai section 263A co	osts (attach schedule)						,		Yes	No
h	Other c			4a		8 Do	the rules of s	section 263A (wi	th resi	nect to		
	(attach	sch)		4b		pro	perty produce	ed or acquired for	or resa	le) apply		
5	Total.		rough 4b			to	the organizati	on?			-	
٥.	_	Under penalties of correct, and comp	perjury, I declare that I lete. Declaration of prep	have examined this reparer (other than taxns	eturn, including acco ayer) is based on all	mpanying scheinformation of	edules and stateme which preparer ha	ents, and to the best s any knowledge.	of my kn	owledge and	belief, it is	s true,
Sign	n						President		May th	e IRS discuss	this retur	rn with
Her	е	Signature of o	officer		Date		itle	•	the pre	parer shown tions)?		
		Orginature of the							<u> </u>	X		No
Paid		Preparer's signature					Date	Check if self-	_	reparer's SSN		
Pre-			Arthur J.					employed		001994	UU	
pare	er's	Firm's name (or yours if self-	Arthur J.		sociates,	Inc.		EIN 20-	4689	315		
Use		employed), address, and	P.O. Box 3									
Onl	У	ZIP code	San Carlos	, CA 94070				Phone no.	(6	50) 593	1-219	98

<u> Schedule C – Rent Inco</u>	me (From Real	Property and	d Person	al Property	Lease	ed With Rea	l Prope	erty) (see instructions)
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent received	d or accrued						
(a) From personal p (if the percentage of rent property is more than not more than 50	roperty for personal 10% but 0%)	(if the i	percentáge	rsonal property e of rent for ceeds 50% or profit or incom		with the inc	ome in c	directly connected olumns 2(a) and 2(b) schedule)
(1)				-				
(2)								
(3)								
(4)								
Total	T	otal				/b) Tatal dadat:	Futor	
(c) Total income. Add totals of here and on page 1, Part I, lin	e 6, column (A)	<u></u>				(b) Total deducti here and on page I, line 6, column (I	1, Part	-
<u> Schedule E – Unrelated</u>	Debt-Financed	I Income (see	instruction	ns)				
1 Description of d	ebt-financed prope	erty		income from locable to	3 Dec			cted with or allocable to property
			debt-fina	nced property	depre	a) Straight line ciation (attach	sch)	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	justed basis of o debt-financed ach schedule)	div	olumn 4 vided by olumn 5		Gross income reportable ımn 2 x colum		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				8				
(4)				%				
TotalsTotal dividends-received dedu	ictions included in	column 8			Part I,	line 7, column	ı (A). Pa	nter here and on page 1, art I, line 7, column (B).
<u> Schedule F – Interest, A</u>	nnuities, Roya				Orga	nizations (se	<u>ee instru</u>	ctions)
		Exempt Cont	rolled Orga	anizations		1		1
1 Name of Controlled Organization	2 Employer Identification Number	3 Net unr income ((see instru	(loss)	(loss) payments made		fified de that is includer in the controllin organization's gross income		6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4) Nonexempt Controlled Organiz	rations							
7 Taxable Income		1 0 Total of	f coosified	10 Part o	f colum	n Q that is	11	Doductions directly
7 Taxable Income	8 Net unrelated income (loss) (see instructions	paymen	f specified nts made	included	in the	on 9 that is controlling oss income		Deductions directly nected with income in column 10
(1)								
(2)								
(3)								
(4)	<u> </u>			Add column here and or 8, column (a	n page i	I 10. Enter I, Part I, line		lumns 6 and 11. Enter nd on page 1, part I, line
Totals		<u></u>			7.			···· (-).

Schedule G — Investment Inco	ome of a Section	า 501(ต	c)(7), (9 [°]), or (17) Orga	nization (see	instruct	ions)	
1 Description of income	2 Amount of inc		3 direc	Deductions tly connected ach schedule)	4 Set-as (attach sch	ides	5 Total set-as	deductions and sides (column 3 is column 4)
(1)			-					
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colur	page 1, nn (A).					Enter he Part I, li	re and on page 1, ne 9, column (B).
Totals								
Schedule I — Exploited Exemp								T
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pro unrelate	penses connected oduction of d business come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelat business income	attr	Expenses ibutable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Table	Enter here and on page 1, Part I, line 10, column (A)	on p Part I,	nere and age 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Totals. Schedule J — Advertising Inco	omo (Saa instructio	no)						
Part I Income From Period			onsolid	lated Racic				
rait i illcome From Feriou	2 Gross		orisona Direct	4 Advertising gain or				7 Excess readership
1 Name of periodical	advertising income	adve	ertising osts	(loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation	6 F	Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))								
Part II Income From Period through 7 on a line-by-line	e basis.)							
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I				_				
-	Enter here and on page 1, Part I, line 11, column (A).	on p Part I,	nere and age 1, line 11, nn (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K — Compensation	of Officers Dire	ctorc	and T	ustoos (see in t	tiama\			
Schedule K – Compensation	of Officers, Dire	ctors,	and ir	ustees (see insti	ructions)			
1 Name				2 Title	3 Percer time dev to busin	oted		ation attributable ated business
						%		
						%		
						%		
						%		
Total. Enter here and on page 1. Part	II. line 14					▶		

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

miornar riovonao	5011100					
If you are	e filing for an Automatic 3-Month	Extension, complete only	Part I and check this box			► Х
-	e filing for an Additional (Not Aut	•			•	
-	plete Part II unless you have alrea				iled Form 8868.	
Part I	Automatic 3-Month Extens	ion of Time. Only sub	mit original (no copies	needed).		
	n required to file Form 990-T and					_
All other corp income tax re	oorations (including 1120-C filers eturns.), partnerships, REMICS, ai	nd trusts must use Form 70	04 to request	an extension of	time to file
returns noted the additional Form 990-T.	lling (e-file). Generally, you can ed below (6 months for a corporation of the components of the compo	on required to file Form 990 ion or (2) you file Forms 99 ly completed and signed pa	0-T). However, you cannot f 00-BL, 6069, or 8870, group ge 2 (Part II) of Form 8868	ile Form 8868 returns. or a	B electronically if composite or cor	(1) you want nsolidated
	Name of Exempt Organization				Employer identification	on number
Type or						
print	Airline Ambassadors	International			75-2679444	
File by the due date for	Number, street, and room or suite number					
filing your return. See	418 California Avenu	ıe				
instructions.	City, town or post office, state, and ZIP co	de. For a foreign address, see instruc	ctions.			
	Moss Beach, CA 94038	ı				
Check type of	of return to be filed (file a separa	te application for each retu	rn):			
Form 990)	X Form 990-T (corporation))	Form 472	0	
Form 990)-BL	Form 990-T (section 401	(a) or 408(a) trust)	Form 522	7	
Form 990	D-EZ	Form 990-T (trust other t	han above)	Form 606		
Form 990)-PF	Form 1041-A		Form 887	0	
Telephone If the org If this is to check this the extens 1 I reques	anization does not have an office of a Group Return, enter the orgs box. ► ☐ . If it is for part of usion will cover.	FAX Note or place of business in the anization's four digit Group the group, check this box.	Exemption Number (GEN) and attach a list with d to file Form 990-T) exten	box	this is for the who	ole group,
	11/15 , 20 10 , to file		eturn for the organization na	amed above.		
	tension is for the organization's r calendar year 20 09 or	eturn for:				
		20 and andir	20			
· L	tax year beginning	, 20	g, ²⁰ _	·		
2 If this to	ax year is for less than 12 month	s, check reason: Initi	al return Final retu	rn C	hange in account	ing period
	application is for Form 990-BL, 99 undable credits. See instructions				3a \$	0.
	application is for Form 990-PF or Include any prior year overpayme				3b \$	0.
	e Due. Subtract line 3b from line with FTD coupon or, if required, structions			d, item). 	3c \$	0.
Caution. If yo payment inst	ou are going to make an electror ructions.	ic fund withdrawal with this	Form 8868, see Form 8453	B-EO and For	m 8879-EO for	
BAA For Pri	vacy Act and Paperwork Reduct	ion Act Notice, see instruc	tions.		Form 8868	(Rev. 4-2009)

California Exempt Organization 2009 Annual Information Return

FORM

Calendar ye	ear 2009 d	or fiscal year begi	inning month	day	year	, and endin	ig month	da	y yea	r
A First Retu	ırn Filed?	Yes	B Type of organization	Exempt	under Section	23701 D	(insert letter)	C	ORP #	
		X No			ction 4947(a)(1			3	3163043	
Corporation/Org	ganization Na					<u> </u>			EIN	
ATRITNE	. AMBAS	SADORS INT	ERNATIONAL					- 1-	75-267944	4
Address									20/311	
418 CAT	TEORNI	A AVENUE								
City	III OIMI	AVENUE						St	tate ZIP Code	
MOCC DE	יא כינו כ	סבחות הי								
		CA 94038		V No		ontributions, check b	ov Soo Conoral Inc	truction	Е	
				X No		o filing fee is require				
,		/affiliate in a group e	exemption? Yes	X No	H A	ccounting method us	sed 1 Cash	1 2	X Accrual	3 Other
a is this a See Ger	a group filing neral Instruct	j for affiliates? tion L	• Tyes	X No	I If	evennt under R&T(Section 23701d ha	as the n	rganization during	the year
		ımber of affiliates			(1	 narticipated in any 	/ political campaign	or (2) a	attempted to influe	nce
c Are all	affiliates incl	luded?	X Yes	No	H R	egislation or any ball &TC Section 23704.5	ot measure, or (3) r 5 (relating to lobbyir	nade ar na hv ni	l election under	'Yes.'
		t. See instructions.)			CO	omplete and attach f	orm FTB 3509, Polit	tical or	Legislative Activiti	es by
,		turn filed by an organ	nization covered		S	ection 23701d Organ	izations		• • • •	res X No
by a gr	oup ruling?.		Yes	X No	J D	id the organization h	ave any changes in	its acti	vities, governing in	ıstrument,
e Federal	Group Exem	ption Number			aı	rticles of incorporation	on, or bylaws that h	ave not	been reported to t	he
	-	•	Yes	X No		ranchise Tax Board?		-		· —
E Final retu					01	f revised documents.			····· ● ∐'	Yes X No
•	Dissolved	 Surrende 	red (Withdrawn)		K Is	the organization ex	empt under R&TC S	ection 2	23701g? •`	Yes X No
• 🗆	Merged/Reo	rganized (attach expla			If	'Yes,' enter amount onmember sources.	of gross receipts fr	om		
	-	ter date	•							
			ollowing federal forms or sch	— hedule:	L Is	s the organization un RS audited in a prior	vear?		• 🗀	Yes X No
			3 ● (Schedule H) 9			the organization a l	=			Yes X No
G If organiza	 ation is exem	npt under R&TC Section	on 23701d and is exclusively	reliaious.	N D	id the organization f	ile Form 100 or Forr	n 109 to	n <u> </u>	
education	al, or charita	ble, and is supported	primarily (50% or more) by	y public	re	eport taxable income	?			Yes X No
Part I			t required to file this						1	
			ots from other sources					1	(63 , 062.
	2 Gros	ss dues and asse	essments from membe	ers and affili	ates		• • • • • • • • • • • • • • • • • • • •	2		
Receipts and	3 Gros	ss contributions,	gifts, grants, and simi	ilar amounts	received	SEE	S.CHB ●	3	72	25 , 143.
Revenues	4 Tota	al gross receipts t	for filing requirement t	test. Add lin	e 1 through	n line 3.				
			mpleted. If the result				ruction C •	4	78	38 , 205.
		-								
	6 Cos	t or other basis, a	and sales expenses of	f assets solo	db	6				
	7 Tota	al costs. Add line	5 and line 6					7		
	8 Tota	al gross income.	Subtract line 7 from ling	ne 4				8		38,205.
Evnences	9 Tota	al expenses and o	disbursements. From S	Side 2, Part	II, line 18.			9	1,42	23,013.
Expenses	10 Exc	ess of receipts ov	ver expenses and disb	oursements.	Subtract li	ne 9 from line 8		10	-63	34,808.
	11 Filin	ig fee \$10 or \$25	. See General Instruct	tion F				11		10.
Filing	12 Tota	al payments						12		
Fee	13 Pen	alties and Interes	st. See General Instru	ction J				13		
	14 Use	tax. See Genera	Instruction K					14		
			ne 11, line 13, and line					15		1.0
			2 from the result					15	knowledge and hel	10.
Sign	correct, and	complete. Declaration	re that I have examined this re of preparer (other than taxpa	ayer) is based o	n all information	on of which preparer h	nas any knowledge.	St Of Hily	Kilowiedge alld bei	ici, it is true,
Here				Title			Date	- 1	Telephone	
	Signature of officer	>		PRES	IDENT			1	550 728-78	344
	Preparer's	_		•		Date	Check if self-	_ [Preparer's SSN	/PTIN
Paid	signature	ARTHUR J	J. ORTIZ				employed ►		200199400	
Preparer's Use Only	Firm's name	ARTHU	R J. ORTIZ & A	ASSOCIAT	res, in	c.		•	FEIN	
USE UIIIY	(or yours, if self-employed	▶ D ∩ 1	BOX 302					2	20-468931	5
	and address		ARLOS, CA 9407	70				(Telephone	
								-	(6 <u>50</u>) 591	-2198
	May the	FTB discuss this	return with the prepar	rer shown a	bove? See	instructions	<u> </u>	🕡	X Yes	No
								_	·	

