

Form 990

OMB No 1545-0047

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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-F: For the 2004 calendar year, or tax year beginning, and ending; B Check if applicable; C Name of organization; D Employer identification no.; E Telephone number; F Accounting method.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Header section G-M: G Website; J Organization type; K Check here; L Gross receipts; H and I are not applicable to section 527 organizations; M Check.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Main table with columns for line numbers, descriptions, and amounts. Includes rows for contributions, program service revenue, membership dues, investment income, special events, and total revenue/expenses.

SCANNED DEC 20 2005

RECEIVED OCT 25 2005 OSDEN, UT

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <b>Stmt 1</b> (cash \$ <b>89,635</b> non-cash \$ )	<b>89,635</b>	<b>89,635</b>		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc	<b>23,850</b>	<b>14,310</b>	<b>4,770</b>	<b>4,770</b>
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	<b>6,494</b>		<b>6,494</b>	
32	Legal fees				
33	Supplies	<b>2,208</b>		<b>878</b>	<b>1,330</b>
34	Telephone	<b>1,927</b>		<b>1,927</b>	
35	Postage and shipping	<b>1,368</b>		<b>1,183</b>	<b>185</b>
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	<b>9,356</b>		<b>5,227</b>	<b>4,129</b>
39	Travel	<b>131,744</b>	<b>119,638</b>	<b>11,011</b>	<b>1,095</b>
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a				
	b <b>See Statement 2</b>	<b>98,860</b>	<b>60,393</b>	<b>30,968</b>	<b>7,499</b>
	c				
	d				
	e				
44	<b>Total functional expenses</b> (add lines 22 - 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	<b>365,442</b>	<b>283,976</b>	<b>62,458</b>	<b>19,008</b>

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)
▶ <b>See Statement 3</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <b>HEALTH CARE PROGRAMS - PREVENTION OF CHOLERA</b>  (Grants and allocations \$ <b>9,805</b> )	<b>9,805</b>
b <b>SPONSORSHIP OF EDUCATIONAL TRIPS TO AFRICA</b>  (Grants and allocations \$ _____)	<b>119,138</b>
c <b>PARTNERING WITH ORGANIZATIONS PROVIDING ASSISTANCE TO AIDS ORPHANS THROUGH GRANTS</b>  (Grants and allocations \$ <b>77,380</b> )	<b>77,380</b>
d <b>PARTNERING WITH ORGANIZATIONS PROVIDING HEALTH PROGRAMS IN TUMAINI</b>  (Grants and allocations \$ <b>2,450</b> )	<b>77,653</b>
e Other program services (attach schedule) <b>See Stmt 4</b> (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>283,976</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>A s s e t s</b>	<b>45</b> Cash-non-interest-bearing	<b>45,301</b>	<b>45</b>	<b>9,185</b>
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>47c</b>	
	<b>48a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments-securities <span style="float: right;"><input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		<b>54</b>	
	<b>55a</b> Investments-land, buildings, and equipment: basis	<b>39,700</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>39,700</b>	<b>55c</b>
<b>56</b> Investments-other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis				
<b>b</b> Less accumulated depreciation (attach schedule)		<b>57c</b>		
<b>58</b> Other assets (describe <span style="float: right;">▶ _____ )</span>		<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		<b>85,001</b>	<b>59</b>	<b>48,885</b>
<b>L i a b i l i t i e s</b>	<b>60</b> Accounts payable and accrued expenses	<b>4,638</b>	<b>60</b>	<b>12,034</b>
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <span style="float: right;">▶ <b>See Statement 5</b> )</span>		<b>47,461</b>	<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65)		<b>52,099</b>	<b>66</b>	<b>44,995</b>
<b>N F e u n d  A s s e t s</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	<b>32,902</b>	<b>67</b>	<b>3,890</b>
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	<b>32,902</b>	<b>73</b>	<b>3,890</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>85,001</b>	<b>74</b>	<b>48,885</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements ▶	<b>336,430</b>	a Total expenses and losses per audited financial statements ▶	<b>365,442</b>
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): \$		(4) Other (specify): \$	
Add amounts on lines (1) through (4) ▶		Add amounts on lines (1) through (4) ▶	
c Line a minus line b ▶	<b>336,430</b>	c Line a minus line b ▶	<b>365,442</b>
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$		(2) Other (specify): \$	
Add amounts on lines (1) and (2) ▶		Add amounts on lines (1) and (2) ▶	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>336,430</b>	e Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>365,442</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>THOMAS DERDAK, PHD</b> 1925 W FARWELL AVE CHICAGO IL 60626	<b>EXEC DIR</b> 40	<b>23,850</b>	0	0
<b>ALLAN KAYLER</b> C/O MIDWEST MEZZ CHICAGO IL 60603	<b>TREASURER</b> 5	0	0	0
<b>KAY FELKINS, PHD</b> 211 EAST OHIO ST CHICAGO IL 60611	<b>VICE PRES</b> 5	0	0	0
<b>JEFF SCHAUER</b> 1132 N WINCHESTE CHICAGO IL 60622	<b>TRUSTEE</b> 2	0	0	0
<b>THOMAS WREN, PHD</b> 1036 N JUDSON AVE EVANSON IL 60602	<b>TRUSTEE</b> 2	0	0	0
<b>PHILLIS SHADWICK, MSW</b> 880 N LAKESHORE DR CHICAGO IL 60611	<b>TRUSTEE</b> 2	0	0	0
<b>WILLIAM LUEHRS</b> 414 W WISCONSIN ST CHICAGO IL 60614	<b>TRUSTEE</b> 2	0	0	0
<b>CHARLES JANSEN</b> 5034 N QUAIL CRE GRAND RAPI MI 49546	<b>CHAIRMAN</b> 5	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule-see page 28 of the instructions.