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

		••••		miletimation eco epecin				
		1	Gross sales or receipts from all	business activities. See i	nstructions	•	1	
		2	Interest			•	2	
		3	Dividends			•	3	
Rece		4	Gross rents			•	4	
from Othe		5	Gross royalties			•	5	
Sour		6	Gross amount received from sal	le of assets (See Instruct	ions)	•	6	
		7	Other income. Attach schedule.		SEESI	ATEMENT 1 •	7	63,062.
		8	Total gross sales or receipts fro	m other sources. Add line	e 1 through line 7.			
			Enter here and on Side 1, Part	I, line 1			. 8	63,062.
		9	Contributions, gifts, grants, and similar a	nmounts paid. Attach schedule		•	9	1,153,566.
		10	Disbursements to or for membe	rs		•	10	
		11	Compensation of officers, direct	ors, and trustees. Attach	scheduleSEESI	ATEMENT 2 •	11	36,100.
Ехре	enses	12	Other salaries and wages			•	12	30,544.
and Dish	urse-	13	Interest			•	13	
men		14	Taxes			•	14	6,144.
		15	Rents			•	15	31,160.
		16	Depreciation and depletion (See	Instructions)		•	16	1,573.
		17	Other. Attach schedule		SEESI	ATEMENT 3 •	17	163,926.
		18	Total expenses and disbursements. Add	line 9 through line 17. Enter her	e and on Side 1, Part I, line	9	. 18	1,423,013.
Sch	edule	· L	Balance Sheets	Beginning of	taxable year	En	d of taxal	ole year
Asse	ets			(a)	(b)	(c)		(d)
1					86,617.		•	105,741.
2			receivable		11,580.		•	8,100.
3			eivable. Attach schedule				•	
4					1,046,886.		•	397,116.
5			tate government obligations				•	
6			n other bonds. Attach sch				•	
7			n stock. Attach schedule				•	
8			ns (number of loans)				•	
9			ents. Attach schedule				•	
			ssets	· · · · · · · · · · · · · · · · · · ·		46,7		
			ated depreciation		5,091.	43,2	213.	3,518.
							•	
12			Attach schedule STM 4		4,200.		•	14,336.
13					1,154,374.			528,811.
			et worth					
			able		1,938.		•	1,474.
15			gifts, or grants payable				•	
16			tes payable. Attach schedule				•	
17			yable				•	
18			es. Attach schedule					
19			or principle fund		1,152,436.		•	527,337.
20			oital surplus. Attach reconciliation				•	
21			ings or income fund		1 15/ 27/		•	E20 011
22 Cala					1,154,374.			528,811.
Scn	edule	ivi-	Reconciliation of income p Do not complete this schedu			nn (d), is less thar	n \$25,000	
1	Net inco	ome pe	er books					
2	Federal	incom	ne tax		not included in this	s return.		
3			ital losses over capital gains					
4			corded on books this year.		8 Deductions in this			
_			ile	<u> </u>	against book incon			
5			orded on books this year not deducted					
^		return.	Attach schedule			nd line 8		
6	Total.	1 thr	ough line 5	-634,808.	10 Net income per ret	urn. n line 6		-634,808.
	Auu IIII	ı UIİ	ough fille J	-034,000.	Junitact IIIE 3 IIUI	11 IIIIG U		-034,000.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

California Copy

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

Name of the organization		Employer identification number
Airline Ambassadors Internati	onal	75-2679444
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated a 527 political organization	as a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 501(c)(3) taxable private foundation	private foundation
Check if your organization is covered by the Go Note: Only a section 501(c)(7), (8), or (10) org	eneral Rule or a Special Rule. anization can check boxes for both the General Rule and	d a Special Rule. See instructions.
General Rule — X For an organization filing Form 990, 990-Excontributor. (Complete Parts I and II.)	Z, or 990-PF that received, during the year, \$5,000 or m	ore (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received from any	Form 990 or 990-EZ, that met the 33-1/3% support test or yone contributor, during the year, a contribution of the greater or (ii) Form 990-EZ, line 1. Complete Parts I and II.	of the regulations under sections of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,00 prevention of cruelty to children or animals	zation filing Form 990 or 990-EZ, that received from any 00 for use <i>exclusively</i> for religious, charitable, scientific, . Complete Parts I, II, and III.	one contributor, during the year, literary, or educational purposes, or the
contributions for use <i>exclusively</i> for religion this box is checked, enter here the total co purpose. Do not complete any of the parts	cation filing Form 990 or 990-EZ, that received from any us, charitable, etc, purposes, but these contributions did ntributions that were received during the year for an excunless the General Rule applies to this organization because.	not aggregate to more than \$1,000. If clusively religious, charitable, etc, cause it received nonexclusively
religious, charitable, etc, contributions of \$	5,000 or more during the year	
990-PF) but it must answer 'No' on Part IV, lin	y the General Rule and/or the Special Rules does not file e 2 of their Form 990, or check the box on line H of its F og requirements of Schedule B (Form 990, 990-EZ, or 99	Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reducti for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Sch	edule B (Form 990, 990-EZ, or 990-PF) (2009)

of Part I

Airline Ambassadors International

Page 1 of 3

Employer identification number 75-2679444

Part I	Contributors	(see	instructions.)
--------	--------------	------	----------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Flight Attendant Medical Research 201 S. Biscayne Blvd. #1310 Miami, FL 33131	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	American Airlines, Inc 1717 Main Street Suite 1600 Dallas, TX 75229	\$ <u>5,492.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	UNICEF 333 East 38th Street New York, NY 10016	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ISTAT Foundation 401 N. Michigan Ave. Chicago, IL 60611	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Austin Community Foundation P.O. Box 5159 Austin, TX 78763	\$ <u>9,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Nancy L Rivard 418 California Avenue Moss Beach, CA 94038	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

Page 2 of 3

Employer identification number

Airline Ambassadors International

75-2679444

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Steel Reinforcing 6875 Province Circle Falls Church, VA 22040	\$1 <u>6,430</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Daniel Susott 8022 River Place Carmel, CA 93923	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Nana Cea 100 Rock Lane El Dorado, CA 95762	\$1 <u>0,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10_	Connie and Bob Lurie Foundation Inc 501 Silverside Rd Ste 123 Wilmington, DE 19809-1377	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	Navin Mehta 303 2nd Ave #10 New York, NY 10003	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12_	Saeed Yousef 4088 Autinori Ct. San Jose, CA 95148	\$ <u>8,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

Airline Ambassadors International

Page 3 of 3

Employer identification number

75-2<u>679444</u>

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Mariah Fuels LTD. 26411 Oak Rifge Drive The Woodlands, TX 77380	\$ <u>7,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14_	Southern Iowa Econ Dev Association PO Box 658 Ottumwa, IA 52501	\$ <u>5,343.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	Nixon Peabody LLP 100 Summer Street Boston, MA 02110	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

of 1

of Part II

Name of organization
Airline Ambassadors International

Employer identification number

75-2679444

Part II	INONCASH Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		T	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			1

BAA

(a) No. from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

(d) Date received

(c) FMV (or estimate) (see instructions)

(b) Description of noncash property given

Name of organization

Airline Ambassadors International

Employer identification number

For organizations completing contributions of \$1,000 or less (a) (a) No. from Part I N/A Transferee' (a) (b)	lidtiolidi		13-2019444		
No. from Purpose of gif	charitable, etc, individual contribu ting more than \$1,000 for the year	(Complete cols	(a) through (a) and the following li	ne entry.)	
No. from Purpose of gif	g Part III, enter total of <i>exclusively</i> religious ss for the year. (Enter this information once	s, charitable, etc, e – see instruction	ons.) ▶\$	N/A	
Transferee'			(d) Description of how gift is		
(a) (b)					
(a) (b)					
```	(e) Transfer of g s name, address, and ZIP + 4		ntionship of transferor to transfer	ee	
```					
No. from Purpose of gif	(c) ft Use of gift	l	(d) Description of how gift is	held	
Transferee'	(e) Transfer of g s name, address, and ZIP + 4		ationship of transferor to transfero	ee	
(a) (b) No. from Purpose of gif	(c) ft Use of gift		(d) Description of how gift is	held	
Transferee'	(e) Transfer of g s name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) (b) No. from Purpose of gif	(c) ft Use of gift		(d) Description of how gift is	held	
	(e)				
Transferee'	(e)	14.			
	Transfer of g s name, address, and ZIP + 4		ationship of transferor to transfer	ee	

Form at bottom of page.

EFT TAXPAYERS: DO NOT FILE THIS FORM

WHERE TO FILE: Using blue or black ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2009 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:

FRANCHISE TAX BOARD

PO BOX 942857

SACRAMENTO CA 94257-0551

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations — File and Pay by March 15, 2010

Fiscal year filers — see instructions
Employees' trust and IRA — File and Pay by April 15, 2010
Calendar year exempt organizations — File and Pay by May 17, 2010

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

____ DETACH HERE ____ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM _____ DETACH HERE ____

TAXABLE YEAR Payment for Automatic Extension for Corps and Exempt Orgs 2009

CALIFORNIA FORM

3539 (CORP

650 728-7844 3163043 75-2679444 AIRL 12-31-09 TYB 01-01-09 TYE

09

3 FORM

AIRLINE AMBASSADORS INTERNATIONAL

NANCY RIVARD

418 CALIFORNIA AVENUE

MOSS BEACH 94038 CA

TOTAL PAYMENT AMT

10.

2009 Corporation Depreciation and Amortization

Attac	ch to Form 100 or Form	100W. FOR	M 199										
Corpoi	ration name						California	corporation	on number				
AIF	RLINE AMBASSADO	RS INTERNA	TIONAL				31630	43					
Parl	l I Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179									
1	Maximum deduction un	ider Section 179	for California					1	\$25 , 000				
2	Total cost of Section 17							2					
3	Threshold cost of Secti						<u> </u>	3	\$200,000				
4	Reduction in limitation.			•				4					
	5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0												
6	(a) Des	scription of property		(b) Cost (business i	use only)	(C) Elected	1 COST						
7	Listed property (elected	d Section 179 co	oct)		7								
8	Total elected cost of Se		•			7		8					
9	Tentative deduction. Er		-					9					
10	Carryover of disallowed							0					
11	Business income limita	ition. Enter the s	smaller of business	income (not less t	han zero) d	or line 5	1	1					
12	Section 179 expense d	eduction. Add lii	ne 9 and line 10, b	ut do not enter mor	e than lin <u>e</u>	<u>: 11 </u>	1	2					
13	Carryover of disallowed					•							
Parl	t II Depreciation and	l Election of Add	ditional First Year I	Expense Deduction	Under R8	TC Section 2							
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e)	- (f)	(g) Depreciation	on for	(h) Additional first				
	of property	acquired	other basis	allowed or	Deprecia tion	or rate	this year	ar	year				
				allowable in earlier years	method				depreciation				
CON	1PUTER	12/08/08	540.	27.	200DB	5		205.					
	NTER	9/03/06	643.			5		74.					
	TOP COMPUTER	3/21/06	1,740.	994.	200DB	5		200.					
	CHICLE	9/28/05	2,000.	1,300.	S/L	5		400.					
	COMPUTERS	11/28/05	2,832.			5		326.					
	PTOP	4/01/05	2,867.	· ·		5		330.					
	1PUTER	8/03/04	100.	· ·	200DB	5		6.					
								•					
15	Add the amounts in colexceed \$2,000. See ins						1.	573.					
Parl			,										
16	Total: If the corporation	n is electing:											
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15, column (g)	or	1E solumns ('a) and (h) a	_					
	Depreciation (if no elec	preciation under ction is made), e	enter the amount from	om line 15, column	(g)	(g) and (n) o 	r 16					
17	Total depreciation clair												
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	enter the difference	ce here and	d on Form 10	0 or						
	Form 100W, Side 1, lin Form 100W, Side 1, lin	le 6. If line 17 is le 12 (If Californ	less than line 16, line 16, line am	enter the difference	here and	on Form 100 net income b	or efore						
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is necessary.).				18					
Parl	t IV Amortization												
19	(a)	(b)	(c)	. (d)	(e)	_ (f)		(g)				
	Description of property	Date acquired	Cost or other bas		ization r allowable	R&TC section	Period or percentage		Amortization for this year				
				in earli	er years	(see instr)							
									_				
	T. I. A. I. II.						1 -	_					
20	Total. Add the amounts	(3)											
21	Total amortization clair	'	•	,				I					
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	enter the difference	ce here and	d on Form 10	0 or						
	Form 100W, Side 1, lin	e 12					2	2					

2009 Corporation Depreciation and Amortization

AIRLINE AN	tion to Expens	S INTERNA	TTONAT						Califor	rnia corpora	tion number					
Part I Elec	tion to Expens	S INTERNA	T A MATT			Attach to Form 100 or Form 100W. FORM 199 Corporation name California corporation number										
		AIRLINE AMBASSADORS INTERNATIONAL 3163043														
		se Certain Pro	perty Under IRC Se	ection 17	79											
1 Maximum																
			ed in service							2						
			before reduction in							3	\$200,000					
			from line 2. If zero							4						
			act line 4 from line							5						
6	(a) Descr	ription of property		(b) Co	st (business ı	use only)	(0	:) Elected	cost	4						
										_						
										_						
			ost)													
			erty. Add amounts i							8						
			of line 5 or line 8.							9						
-			n prior taxable year							10 11						
			smaller of business ne 9 and line 10, b		-	-				12						
	•		010. Add line 9 and							12						
			ditional First Year I				•	ction 2	/1356							
										>	(1-)					
	a) ription	(b) Date	(c) Cost or		(d) eciation	(e) Deprecia	ı- I	(f) _ife	Depreci	g) iation for	(h) Additional first					
	operty	acquired	other basis	allo	wed or	tion		rate	this	year	year					
					vable in er years	method					depreciation					
PRINTER		6/11/04	300.	00	250.	200DB		5		17.						
DVD PLAYER	2	4/26/04	60.		51.	200DB		5		3.						
TV		3/01/04	25.		23.	200DB		5		2.						
TV SHELVIN	JC	2/11/04	1,000.		783.	200DB		3			•					
COMPUTER E		2/03/04	125.		112.	200DB		5		7.						
COMPUTER E		1/31/04	25.		22.	200DB		5		3.						
COMPUTER &		1/31/04	2,500.		2,394.			5		,) <u> </u>					
	•				•	•		1			+					
15 Add the ar	mounts in colui 000 See instr	mn (g) and co	lumn (h). The combe 14, column (h)	bined tot	al of colum	ın (h) may	not	15								
	mmary	detions for inf	C 14, COIGIIII (11)													
	e corporation i	is electina:														
IRC Sectio	n 179 expense	e, add the amo	ount on line 12 and	line 15,	column (g)	or or										
Additional	first year depr	eciation under	R&TC Section 243 enter the amount from	356, add	the amoun	ts on line	15, col	umns (g) and (h) or 16						
	•	•	ourposes from fede								+					
•			reater than line 16,							··· ••						
Form 100V	V, Side 1, line	6. If line 17 is	less than line 16,	enter the	e difference	here and	on For	m 100	or							
Form 100V	V, Side 1, line	12. (If Califori	nia depreciation am n 100W, no adjustn	nounts ai	re used to (determine	net inc	ome be	efore	18						
	rtization	111 100 01 1 011	11 100 11, 110 aajastii	HOHE IS I						10						
19	(a)	(b)	(c)		-	d)		e)	(f)		(g)					
Des	scription	Date	Cost or		Amort	ization	R	&TC	Period	d or	Amortization					
of p	property	acquired	I other bas	sis		r allowable er years		ction instr)	percent	tage	for this year					
-					III Carii	ci ycais	(300	111311)								
							+									
							-									
							+									
							+									
							+									
20 Tatal Add	the emerciate !	in column (=)								20						
		,								20						
			ourposes from fede							21						
22 Amortization	on adjustment.	. If line 21 is g	reater than line 20, less than line 20,	, enter the	ne difference	ce here and	d on For	orm 100	or or							
Form 100V	V, Side 1, line	12				and				22						

2009 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. FORI	М 199									
Corpo	California corporation number											
AII	AIRLINE AMBASSADORS INTERNATIONAL 3163043											
Par	t I Election to Exper	nse Certain Pro	perty Under IRC Se	ection 179								
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
2	Total cost of Section 17							2				
3	Threshold cost of Section							3	\$200 , 000			
4	Reduction in limitation.			•				4				
5	Dollar limitation for taxa		act line 4 from line	1. If zero or less	, enter -0			5				
6	(a) Des	cription of property		(b) Cost (busines	s use only)	(c) Elected	d cost					
7	Listed property (elected		•									
8	Total elected cost of Se							8				
9	Tentative deduction. Er							9				
10	Carryover of disallowed							10				
11	Business income limita			•	-			11				
12	Section 179 expense de							12				
13 Par	Carryover of disallowed						142EC					
-	•		ditional First Year I						1			
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Deprecia	a- (f) Life	Deprec	(g) iation for	(h) Additional first			
	of property	acquired	other basis	allowed or	tion	or rate		year	year			
				allowable in earlier years	method				depreciation			
DES	SKC	11/01/03	525.	503	. 200DB	5						
	LING CABINETS	11/01/03	500.	479		5						
_	OKCASE	11/01/03	80.	80		5						
-	RPET	11/01/03	800.	766		5						
	PRINTER	11/12/02	299.		. 200DB	5						
	PRINTER	12/09/02	175.	175		5						
	COMPUTER	6/01/02	1,802.		. 200DB	5						
				•								
15	Add the amounts in col exceed \$2,000. See ins	umn (g) and co	lumn (h). The comb	bined total of colu	mn (h) may	not 15						
Par		Structions for fire	e 14, column (n)			13						
16	Total: If the corporation	is electing:										
10	IRC Section 179 expens	se. add the amo	ount on line 12 and	line 15, column (g) or							
	Additional first year dep Depreciation (if no elec-	preciation under	R&TC Section 243	356, add the amou	ints on line	15, columns ((g) and (h	n) or 16				
17	Total depreciation clain	•										
	Depreciation adjustmen		•									
10	Form 100W, Side 1, line	e 6. If line 17 is g	less than line 16,	enter the differen	ce here and	on Form 100	or					
	Form 100W, Side 1, line state adjustments on Fe	e 12. (If Califord	nia depreciation am	nounts are used to	determine	net income b	efore	18				
Par		31111 100 01 1 011	ii 100vv, 110 aujustii	nent is necessary	· <i>)</i> · · · · · · · · · · ·			10				
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)			
13	Description	Date	Cost or	r Amo	rtization	(e) R&TC	Perio	d or	Amortization			
	of property	acquired	I other bas		or allowable lier years	section (see instr)	percen	tage	for this year			
				iii cai	ilei years	(See IIISII)						
20	Total Add the americal	in column (c)						20				
20	Total. Add the amounts	107						20				
21	Total amortization clain							21				
22	Amortization adjustment Form 100W, Side 1, line	nt. If line 21 is g	reater than line 20	, enter the differe	nce here an	d on Form 10	0 or					
	Form 100W, Side 1, line	e 12		·····			· · · · · · · · · · · ·	22				

2009 Corporation Depreciation and Amortization

Attach to Form 100 or Form	100W. FORM	4 199				•					
Corporation name						Califor	rnia corporat	ion number			
AIRLINE AMBASSADORS INTERNATIONAL 3163043											
Part I Election to Expense Certain Property Under IRC Section 179											
1 Maximum deduction u	nder Section 179	for California					1	\$25,000			
2 Total cost of Section 1	79 property place	ed in service					2				
3 Threshold cost of Sect	ion 179 property	before reduction in	n limitation				3	\$200,000			
4 Reduction in limitation	. Subtract line 3	from line 2. If zero	or less, enter -0				4				
5 Dollar limitation for tax	kable year. Subtra	act line 4 from line	1. If zero or less, e	enter -0			5				
6 (a) Description of property (b) Cost (business use only) (c) Elected cost											
7 Listed property (electe	d Section 179 co	st)		7							
8 Total elected cost of S							8				
9 Tentative deduction. E							9				
10 Carryover of disallowe							10				
11 Business income limit			•	-			11				
12 Section 179 expense of							12				
13 Carryover of disallowe					•						
Part II Depreciation an	d Election of Add	ditional First Year I	Expense Deduction	under R&	TC Section 2	24356		Т			
14 (a)	(b)	(c) Cost or	(d)	(e)	- (f) Life	Danus (g)	(h)			
Description of property	Date acquired	other basis	Depreciation allowed or	Deprecia- tion	or rate		ation for year	Additional first year			
- 1 - 1 - 1 - 3			allowable in	method			,	depreciation			
	1 (01 (00	24.0	earlier years	000==							
OFFICE EQUIPMENT	1/01/00	913.	913.	200DB	5						
PHONE SYSTEM	1/01/01	10,000.	10,000.	200DB	5						
TV VCR	1/01/00	195.	195.	200DB	5						
NETWORK EQUIPMEN	1/01/00	340.	340.	200DB	5						
PHONE CONSOLE	1/01/00	580.	580.	200DB	5						
SONY COMPUTER	1/01/00	2,489.	2,489.	200DB	5						
DELL PRINTER	1/01/00	2 , 670.	2,670.	200DB	5						
15 Add the amounts in co	nlumn (a) and col	lumn (h) The comb	nined total of colum	nn (h) may	not						
exceed \$2,000. See in	structions for line	e 14, column (h)			15						
Part III Summary											
16 Total: If the corporatio	n is electing:										
IRC Section 179 exper Additional first year de	nse, add the amo	ount on line 12 and	line 15, column (g)) or Its on ling 1	IS columns ('a) and (h) or				
Depreciation (if no ele	ction is made), e	nter the amount from	om line 15, column	(g)	· · · · · · · · · · · · · · ·	(11	16				
17 Total depreciation clai	med for federal p	ourposes from fede	ral Form 4562, line	22			17				
18 Depreciation adjustme	nt. If line 17 is gi	reater than line 16,	, enter the difference	e here and	on Form 10	0 or					
Form 100W, Side 1, lin Form 100W, Side 1, lin											
state adjustments on F	Form 100 or Form	na depreciation an n 100W, no adjustn	nent is necessary.).				18				
Part IV Amortization		·						•			
19 (a)	(b)	(c)	(d)	(e)	(f)		(g)			
Description	Date	Cost or	r Amort	ization	R&TC	Period		Amortization			
of property	acquired	other bas		r allowable er years	section (see instr)	percent	age	for this year			
)	(000)						
-											
	 										
					+						
20 Total Add #==	o in octions: (=)						20				
20 Total. Add the amount	107						20				
21 Total amortization clai							21				
22 Amortization adjustme Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or					
Form 100W, Side 1, III	ne 12				······································		22				
	·	·	·	· · · · · · · · · · · · · · · · · · ·	·						

2009 Corporation Depreciation and Amortization

	ch to Form 100 or Form	100W. FOR	м 199										
Corpo	ration name							(California	corporati	on number		
AIF	RLINE AMBASSADO	RS INTERNA	TIONAL						31630)43			
Part			perty Under IRC Se										
1	1=17.11												
2									_	2	****		
3	Threshold cost of Secti									3	\$200,000		
4	Reduction in limitation.			,						5			
<u>5</u>	Dollar limitation for tax	-								<u> </u>			
	6 (a) Description of property (b) Cost (business use only) (c) Elected cost												
7	7 Listed property (elected Section 179 cost)												
8	Total elected cost of Se						7			8			
9	Tentative deduction. Er		-							9			
10	Carryover of disallowed	d deduction from	n prior taxable year	S					1	0			
11	Business income limita	ition. Enter the	smaller of business	income (not less t	han zero)	or line 5		1	1			
12	Section 179 expense d					-			1	2			
13							•						
Par	t II Depreciation and	l Election of Ad	ditional First Year	Expense	Deduction	Under R	&TC Sectio	n 24356	<u> </u>				
14	(a) Description	(b) Date	(c) Cost or	Donro	d) ciation	(e)	a- (f) Life	Dor	(g) preciati	on for	(h) Additional first		
	of property	acquired	other basis		ed or	Deprecia tion	or rate	Del	this ye	ar	year		
					able in years	method					depreciation		
нр	DESKJET	1/01/00	1,000.		1,000.	200DB		5					
	LASERJET	1/01/00	620.			200DB		5					
	PRINTER	1/01/99	3,000.		3,000.			5					
		1/01/99	5,986.			200DB		5					
	COPIER 1/01/99 5,986. 5,986. 200DB 5												
			45.7			4.5	<u> </u>						
15	Add the amounts in col exceed \$2,000. See ins	iumn (g) and co structions for lin	e 14. column (h)	bined tota	of colum	ın (n) may	not 15	;					
Parl			, , , , , , , , , , , , , , , , , , , ,				Į.						
16	Total: If the corporation	n is electing:											
	IRC Section 179 expen Additional first year dep	se, add the amo	ount on line 12 and	line 15, d	column (g)) or	15 column	c (a) ar	nd (h) c				
	Depreciation (if no elec	ction is made), e	enter the amount from	om line 1	5, column	(g)		s (y) ai		. 16			
17	Total depreciation clain	med for federal p	ourposes from fede	ral Form	4562, line	22				. 17			
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16	, enter the	difference	ce here an	d on Form	100 or					
	Form 100W Side 1 lin	ie 12 (lf Califori	nia denreciation am	nounts are	used to a	determine	net income	hefore					
	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is ne	cessary.).					. 18			
Parl	t IV Amortization						1						
19	(a) Description	(b) Date	(c) Cost or	,	\ \ mort	d) :ization	(e) R&TC	ь	(f) eriod o		(g) Amortization		
	of property	acquired				r allowable			centag		for this year		
		-			in earli	er years	(see inst	r)					
							-				_		
	T								- 1 -				
20	Total. Add the amounts	(3)								20			
21	Total amortization clair		'						2	21			
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	, enter the	e difference	ce here and	d on Form	100 or					
	Form 100W, Side 1, lin	e 12							2	22			

2009	California S	tateme	nts		Page 1
	Airline Ambassado	ors Interna	ational		75-2679444
Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events Other Investment Income				\$ Total <u>\$</u>	62,965. 97. 63,062.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors	, Trustees and Key E	mployees			
Current Officers: Name and Address	Title Average	Hours	Compen-	Contri- bution to _EBP & DC	Account/
Name and Address Nancy Rivard 418 California Avenue Moss Beach, CA 94038	President 40.00		\$ 36,100		
David Rivard 418 California Avenue Moss Beach, CA 94038	Executive 20.00	Direc	0	0.	0.
Frank Campagna C/O 418 California Ave Moss Beach, CA 94038	Executive 1.00	Direc	0	. 0.	0.
Steve Crane C/O 418 California Ave Moss Beach, CA 94038	Executive 1.00	Direc	0	. 0.	0.
Stephen Forneris C/O 418 California Ave Moss Beach, CA 94038	Executive 1.00	Direc	0	. 0.	0.
Peter Greenberg C/O 418 California Ave Moss Beach, CA 94038	Executive 1.00	Direc	0	. 0.	0.
Patricia McPeak C/O 418 California Ave Moss Beach, CA 94038	Executive 1.00	Direc	0	. 0.	0.
Daniel Sheth C/O 418 California Ave Moss Beach, CA 94038	Executive 1.00	Direc	0	. 0.	0.
Leilei LeLaulu C/O 418 California Ave	Executive 1.00	Direc	0	. 0.	0.
Moss Beach, CA 94038					

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_	•		u
_	u	u	

California Statements

Page 2

Airline Ambassadors International

75-2679444

Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees Advertising and Promotion Bad Debt	13,610. 7,596. 1,400.
Conferences, Conventions, and Meetings	3,142.
Credit Card & Bank Fees Insurance	5,126. 1,404.
Legal Fees	1,500.
Management fees	33,458.
Office Expenses Other fees	18,557. 2,504.
Postage and Shipping	7,390.
Professional Fundraising Fees	1,400. 53,938.
Special Event Expenses Taxes	25.
Telephone	9,445.
TheftTravel	2,542. 889.
Total	\$ 163,926.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

Prepaid Expenses	and Deferred	Charges	14,336.
		Total	\$ 14,336.

TAXABLE YEAR California Exempt Organization 2009 Business Income Tax Return

FORM 109

For calendar year 2009 or fiscal year beginning month vear & ending month day vear CORP # **B** Is this an education IRA within the Yes X No A First Return Filed? Yes meaning of R&TC Section 23712? 3163043 Corporation/Organization Name AIRLINE AMBASSADORS INTERNATIONAL 75-2679444 418 CALIFORNIA AVENUE ZIP Code MOSS BEACH, CA 94038 Is the organization under audit by the IRS or has the IRS audited in a prior year?..... **H** Is the organization a non-exempt charitable trust as X No described in IRC Section 4947(a)(1)?.... Final return? Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ) Surrendered (Withdrawn) Dissolved Local Agency Military Base Recovery Area (LAMBRA), Merged/Reorganized (attach explanation) Targeted Tax Area (TTA), or Manufacturing X No If a box is checked, enter date X No Yes Is this organization a qualified pension, profit-sharing, or X No (1) Cash (2) X Accrual Other stock bonus plan as described in IRC Section 401(a)?... Accounting Method Used: Nature of trade or business K Unrelated Business Activity (UBA) Code. . Taxable Unrelated business taxable income from Side 2, Part II, line 30..... 0. Corporation Multiply line 1 by the average apportionment percentage Schedule R, Apportionment Formula Worksheet, line 6. See instructions..... 3 Enter the lesser amount from line 1 or line 2. If line 2 is zero, enter the amount from line 1. Taxable **Trust** Unrelated business taxable income from Side 2, Part II, line 30. Tax Unrelated business taxable income from line 3 or line 4..... 5 Compu-Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses..... 6 tation 7 Net Operating Loss deduction. See General Information N..... 8 Add line 6 and line 7..... Net unrelated business taxable income. Subtract line 8 from line 5..... 9 % x line 9. See General Information J..... 10 11 a New jobs credit, amount generated in 2009..... 11 a 11b 11b New jobs credit, amount claimed in 2009..... 11 c Tax credits from Schedule B, line 4 and line 11b, Schedule P (100), or Schedule P (541). See Schedule B instructions. 11 c 0. Total Balance. Subtract line 11c from line 10. If line 11c is greater than line 10, enter -0-... 12 Alternative minimum tax. See General Information Q..... 13 Total tax. Add line 12 and line 13 14 **Payments** 15 15 Overpayment from a prior year allowed as a credit..... 16 2009 estimated tax payments. See instructions • 16 17 17 2009 Nonresident or real estate withholding. See instructions • 18 Amount paid with extension (form FTB 3539)..... 18 Total payments and credits. Add line 15 through line 18...... 19 Refund Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions..... 20 (Direct Overpayment. Subtract line 14 from line 19. See instructions..... 21 Deposit of Refund) or Enter amount of line 21 to be applied to 2010 estimated tax..... 22 Amount 23 Use tax. See instructions..... Due Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21. 24 a Fill in the account information to have the refund directly deposited. Routing number. . . . **b** Type: Checking ● Savings ● c Account Number..... Penalties and interest. See General Information M..... 25 Check if estimate penalty computed using Exception B or C and attach form FTB 5806. Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result

AIRLINE AMBASSADORS INTERNATIONAL

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 <i>a</i>	a Gross	s receipts or gross sales b Less returns and a	allowances		Balance •	1c	
2	Cos	t of goods sold and/or operations from Schedule A, line 7				2	
3	Gro	ss profit. Subtract line 2 from line 1c			•	3	
4 a	a Cap	ital gain net income. See Specific Line Instructions - Trusts	attach Schedule	D (541)	•	4a	
ŀ	Net	gain (loss) from Part II, Schedule D-1			•	4b	
(: Сар	ital loss deduction for trusts			•	4c	
5	Inco	me (or loss) from partnerships, limited liability companies, cructions. Attach Schedule K-1 (565, 568, or 100S) or similar	or S corporations.	See specific	line	5	
6		tal income from Schedule C				6	
7	Unr	elated debt-financed income from Schedule D			•	7	
8		stment income of an R&TC Section 23701g, 23701i, or 2370				8	
9		uities, interest, rents, and royalties of controlled organization	-			9	
10		loited exempt activity income from Schedule G				10	
11		ertising income from Schedule H, Part III, Column A				11	
12		er income. Attach schedule					
13	Tota	al unrelated trade or business income. Add line 3 through line	e 12		•	13	
Par		Deductions Not Taken Elsewhere (Except for contributions, deduct					
14		pensation of officers, directors, and trustees from Schedule				14	
15	Sala	aries and wages			•	15	
16	Rep	airs			•	16	
17	Bad	debts			•	17	
18	Inte	rest. Attach schedule			•	18	
19	Tax	es. Attach schedule			•	19	
20	Con	tributions. See instructions and attach schedule			•	20	
21 a		eciation (Corporations and Associations — Schedule J) (Trusts — form FTB					
		s: depreciation claimed on Schedule A. See instructions		21b		21	
22	Dep	letion. Attach schedule	· · · · · · · · · · · · · · · · · · ·		•	22	
23 a	Con	tributions to deferred compensation plans				23a	
ŀ	E mp	ployee benefit programs. See instructions				23b	
24	Oth	er deductions. Attach schedule			•	24	
25	Tota	al deductions. Add line 14 through line 24				25	
26		elated business taxable income before allowable excess advi				26	
27	Exc	ess advertising costs from Schedule H, Part III, Column B			•	27	
28	Unr	elated business taxable income before specific deduction. Su	ubtract line 27 fro	m line 26	•	28	
29	Spe	cific deduction. See instructions			•	29	
30	Unre	elated business taxable income. Subtract line 29 from line 28	3. If line 28 is a lo	oss, enter line	e 28	30	
		Under penalties of perjury, I declare that I have examined this return, including a correct, and complete. Declaration of preparer (other than taxpayer) is based on				of my knowledg	e and belief, it is true,
					,	i	
Sign Here)	Signature of	Title	Date	•	Telephone	
nere	,	officer -	PRESIDENT			650 7	28-7844
		Preparer's	Date	Che	ck if	Preparer's S	SSN/PTIN
Paid		ARTHUR J. ORTIZ		self-	employed	P0019	9400
Pre- pare		Firm's name (or yours, if self-employed) and address				● FEIN	
Use		► ARTHUR J. ORTIZ & ASSOCIATES, INC	•			20-46	89315
Only	′	P.O. BOX 302				Telephone	
		SAN CARLOS, CA 94070				(650)	591-2198
		May the FTB discuss this return with the preparer shown above (see instructions)?			■ X Yes	No

Side 2 Form 109 C1 2009 059 3642094 CAVA9812L 11/30/09

Sch	nedule A Cost of Go	ods Sold and/or Operations M	lethod of inventory valuation (specify	y)	
1	Inventory at beginning	of year			1
2	Purchases				2
3	Cost of labor				3
4 a	Additional IRC Section	263A costs. Attach schedule			4a
Ł	Other costs. Attach sch	nedule			4b
5	Total. Add line 1 through	gh line 4b			5
6	•	٠ ١٢		F	6
7	•	/or operations. Subtract line 6			7
-		ction 263A (with respect to pro		<u>-</u>	
Sch		Do not complete if you must to			120110111
1	=		0 •	1	
2			0 •	2	
3	Enter credit name			3	
			0 • [4
		gh line 3. Enter here and on Si			4
SCII	iedule N Add-On Ta	xes or Recapture of Tax. See i	nstructions.		
1	Interest computation un	nder the look-back method for	completed long-term contra	cts.	
				T	1
2	Interest on tax attributa	able to installment: a Sales of		F	2a
		b Method for	or non-dealer installment ob	ligations ●	2b
3	IRC Section 197(f)(9)(E	B)(ii) election to recognize gain			3
4	Credit recapture. Credi			•	4
5	Total. Combine the am	ounts on line 1 through line 4.	See instructions		5
Sch	nedule R Apportionn	nent Formula Worksheet			
Use	only for unrelated trade	or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1	Property factor: See instruct	tions		•	•
2		ther compensation of employees		•	
3	Sales factor: Gross sales and allowances	d/or receipts less returns		•	
	and anowances				
4	Multiply the feeter on line 2	column (c) by 2			
-					
5	Total percentage: Add the p line 2, and line 4	ercentages in column (c) line 1,			
6	by 4 and enter the result here	centage: Divide the factor on line 5 and on Form 109, Side 1, line 2.			
Sch		ome from Real Property and Pe		h Real Property	
		d property, use Schedule D, R&TC Sect	• • •		tions for excentions
	Description of property	a property, use defication, have been	1011 20701g, 0001011 207011, una 000	2 Rent received	3 Percentage of rent attribut-
•	Description of property			or accrued	able to personal property
					0/
				+	<u>%</u>
					%
_	0	2 :	5 0	2 :	%
4	item if the rent is determined	nn 3 is more than 50%, or for any on the basis of profit or income	5 Complete if any item in colu	ımn 3 is more than 10%, but not mor	e than 50%
/a) [T	(a) Crass income reportable	(h) Deductions directly connected	(a) Not income includible
	Deductions directly connected ch schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)
	<u>, </u>	\		1 1 7 1 -17	, , , ,
Add	columns 4(b) and 5(c).	Enter here and on Side 2, Part	I, line 6		

AIRLINE AMBASSADORS INTERNATIONAL

Schedule D Unrelated Debt-Financed Income

Scriedule D Uniterated	i Debt-Fillai	iceu ilicoi	IIC .								
1 Description of debt-financed pr			0	ross income from rallocable to debt	t- 3	3 Deductions di debt-financed	rectly connect property	cted with or allocable to			
1 Description of descrimanced property					Ť1	nanced property	(a)	Straight-line d (attach sche			er deductions schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	of or all debt-fin	e adjusted bas locable to lanced proper schedule)	001	bt basis percenta umn 4 ÷ column	s r	iross income eportable, column olumn 6	2 x	Allocable ded total of colum and 3(b) x co	ns 3(a)	incl	income (or loss) ludible, column 7 s column 8
(attach schedule)	(attacii	Jeriedaie)			용						
					8						
					8						
Tatal Futor have and an C	ide O Dewl	l line 7					l l				
Total. Enter here and on S	,	,									
						701n Organiza					
1 Description	2 Amount	t	3 Deduction connected (attach s	ons directly ed schedule)	4 N	let investment inco olumn 2 less colur	ome, mn 3	Set-asides (a schedule)	ttach	inco	ance of investment ome, column 4 less umn 5
Total. Enter here and on S											
Enter gross income from n	nembers (dı	ues, fees,	charges, o	or similar am	ounts)						
Schedule F Income (A	Annuities, Ir	nterest, Re	ents, and I	Royalties) fro	m Contr	olled Organiz	ations				
1 Name and address of			ncome from	3 Deduction connected	s directly	4 Exempt con	ntrolled org	ganizations			
controlled organizations co		controlle organiza		column 2 (attach sc	income	(a) Unrelated l taxable ind		computed a exempt un 23701, or th column (a)	ole income as though not ider Section ne amount in), whichever	colur	(c) Percentage, mn (a) ÷ column (b)
								is gr	reater	_	0.
										+	<u> </u>
								1		4	8
									1	ــــــــــــــــــــــــــــــــــــــ	용
5 Nonexempt controlle	d organizati	ons			6 Gross			owable deductio umn 3 x columr			income includible, umn 6 less column 7
(a) Excess taxable income	(b) Taxable in amount in col whichever is	lumn (a),	` '	ercentage, n (a) ÷ (b)	columi	reportable, column 2 x column 4(c) or column 5(c)		umn 5(c)	1 4(0) 01		anni o loss column /
				용							
				ક							
				ક							
Total. Enter here and on S	ide 2, Part	I, line 9									
Schedule G Exploited	Exempt Ac	tivity Inco	me. other	r than Advert	isina Inc	ome			•		
Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the		nses ily ected with action of ated	4 Net income from unrelativade or business, column 2 les column 3	5 G fr tt	iross income irom activity nat is not nrelated usiness income	6 Exper attribu colum	utable to	PExcess exe expense, column 6 le column 5 b more than column 4	ess out not	8 Net income includible, column 4 less column 7 but not less than zero
										\dashv	
Total. Enter here and on S	ide 2, Part I	I, line 10									

Side 4 Form 109 C1 2009 059 3644094 CAVA9834L 11/30/09

Schedule H Advertising Income and Excess Advertising Costs

Part	I Income	from Perio	dicals Re	eported on a C	onsolio	dated Basis							
	ame of eriodical	2 Gross advincome	vertising	3 Direct adver	tising	4 Advertising incoor excess adve costs. If column greater than complete cost, 6, and 7. If column 2, ente excess in Part column B(b). Do not complet columns 5, 6, a	rtising n 2 is olumn lumns column an r the III,	5 Circulation in	ncome	6 Readershi	p costs		If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column 4(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0
						- -							
Total	S												
		from Perio	dicale De	ported on a S	onarate	Racic							
ı art	ii iiicoiiic	i ii oiii i eiio	uicais ite	ported on a s	срагац	Dasis							
Part	III Column	ı A – Net A	dvertisin	a Income		I.	Part	III Column E	3 – Exc	ess Adverti	sina Cos	its	
	(a) Enter 'cons		dical' and/o		Part I, o	er total amount from column 4 or 7, and ts listed in Part II, lumns 4 and 7		Enter 'consolidat	ed period			(b) from I	Enter total amount Part I, column 4, and ints listed in Part II, column 4
Entor t	otal hara and a	n Cido 2 Dort	I line 11				Entor	total here and on	Cido 3 D	ort II lino 27			
			,	ficers, Directo	vc and	Tructoos	EIILEI	total fiere affu off	Side Z, F	art II, IIIIE Z7			
	Name of Office			l or ITIN	3 T		4	Percent of time devoted to busine		Compensation attributable unrelated but	to		Expense account allowances
									용				
									용				
									용				
									용				
									용				
									•				
			on (Corpo			ions only. Trus							
1	Group and guid description of			2 Date acquir	ed 3	3 Cost or other basis	4	Depreciation allowed or allowable in prior years	C	lethod of omputing epreciation	6 Life rate		7 Depreciation for this year
1	Total addition	onal first-ye	ar depr <u>ed</u>	ciation (do not	include	in items below)						
2	Other depre	eciation:											
	$Buildings.\ .$												
	Furniture ar	nd fixtures .											
	Transportat	ion equipme	ent										
	Machinery a other equip	and ment											
	Other (spec												
3	Other depre	eciation											
4	Total												
5	Amount of	depreciatior	n claimed	elsewhere on	return.								
6	Balance. Si	ubtract line	5 from lin	ne 4. Enter he	re and o	on Side 2, Part I	II, line	21a					

CAVA9805L 11/30/09 059 3645094 Form 109 C1 2009 **Side 5**

IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number 115318 Check if: Check if: Change of address Amended report											
AIRLINE AMBASSADORS IN	TERNATI	ONAL		Amended	report						
Name of Organization											
418 CALIFORNIA AVENUE Address (Number and Street)				Corporate or	Organization No. 3163043						
MOSS BEACH, CA 94038				Federal Emplo	oyer I D N o. 75-2679444						
City or Town		State ZIP C	ode								
ANNUAL REGISTE	RATION RE lake Check	ENEWAL FEE SC Payable to Atto	CHEDULE (11 Ca orney General's F	I. Code Regs. s Registry of Cha	ections 301-307, 311 and 312) ritable Trusts						
Gross Annual Revenue	Fee	Gross Annual I	Revenue	Fee	Gross Annual Revenue	ı	Fee				
Less than \$25,000	0		001 and \$250,000		Between \$1,000,001 and \$10 million		\$150				
Between \$25,000 and \$100,000	\$25	Between \$250,0	001 and \$1 millio	on \$75	Between \$10,000,001 and \$50 mill Greater than \$50 million		\$225 \$300				
PART A – ACTIVITIES					Greater than \$50 mmon		9 500				
For your most recent full accord	unting peri	iod (beginning	1/01/09	ending	12/31/09) list:						
Gross annual revenue \$		734,267.	Total assets		528,811.						
PART B – STATEMENTS RE	GARDIN	G ORGANIZA	TION DURING	G THE PERI	OD OF THIS REPORT						
Note: If you answer 'yes' to any	of the ques	stions below, yo	ų must attach a	separate sheet	providing an explanation and detail	ls for e	each				
'yes' response. Please rev	iew RRF-1	instructions for	information req	uirea.		Yes					
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer.											
director or trustee had any final			anank diwaraian	av maiaaa af th	an avancimation la chavitable	+	X				
2 During this reporting period, wa property or funds?	is there any	y theit, embezzie	ement, diversion	or misuse or u	e organization's chantable	$\perp \Box$	Х				
3 During this reporting period, did	d non-progr	ram expenditures	s exceed 50% of	gross revenues	s?	Щ	х				
4 During this reporting period, we Form 4720 with the Internal Rev	ere any orga venue Serv	anization funds u	used to pay any	penalty, fine or	judgment? If you filed a	$ _{\Box}$	x				
5 During this reporting period, we purposes used? If 'yes,' provide service provider.	ere the serve e an attach	vices of a comme ment listing the	ercial fundraiser name, address,	or fundraising of and telephone	counsel for charitable number of the		x				
During this reporting period, did the name of the agency, mailin	the organ	ization receive a	any governmenta	I funding? If so	, provide an attachment listing		X				
7 During this reporting period, did	d the organ	ization hold a ra	ffle for charitable				X				
8 Does the organization conduct the program is operated by the	a vehicle d	lonation program	? If 'yes,' provid			+					
charitable purposes.	Charity of	whether the orga		us with a comm	lercial fulluraiser for	$\perp \Box$	Х				
9 Did your organization have preprinciples for this reporting period	pared an au lod?	udited financial s	statement in acco	ordance with ge	enerally accepted accounting		Х				
Organization's area code and teleph	one numbe	er <u>650 728-</u>	7844								
Organization's e-mail address											
I declare under penalty of perjury th and belief, it is true, correct and cor	at I have e nplete.	xamined this rep	port, including a	ccompanying o	documents, and to the best of my k	nowled	lge				
	377.7-	OV DIVIDO		DDEGIDEN	1						
Signature of authorized officer	NAN Printed	CY RIVARD Name		PRESIDENT Title	Date						

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

	For th	he 2009 calen	dar year.	or tax year begin	nning		, 20	009, and e	ndin	g			,	
В		if applicable:		С			,				D Employ	er Ider	tification Nu	ımber
		ddress change	Please use IRS label	Airline Am	bassador	s In	ternatior	nal			75-	2679	9444	
		ame change	or print or type.	418 Califo							E Telepho			
		itial return	See specific	Moss Beach	ı, CA 940	38					650	728	3-7844	
		ermination	Instruc- tions.											
		mended return									G Gross r	eceints	\$	788,205.
		oplication pending	F Name	and address of principa	al officer: Nai	ncv I	Rivard			H(a) Is this	a group retur	_		Yes X No
	ш.,	- F		As C Above		1				` '	affiliates incl			Yes No
$\overline{1}$	Tax	-exempt statu			(insert no.)		4947(a)(1) or	527	7	If 'No,'	attach a list.	(see ir	structions)	<u> </u>
J				lineamb.org			15 17 (4)(1) 51	027		H(c) Group	exemption nu	ımber	>	
K			X Corpor		Association	Other	>	L Year of F					legal domici	le: TX
_	ırt I	Summa							-					
				ganization's miss	ion or most s	ignifica	ant activities:	Airli	ne i	Ambass	adors	Int	ernati	onal
o				n <u>itarian ai</u>										
anc				relief and										out_the_
Ē		world	We_les	zerage cont	acts with	h_cor	mercial	_ airlin	es_	to fac	cilitat	e_o	ur wor	
λοκ				if the organization									s.	•
જ				nbers of the gove								3		9
ies			•	nt voting member byees (Part V, lin	-	_						<u>4</u> 5		6 0
Activities & Governance				teers (estimate if								6		0
Ac				business revenue								7 a		97.
				s taxable income								7 b		0.
											rior Year		Cur	rent Year
	8	Contributions	and gran	nts (Part VIII, line	: 1h)						1,884,8	393.	- Jui	725,143.
Revenue			_	nue (Part VIII, line	•						, , -			
eVe	10	Investment in	ncome (Pa	art VIII, column (A), lines 3, 4,	and 7	d)							97.
ď	11	Other revenu	e (Part V	III, column (A), li	nes 5, 6d, 8c,	, 9c, 10	c, and 11e)				95,9			9,027.
	12	Total revenue	e — add li	ines 8 through 11	(must equal	Part V	III, column (A), line 12)			1,980,8			734,267.
	13	Grants and s	imilar am	ounts paid (Part	IX, column (A	A), lines	s 1-3)			3	3,587,0	16.	1	<u>,153,566.</u>
	14	Benefits paid	to or for	members (Part I	X, column (A)), line 4	4)							
ø	15	Salaries, other	er compe	nsation, employe	e benefits (Pa	art IX,	column (A), li	nes 5-10)			72,7	757.		72,788.
Expenses	16 a	Professional	fundraisir	ng fees (Part IX,	column (A), li	ine 11e	:)				178,6	550.		1,400.
xpe	b	Total fundrais	sing expe	nses (Part IX, co	lumn (D), line	e 25) >		10,94	10.					
Ш				IX, column (A), li							105,2	257.		141,321.
		•	-	ines 13-17 (must			•				3,943,6			,369,075.
		•		es. Subtract line 1	•			•			,037,1			-634,808.
or ses											nning of Y			d of Year
lanc	20	Total assets	(Part X. Ii	ine 16)							,154,3			528,811.
Net Assets or Fund Balances	21		-	(, line 26)							, ,	38.		1,474.
ᇗ	22	Net assets or	· fund bal	ances. Subtract I	ine 21 from li	ne 20				1	,152,4			527,337.
Pa	rt II		ure Blo								.,		1	02:700:1
	-				xamined this retur	n. includ	ing accompanying	schedules ar	nd stat	ements, and	to the best of	of my ki	nowledge and	d belief, it is
		true, correct, a	and complete	I declare that I have e e. Declaration of prepar	er (other than offi	cér) is ba	ased on all informa	ation of which	prepa	rer has any	knowledge.	,		,
Sig	ŋn													
He	re	Signature	of officer							Da	ite			
		► Nanc	y Riva	rd						Presi	ident			
		Type or pi	rint name an	id title.										
								Date			heck if	F	Preparer's ide see instruction	entifying number
Pa		Preparer's									elf- mployed >	\square		,
Pre	e	signature	► Art	hur J. Ort:	iz								200199	400
pa	rer's	Firm's name (hur J. Ort:		ciat	es, Inc.	•						
Us On		yours if self- employed),). Box 302	<u> </u>					E	ın ► 2	0-4	689315	
JII	ı y	address, and ZIP + 4		Carlos, CA	A 94070								0) 591	
May	, the I	- I		with the prepare		e? (see	instructions)			1		,	X Ye	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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.			
•	• 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.			
	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.			
	 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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? If 'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D. Parts XI. XII. and XIII</i> .	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	12		Λ
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) Airline Ambassadors International
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
Ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .	27		X
28	Was the organization a party to a business transation 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		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X

BAA Form **990** (2009)

Form 990 (2009) Airline Ambassadors International Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	ole gaming 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	0		
2b 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 this return. (see instru	uctions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b)	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	ority over, a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank Financial Accounts.	and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?)	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Tax Shelter Transaction?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	anization 6a		Χ
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or deductible?	gifts were not		
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?		1	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?)	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req Form 8282?			Χ
d If 'Yes,' indicate the number of Forms 8282 filed during the year			v
benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			Λ
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess bu holdings at any time during the year?	siness		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make any 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			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form **990** (2009) Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ection A. Governing Body and Management				
	• •			Yes	No
	1 a Enter the number of voting members of the governing body		9		
ı	b Enter the number of voting members that are independent	. 1b	6		
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee or key employee?	relationship with any ot	her 2		X
3	3 Did the organization delegate control over management duties customarily performed by o of officers, directors or trustees, or key employees to a management company or other per	r under the direct super	vision		Х
4		13011:	4		X
•	since the prior Form 990 was filed?				
5	'				Х
6					X
7:	7a Does the organization have members, stockholders, or other persons who may elect one of				
,	governing body?		7a		X
ı	${f b}$ Are any decisions of the governing body subject to approval by members, stockholders, or	other persons?	7b		X
8	8 Did the organization contemporaneously document the meetings held or written actions un the following:	dertaken during the yea	r by		
i	a The governing body?		8a		X
ı	b Each committee with authority to act on behalf of the governing body?		8b		X
9	9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	cannot be reached at the	e 9		Х
	ection B. Policies (This Section B requests information about policies no				
Rev	evenue Code.)				
				Yes	
10	0 a Does the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
l	b If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affilia	ates, 10b		
11	1 Has the organization provided a copy of this Form 990 to all members of its governing bod	y before filing the form?	· 11		X
11 /	1 A Describe in Schedule O the process, if any, used by the organization to review this Form 9	90. See Schedul	e 0		
	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
l	b Are officers, directors or trustees, and key employees required to disclose annually interes to conflicts?	ts that could give rise	12b	Х	
•	c Does the organization regularly and consistently monitor and enforce compliance with the <i>Schedule O how this is done</i>				Х
13	3 Does the organization have a written whistleblower policy?		13	Χ	
14	4 Does the organization have a written document retention and destruction policy?		14	Χ	
15	5 Did the process for determining compensation of the following persons include a review ar persons, comparability data, and contemporaneous substantiation of the deliberation and contemporaneous substantiation of the deliberation and contemporare co	nd approval by independ decision?	ent		
i	a The organization's CEO, Executive Director, or top management official				X
ı	b Other officers of key employees of the organization		15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16	6 a Did the organization invest in, contribute assets to, or participate in a joint venture or simil entity during the year?	ar arrangement with a ta	axable 16a		X
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organizati in joint venture arrangements under applicable federal tax law, and taken steps to safegua status with respect to such arrangements?	ird the organization's ex	empt		
Sec	ection C. Disclosures		1 :32	1	
17	•				
18	8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply.				public
	Own website Another's website X Upon request				
19	statements available to the public. See Schedule 0				ancial
20	State the name, physical address, and telephone number of the person who possesses the Nancy Rivard 418 California Avenue Moss Beach CA 94038		he organizat	ion:	

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did no	t compen	sate a	ıny (curre	ent (officer	, dir	ector, or trustee.		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours					hat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Nancy Rivard										_
President	40	X		Χ	Χ			36,100.	0.	0.
David Rivard										
Executive Direc	20	X						0.	0.	0.
Frank Campagna										
Executive Direc	1	X						0.	0.	0.
Steve Crane										
Executive Direc	1	Χ						0.	0.	0.
Stephen Forneris										
Executive Direc	1	X						0.	0.	0.
Peter Greenberg										
Executive Direc	1	X						0.	0.	0.
Patricia McPeak	_								_	
Executive Direc	1	X						0.	0.	0.
Daniel Sheth									•	
Executive Direc	1	Х						0.	0.	0.
<u>Leilei LeLaulu</u>		3.7							0	0
Executive Direc	1	Χ						0.	0.	0.

Tart VII Section A. Officers, Directors, 1103		,		·P·	,, .	••• ,	uii			,	
(A)	(B)			(6				(D)	(E)		(F)
Name and Title	Average hours per week			Officer		a Highest compensated a employee	pply Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr orga and	timated nt of other oensation om the anization d related nizations
1 b Total							>	36,100.	0.		0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	d abo	ove)	wh	o re	ceived more than	\$100,000 in report	able con	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it. 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tindividual. 	<i>ndividua</i> portable han \$15	ol e cor 50,00	npe 00?	nsa If 'Y	tion es'	and	oth	er compensation e Schedule J for	from	. 3	Yes No X X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens hedule J	atio <i>I for</i>	n fro suc	om a h pe	any e <i>rso</i>	unre n	elate	ed organization fo	r services	. 5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	nenr	lent	COr	ntrac	tors	tha	it received more t	han \$100,000 of		
compensation from the organization.	.00 11100	Poric	20110		-		-				•
Name and business addres	S							Description of	of Services	Compe	nsation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	list	ted a	above) who receiv	ed more than		

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
CONTRIBUTION AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above	725,143.			
PROGRAM SERVICE REVENUE	Business Code 2a b c d e f All other program service revenue	723, 143.			
PROC	g Total. Add lines 2a-2f▶				
	 Investment income (including dividends, interest and other similar amounts)	97.		97.	
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss) ▶				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18				
Ď	c Net income or (loss) from fundraising events	9,027.			9,027.
	9a Gross income from gaming activities. See Part IV, line 19	,			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a				
	b				
	d All other revenue e Total. Add lines 11a-11d ▶				
	12 Total revenue. See instructions.	734,267.	0.	97.	9,027.

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	Diete Column (A) but are	· · · · · · · · · · · · · · · · · · ·	, , , , ,	
	not include amounts reported on lines 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 governments and organizations in the U.S. See Part IV, line 21	150.	150.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,153,416.	1,153,416.		
4	Benefits paid to or for members	, ,	, ,		
5	Compensation of current officers, directors, trustees, and key employees.	36,100.	31,407.	4,693.	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	30,544.	5,914.	21,298.	3,332.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,144.	3,441.	2,396.	307.
11	Fees for services (non-employees)				
á	Management	33,458.	9,703.	22,417.	1,338.
ŀ	Legal	1,500.		1,500.	_
(Accounting	13,610.		13,610.	
(I Lobbying	·		·	
	Prof fundraising svcs. See Part IV, In 17	1,400.			1,400.
	Investment management fees	,			,
	g Other	2,504.	448.	2,056.	
	Advertising and promotion	7,596.	7,596.	,	_
13	Office expenses.	18,557.	13,805.	1,345.	3,407.
14	Information technology	20,0011	20,000.	2,0101	0,1011
15	Royalties				
16	Occupancy	31,160.	2,493.	28,667.	
17	Travel	889.	116.	773.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	007.	110.	773.	
19	Conferences, conventions, and meetings	3,142.	3,142.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,573.	755.	771.	47.
23	Insurance	1,404.	365.	1,039.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
á	Telephone	9,445.	3,306.	6,139.	
	Postage and Shipping	7,390.	2,587.	3,694.	1,109.
	Credit Card & Bank Fees	5,126.	_,	5,126.	
	Theft	2,542.		2,542.	
	Bad Debt	1,400.	1,400.	_, = 12.	
	All other expenses	25.	1, 100.	25.	
	Total functional expenses. Add lines 1 through 24f	1,369,075.	1,240,044.	118,091.	10,940.
26	Joint costs. Check here SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,303,013.	1,270,044.	110,001.	
RΛΛ					Form 990 (2009)

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	ΙΙΛ	Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	86,617.	1	104,737.
	2	Savings and temporary cash investments		2	1,004.
	3	Pledges and grants receivable, net	8,100.	3	8,100.
	4	Accounts receivable, net	3,480.	4	
	5	Receivables from current and former officers, directors, trustees, key employend highest compensated employees. Complete Part II of Schedule L	ees,	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule	: L	6	
A S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use	1,046,886.	8	397,116.
Š	9	Prepaid expenses and deferred charges	2,800.	9	14,336.
	10 a	Land, buildings, and equipment: cost or other basis. 10a 46,7	31.		
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	13. 5,091.	10 c	3,518.
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,154,374.	16	528,811.
	17	Accounts payable and accrued expenses	1,938.	17	1,474.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
1		of Schedule L		22	
E S	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. Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25.		26	1,474.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	1,083,934.	27	458,835.
S S F		Temporarily restricted net assets.	68,502.	28	68,502.
T S	29	Permanently restricted net assets.		29	00,302.
O R	23	Organizations that do not follow SFAS 117, check here ► and comple		23	
		lines 30 through 34.			
F U N D	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances		33	527,337.
¥		Total liabilities and net assets/fund balances		34	528,811.

Form **990** (2009) BAA

Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? **b** Were the organization's financial statements audited by an independent accountant?..... 2b Χ c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c 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. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Χ За **b** 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..... 3b

BAA Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Airline Ambassadors International 75-2679444 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III - Functionally integrated d С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col. (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the rganization in col.
(i) listed in your (i) Name of Supported Organization (ii) EIN (vi) Is the inization in col (vii) Amount of Support (i) organized in the U.S.? your support? (see instructions)) governing document? Yes Yes No Yes No No Total

Par	t II Support Schedule for	•			(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
500	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	rt I.)				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
•	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ		structions)				12	
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year a	s a section 5	501(c)	(3)
	tion C. Computation of Pu			11 0		1	4.4	
	Public support percentage for 20 Public support percentage from							% %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	I not check the bo	ox on line 13, and	d the line 14 is 33	-1/3 % or m	ore, c	heck this box
k	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13. or 16	a. and line 15 is 3	3-1/3% or m	nore. c	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain i	n Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain i	n Part	IV how the
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17	a, or 17b, check t	nis box and	see in	structions ►
BAA					Sc	hedule A (F	orm 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Airline Ambassadors International Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	5,870,238.	4,106,736.	3,757,353.	4,884,894.		18,619,221.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	5,870,238.	4,106,736.	3,757,353.	4,884,894.	0.	18,619,221.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	<u> </u>	0.
8	Public support (Subtract line						10 610 001
<u> </u>	7c from line 6.)						18,619,221.
	tion B. Total Support	(-) 000F	4-> 0000	(-) 0007	4-13 00000	1-3 0000	(6 T-1-1
	ndar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	5,870,238.	4,106,736.		386.	0.	18,619,221.
	similar sources	28	2 307	1 1/1/			4 468
	Similar sources	28.	2,307.	1,747.			4,468.
c	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	28.	2,307.	1,747.	386.	0.	_
	Similar sources					0.	0.
11	similar sources					0.	0. 4,468. 0.
11 12	similar sources	28.	2,307.	1,747.	386.	s a section 501(c)	0. 4,468. 0. 0. 18,623,689.
11 12 13 14	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	is for the organizatop here	2,307.	1,747.	386.	s a section 501(c)	0. 4,468. 0. 0. 18,623,689.
11 12 13 14 Sec	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	is for the organizatop here	2,307.	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3)
11 12 13 14 Sec 15	similar sources. Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organization hereblic Support P	2,307. ation's first, secondercentage n (f) divided by lir	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3)
11 12 13 14 Sec 15 16	similar sources. Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	is for the organization here	2,307. 2,307. ation's first, secondercentage n (f) divided by lint Part III, line 15.	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3)
11 12 13 14 Sec 15 16 Sec	similar sources. Dunrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lns 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage from C. Computation of Investigation D. Computation of Investigation of Investigation and the support percentage from the computation of Investigation D. Computation of Investigation of Investigation and the support percentage from the computation of Investigation of Investigation of Investigation and the support percentage from the support percentage	is for the organized stop here	ation's first, second Percentage In (f) divided by line Part III, line 15 The Percentage	1,747.	386.	a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3) ► X
11 12 13 14 Sec 15 16 Sec 17	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from those from the support percentage from	is for the organizal stop here	2,307. 2,307. 2ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	1,747.	or fifth tax year as	5 a section 501(c) 	0. 4,468. 0. 0. 18,623,689. (3) (3) (3) (3) (4) (5) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
11 12 13 14 Sec 15 16 Sec 17 18	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from those support percentage from the supp	is for the organiz. I stop here	2,307. 2,307. 2,307. 2ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on	1,747. 1,747. 1,747. 1,747. 1,747.	or fifth tax year as	5 a section 501(c)	0. 4,468. 0. 0. 18,623,689. (3) (3) (3) (3) (4) (5) (8) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
11 12 13 14 15 16 Sec 17 18 19 a	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b	is for the organiz. I stop here	2,307. 2,307. 2,307. 2ercentage n (f) divided by lir Part III, line 15. ne Percentage column (f) divided le A, Part III, line check the box on The organization id not check a box	1,747. 1,747.	or fifth tax year as mn (f))is more than 33-1/3 iblicly supported ca, and line 16 is n	s a section 501(c)	0. 4,468. 0. 18,623,689. (3) X % % ot % 6, and line 18

Schedule A	(Form 990	or 990-EZ	2) 2009	Airli	ne Amb	assador	s Inte	rnati	onal		2679444	Page 4
Part IV	Supplem Part II, Iir	ental In ne 17a d	format or 17b;	ion. Con and Par	nplete ti t III, lin	nis part to e 12. Pro	provide vide any	the e other	xplanation additional	s required information	by Part II, li n. See instr	ine 10; uctions.
							. – – – -					
							. – – – -					
							. — — — -					
							· – – – -					
							· -					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization			Employer identification number
Airline Ambassadors Internation	onal		75-2679444
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X = 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated	l as a p	private foundation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a	a priva	te foundation
	501(c)(3) taxable private foundation		
Check if your organization is covered by the Ge	eneral Rule or a Special Rule.		
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule ar	nd a Sp	pecial Rule. See instructions.
General Rule —			
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, \$5,000 or n	nore (i	n money or property) from any one
contributor. (Complete Parts I and II.)			
Special Rules –			
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support test one contributor, during the year, a contribution of the greate r (ii) Form 990-EZ, line 1. Complete Parts I and II.		
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,000 prevention of cruelty to children or animals.	ation filing Form 990 or 990-EZ, that received from any 0 for use <i>exclusively</i> for religious, charitable, scientific, Complete Parts I. II. and III.	y one o , literai	contributor, during the year, cy, or educational purposes, or the
	ation filing Form 990 or 990-EZ, that received from any	v one c	contributor during the year
contributions for use <i>exclusively</i> for religious this box is checked, enter here the total con	s, charitable, etc, purposes, but these contributions did tributions that were received during the year for an <i>ex</i> unless the General Rule applies to this organization be	d not a xclusive	ggregate to more than \$1,000. If
religious, charitable, etc, contributions of \$5	5,000 or more during the year		▶\$
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not fi e 2 of their Form 990, or check the box on line H of its g requirements of Schedule B (Form 990, 990-EZ, or 9	Form 9	990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Sci	hedule	B (Form 990, 990-EZ, or 990-PF) (2009

of Part I

Airline Ambassadors International

Page 1 of 3

Employer identification number 75-2679444

Part I	Contributors	(see	instructions.)
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(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Flight Attendant Medical Research 201 S. Biscayne Blvd. #1310 Miami, FL 33131	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	American Airlines, Inc 1717 Main Street Suite 1600 Dallas, TX 75229	\$ <u>5,492.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	UNICEF 333 East 38th Street New York, NY 10016	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ISTAT Foundation 401 N. Michigan Ave. Chicago, IL 60611	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Austin Community Foundation P.O. Box 5159 Austin, TX 78763	\$9,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Nancy L Rivard 418 California Avenue Moss Beach, CA 94038	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

Page 2 of 3

Employer identification number

Airline Ambassadors International

75-2679444

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Steel Reinforcing 6875 Province Circle Falls Church, VA 22040	\$1 <u>6,430.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Daniel Susott 8022 River Place Carmel, CA 93923	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Nana Cea 100 Rock Lane El Dorado, CA 95762	\$1 <u>0,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10_	Connie and Bob Lurie Foundation Inc 501 Silverside Rd Ste 123 Wilmington, DE 19809-1377	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	Navin Mehta 303 2nd Ave #10 New York, NY 10003	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12_	Saeed Yousef 4088 Autinori Ct. San Jose, CA 95148	\$ <u>8,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part I

Airline Ambassadors International

Page 3 of 3

Employer identification number

75-2<u>679444</u>

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Mariah Fuels LTD. 26411 Oak Rifge Drive The Woodlands, TX 77380	\$ <u>7,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14_	Southern Iowa Econ Dev Association PO Box 658 Ottumwa, IA 52501	\$ <u>5,343.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	Nixon Peabody LLP 100 Summer Street Boston, MA 02110	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

of 1

of Part II

Name of organization
Airline Ambassadors International

Employer identification number

75-2679444

Part II	INONCASH Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		T	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			1

BAA

(a) No. from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

(d) Date received

(c) FMV (or estimate) (see instructions)

(b) Description of noncash property given

Name of organization

Airline Ambassadors International

Employer identification number

For organizations completing contributions of \$1,000 or less (a) (a) No. from Part I N/A Transferee' (a) (b)	lidtional		13-2019444					
No. from Purpose of gif	charitable, etc, individual contribu ting more than \$1,000 for the year	(Complete cols	(a) through (a) and the following li	ne entry.)				
No. from Purpose of gif	g Part III, enter total of <i>exclusively</i> religious ss for the year. (Enter this information once	s, charitable, etc, e – see instruction	ons.) ▶\$	N/A				
Transferee'			(d) Description of how gift is					
(a) (b)								
(a) (b)								
```	(e) Transfer of g s name, address, and ZIP + 4		ntionship of transferor to transfer	ee				
```								
No. from Purpose of gif	(c) ft Use of gift	l	(d) Description of how gift is	held				
Transferee'	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) (b) No. from Purpose of gif	(c) ft Use of gift		(d) Description of how gift is	held				
Transferee'	(e) Transfer of g s name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) (b) No. from Purpose of gif	(c) ft Use of gift		(d) Description of how gift is	held				
	(e)							
Transferee'	(e)	14.	Relationship of transferor to transferee					
	Transfer of g s name, address, and ZIP + 4		ationship of transferor to transfer	ee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

2009

OMB No. 1545-0047

Open to Public Inspection

Airline Amhassadors International

Employer Identification number

A11	rine Ambassadors international	75-2679444
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	L
	the organization answered 'Yes' to Form 990, Part IV, line 6.	tocame complete ii
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· ·
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
-		icad
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??	oe er
Pai	rt II Conservation Easements Complete if the organization answered 'Yes' to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an his	torically important land area
	Protection of natural habitat Preservation of certific	ed historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the forn last day of the tax year.	n of a conservation easement on the
		Held at the End of the Year
a	a Total number of conservation easements	a
ŀ	Total acreage restricted by conservation easements	
(Number of conservation easements on a certified historic structure included in (a)	
(d Number of conservation easements included in (c) acquired after 8/17/06	<u>d</u>
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	ne organization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easement it holds?	f violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year \rightarrow	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
	include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	s the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Similar Assets
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and treasures, or other similar assets held for public exhibition, education, or research in furtherance of p the text of the footnote to its financial statements that describes these items.	balance sheet works of art, historical public service, provide, in Part XIV,
ŀ	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and bala treasures, or other similar assets held for public exhibition, education, or research in furtherance of p amounts relating to these items:	public service, provide the following
	(i) Revenues included in Form 990, Part VIII, line 1	
	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under SFAS 116 relating to these items:	
ā	a Revenues included in Form 990, Part VIII, line 1	
ŀ	Assets included in Form 990, Part X	

Part III Organizations Maintai	ning Conect	ions of Art	, mistoric	ai rreasures, or	Other Similar ASS	els (C	onunu	eu)
3 Using the organization's acquisition items (check all that apply):	on accession ar	d other recor	ds, check a _	any of the following th	at are a significant us	e of its	collection	on
a Public exhibition		d	Loan or e	xchange programs				
b Scholarly research		е	Other					
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV.	nization's collec	tions and exp	lain how th	ey further the organiz	ation's exempt purpos	se in		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	maintained a	as part of th	ne organization's colle	ection?			No
Part IV Escrow and Custodial 9, or reported an amou	Arrangemei Int on Form	nts Comple 990, Part X	ete if orga (, line 21.	anization answere	d 'Yes' to Form 99	}0, Pa	rt IV, I	ine
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian,	or other inter	mediary for	contributions or othe	r assets not	Yes	Г	No
b If 'Yes,' explain the arrangement							L	
3						Amount		
c Beginning balance					1 c			
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an ar						Yes		No
b If 'Yes,' explain the arrangement								_
Part V Endowment Funds Cor		anization a	nswered	'Yes' to Form 990	, Part IV, line 10.	-	-	
	(a) Current yea		Prior year	(c) Two years back	(d) Three years back	(e)	Four years	back
1 a 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	-		d as:					
a Board designated or quasi-endow		%						
b Permanent endowment ►								
c Term endowment ►	₀ %							
3a Are there endowment funds not in	the possession	n of the organ	nization tha	t are held and admin	istered for the	Г	1	
organization by:							Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(ii), are the related of						3b		
4 Describe in Part XIV the intended					l' 10			
Part VI Investments—Land, Bu				i i				
Description of investment	(a)	Cost or othe (investmen	r basis (it)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	lue
1 a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other				46,731.	43,213.			518.
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form 990, F	Part X, colui	mn (B), line 10(c).)	▶		3,	518.
RΛΛ					Sahad	ulo D /E	orm aa	07 2000

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Airline Ambassado			75-2679444	1 Page
Part VII Investments—Other Securities See F				
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation or end-of-year market val	lue
Financial derivatives			<u>,</u>	
Closely-held equity interests				
Other				
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►				
Part VIII Investments-Program Related (See	Form 990, Part X, Ii	ne 13) N/A	Ā	
(a) Description of investment type	(b) Book value		(c) Method of valuation	
(*) h 2h	(,,	Cost	or end-of-year market val	lue
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	1: 45:			
Part IX Other Assets (See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·			
(a) De	escription		(b) Book value
T.I. (0.1 (1) 1.5 (200 D.1)(1/D)				
Total. (Column (b) must equal Form 990, Part X, col.(B), I				
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes				

2. FIN 48 Footnote. In Part XIV, 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.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Schedule D	(Form 990) 2009 AITIINE AMDASSAGOIS INTERNATIONAL	15-2619444	Page 5
Part XIV	Supplemental Information (continued)		
2 000 0 1 10 1	(

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number							_	
Airline Ambassadors International						75-267944	4	
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.								
1 Indicate whether the organization		•		owing activities. Check	all that	apply.		_
Mail solicitations Solicitation of non-government grants								
Internet and email solicitations Solicitation of government grants								
Phone solicitations	•			Special fundraising				
					events			
In-person solicitations				-1 (i)				
2a Did the organization have written of employees listed in Form 990, Par	t VII) or entity	in connect	iy maividu tion with p	rofessional fundraising	services	s?	Yes XI	No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or entre or	tities (fund	draisers) p	ursuant to agreements	under v	which the fundra	iser is to be	
					(v) Ar	mount paid to		_
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts		retained by) aiser listed in	(vi) Amount paid t (or retained by)	.0
or entity (fundraiser)			ibutions?	from activity	Turiur	col.(i) (or retaine		
		Yes	No			(7	g	—
		100						
								_
								—
Total			•					Λ
Total	ation is register	rod or lico	ncod to co	ligit funds or has been	potified	it is exempt fro		0.
or licensing.	ation is register	red or lice	riseu to sc	of that been	notinea	it is exempt iro	om registration	
-								

		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross réceipts grea	ater thar	ı \$5,00	0.
			(a) Event #1 December Gala	(b) Event #2	(c) Other Events	(Aďď col		nts ough
R E			(event type)	(event type)	(total number)	CC	ol. (c))	
REVENUE	1	Gross receipts	62,965.				62,9	965.
Е	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)	62,965.				62,9	965.
	4	Cash prizes						
_	5	Noncash prizes						
D R E C T	6	Rent/facility costs	53,938.				53,9	938.
C T	7	Food and beverages						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses						
3		Direct expense summary. Add lines 4- the Net income summary. Combine lines 3, of					53,9	938. 927.
Par	t III	Gaming. Complete if the organization	ation answered 'Ye	s' to Form 990. Pai	rt IV line 19 or re	norted n		
		\$15,000 on Form 990-EZ, line 6a					1010 111	
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	tal gami I. (a) thro ol. (c))	ng ough
Ņ U								
E	1	Gross revenue						
ΡX	2	Cash prizes.						
D I P E N C T S	3	Non-cash prizes						
S	4	Rent/facility costs						
	5	Other direct expenses						
		Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		>			
	8	Net gaming income summary. Combine I	ines 1 column (d) and	line 7	•			
	0	Net gaming income summary. Combine i	ines i, column (a) and	IIIIC 7			YES	NO
		er the state(s) in which the organization op						
		ne organization licensed to operate gaming	g activities in each of th	ese states?		9	а	
) N	o,' explain:						
		e any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	10	а	
į.) II T	es,' explain:						
		s the organization operate gaming activities						
12	Is th	ne organization a grantor, beneficiary or tro ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	0 12		

Schedule G (Form 990 or 990-EZ) 2009 Airline Amb	assadors International	75-267944	4	Page 3
			YE	S NO
13 Indicate the percentage of gaming activity operated in	n:			
a The organization's facility		13a %		
b An outside facility		13b %		
14 Enter the name and address of the person who prepa	ares the organization's gaming/special ev	ents books and records:		
Name: ►		. — — — — — — — — — — — — — — — — — — —		
Address: -				
15a Does the organization have a contact with a third par			15a	
b If 'Yes,' enter the amount of gaming revenue received		and the amount		
of gaming revenue retained by the third party \$	·			
c If 'Yes,' enter name and address of the third party:				
Name - N				
Name: •				
Addrocc: >				
Address: -				
16 Gaming manager information				
daming manager information				
Name: ►				
Gaming manager compensation ► \$				
Description of services provided: ►				
Director/officer Employee	Independent contractor			
_				
17 Mandatory distributions				
a Is the organization required under state law to make	charitable distributions from the gaming	proceeds to retain the		
state gaming license?			17a	
${f b}$ Enter the amount of distributions required under state		ganizations or spent in the		
organization's own exempt activities during the tax ye	ear: ►\$			
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990-E	Z) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

75-2679444

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Airline Ambassadors International

Employer identification number

Form 990, Part III, Line 1 - Organization Mission
Airline Ambassadors International provides humanitarian aid to children and families
in need as well as international relief and development to underprivileged
communities_throughout_the_world. We leverage_contacts_with_commercial_airlines_to
facilitate_our_work_and_accomplish_our_mission_through_the_following_programs: 1)
The Children's escort program provides escorts for the transportation of children to
receive donated medical care that is not available in their home countries and of
orphans to their new adoptive parents. 2) The humanitarian missions program
provides needed aid and services to children in orphanages, clinics and remote
communities. Members had deliver humanitarian assistance and help fund
<u>international development projects for the children visited. 3) The special events</u>
programs provides volunteers for local charitable events and international
conferences to help build goodwill and international understanding. 4) The youth
program_encourages_communication_between_children_in_the_United_States_and_foreign
disadvantaged_children5) The Casa Corps program provides technical transfer of
<u>building code technology to developing countries requesting our assistance. The</u>
lives_of_over_82,000_children_were_directly_improved_by_these_programs
Form 990, Part III, Line 4a - Program Service Accomplishments
Airline Ambassadors International provides humanitarian aid to children and families
in need as well as international relief and development to underprivileged
communities throughout the world. We leverage contacts with commercial airlines to
facilitate our work and accomplish our mission through the following programs: 1) The
Children's escort program provides escorts for the transportation of children to
receive donated medical care that is not available in their home countries and of
orphans to their new adoptive parents. 2) The humanitarian missions program provides
needed aid and services to children in orphanages, clinics and remote communities.

Name of the organization Airline Ambassadors International	Employer identification number 75-2679444						
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)							
Members had deliver humanitarian assistance and help fund international development							
projects for the children visited. 3) The special events progr	ams provides						
volunteers for local charitable events and international confer	rences to help build						
goodwill and international understanding. 4) The youth program	n encourages						
communication between children in the United States and foreign	disadvantaged						
children. 5) The Casa Corps program provides technical transfe	er of building code						
technology to developing countries requesting our assistance.	The lives of over						
82,000 children were directly improved by these programs.							
Form 990, Part VI, Line 11 - Form 990 Review Process							
No review was or will be conducted.							
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available							
The all governing documents, policies and financial statements	are available to the						
public upon request. All requests are to be submitted to Airli	ne Ambassadors						
International, C/O Nancy Rivard, 418 California Avenue, Moss Be	each CA 94038.						

Schedule 0	(Form 990) 2009				Page 2
Name of the orga	anization			Employer identification	number
Airline	Ambassadors	International		75-2679444	

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Trea Internal Revenue Servi					
 If you are filir 	ng for an Automatic 3-Month	Extension, complete only Part I and check this box		► X	
If you are filir	ng for an Additional (Not Au	tomatic) 3-Month Extension, complete only Part II (on	page 2 of this fe	orm).	
Do not complete	Part II unless you have alread	ady been granted an automatic 3-month extension on a	a previously filed	d Form 8868.	
Part I Aut	omatic 3-Month Extens	sion of Time. Only submit original (no copies	needed).		
A corporation rec	quired to file Form 990-T and	requesting an automatic 6-month extension — check t	his box and con	nplete Part I only ▶	
All other corpora income tax return), partnerships, REMICS, and trusts must use Form 70	04 to request ar	n extension of time to file	
returns noted bel the additional (no Form 990-T. Inste	low (6 months for a corporati ot automatic) 3-month extens ead, you must submit the ful	electronically file Form 8868 if you want a 3-month auto on required to file Form 990-T). However, you cannot f ion or (2) you file Forms 990-BL, 6069, or 8870, group ly completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits.	ile Form 8868 e returns, or a co	lectronically if (1) you want omposite or consolidated	
Nam	ne of Exempt Organization		En	nployer identification number	
Type or print					
. Ai	rline Ambassadors		7	5-2679444	
due date for	nber, street, and room or suite number	. If a P.O. box, see instructions.			
	8 California Avenu				
instructions. City	, town or post office, state, and ZIP co	de. For a foreign address, see instructions.			
	ss Beach, CA 94038				
	turn to be filed (file a separa	te application for each return):			
X Form 990	-	Form 990-T (corporation)	Form 4720		
Form 990-BL	⊢		Form 990-T (section 401(a) or 408(a) trust) Form 5227		
Form 990-EZ	-	-	Form 990-T (trust other than above) Form 6069		
Form 990-PF		Form 1041-A	Form 8870		
Telephone No. If the organiz If this is for a check this bo the extension	a Group Return, enter the orgon $ ightharpoonup$. If it is for part of a will cover.	FAX No. ►e or place of business in the United States, check this anization's four digit Group Exemption Number (GEN) the group, check this box. ► □ and attach a list with	box	s is for the whole group,	
· .	•	hs for a corporation required to file Form 990-T) exten			
until _ <u>8 /</u>		the exempt organization return for the organization na	amed above.		
	ion is for the organization's r	eturn for:			
	endar year 20 <u>09</u> or				
tax	year beginning	, 20, and ending, 20 _	 ·		
2 If this tax y	ear is for less than 12 month	s, check reason: Initial return Final retu	rn Cha	nge in accounting period	
		90-PF, 990-T, 4720, or 6069, enter the tentative tax, les		3a \$ 0.	
		990-T, enter any refundable credits and estimated tax ent allowed as a credit.		3b \$ 0.	
deposit with	n FTD coupon or, if required,	3a. Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment Sys	item).	3c \$ 0.	
Caution. If you a payment instruction		ic fund withdrawal with this Form 8868, see Form 8453	3-EO and Form	8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)