**Part VI Other Information (See page 28 of the instructions.)**

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	<b>X</b>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<b>X</b>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures See line 81 instructions	81a	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	81b	<b>X</b>
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A 83b	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84b	
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?	N/A 85a	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A 85b	
<b>c</b>	Dues, assessments, and similar amounts from members	85c	
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A 85g	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A 85h	
<b>86</b>	501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	501(c)(12) orgs Enter: <b>a</b> Gross income from members or shareholders	87a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<b>X</b>
<b>89a</b>	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<b>X</b>
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text" value="0"/>
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		<input type="text" value="0"/>
<b>90a</b>	List the states with which a copy of this return is filed <input type="text" value="IL"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	<input type="text" value="0"/>
<b>91</b>	The books are in care of <input type="text" value="THOMAS DERDAK"/> Located at <input type="text" value="CHICAGO, IL"/>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/>		

Telephone no.   
ZIP + 4

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue					
<b>a</b> <b>Program Service Revenue</b>					<b>63,459</b>
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate.					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue. <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>0</b>	<b>63,459</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>63,459</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>N/A</b>	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

*Thomas Derdak*  
Signature of officer

*Thomas Derdak, Executive Director*  
Date **9/23/05**

Date <b>9/23/05</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr W) <b>361-64-6393</b>
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**GLOBAL ALLIANCE FOR AFRICA**

**36-4083547**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
<b>NONE</b>				

Total number of other employees paid over

\$50,000 ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for

professional services ▶

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2004**

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	<b>177,383</b>	<b>174,736</b>	<b>142,066</b>	<b>40,763</b>	<b>534,948</b>
<b>16</b> Membership fees received					<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					<b>0</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					<b>0</b>
<b>19</b> Net income from unrelated business activities not included in line 18					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					<b>0</b>
<b>21</b> 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.					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>Stmt 6</b>		<b>129,500</b>			<b>129,500</b>
<b>23</b> Total of lines 15 through 22	<b>177,383</b>	<b>304,236</b>	<b>142,066</b>	<b>40,763</b>	<b>664,448</b>
<b>24</b> Line 23 minus line 17	<b>177,383</b>	<b>304,236</b>	<b>142,066</b>	<b>40,763</b>	<b>664,448</b>
<b>25</b> Enter 1% of line 23	<b>1,774</b>	<b>3,042</b>	<b>1,421</b>	<b>408</b>	

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 ▶ **26a** **0**

**b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

**c** Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

**d** Add. Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ **26d**

**e** Public support (line 26c minus line 26d total) ▶ **26e**

**f** **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

**27 Organizations described on line 12:**

**a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:  
(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

**c** Add. Amounts from column (e) for lines: 15 **534,948** 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ **27c** **534,948**

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d**

**e** Public support (line 27c total minus line 27d total) ▶ **27e** **534,948**

**f** Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** **664,448**

**g** **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** **80.5101%**

**h** **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
<b>32</b>	Does the organization maintain the following:			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges?	33a		
<b>b</b>	Admissions policies?	33b		
<b>c</b>	Employment of faculty or administrative staff?	33c		
<b>d</b>	Scholarships or other financial assistance?	33d		
<b>e</b>	Educational policies?	33e		
<b>f</b>	Use of facilities?	33f		
<b>g</b>	Athletic programs?	33g		
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group      Check **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
Not over \$500,000                                      20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000              \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000              \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000              \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000                                      \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



## Federal Statements

36-4083547

FYE: 12/31/2004

Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
LWAK			\$	14,000	\$			
GOOD SAMARITAN CHILDRENS HOME				2,900				
TCBA				13,150				
ST JUDES				27,880				
LOHADA ORPHANAGE				12,000				
MAMA DARLENE 'S CHILDRENS CENTER				2,000				
WOMEN IN ACTION				1,750				
OL MORAN				1,050				
CHOLERA PROGRAM				9,805				
TUMAINI CENTER				700				
WOCHIVI				2,900				
KIBOSHA ORPHANS PROGRAM				1,500				
Total				<u>89,635</u>	<u>0</u>	<u>0</u>		

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
CONSULTING/CONTRACT/DEF COMP	69,300	57,620	11,680	
DIRECT PROGRAM EXPENSES	2,773	2,773		
BANK CHARGES	1,933		1,933	
CREDIT CARD PROCESSING	878			878
SUPPLIES				
ENTERTAINMENT	10,182		3,861	6,321
LICENSES AND FEES	721		721	
MISCELLANEOUS	10,552		10,252	300
INSURANCE	2,521		2,521	
<b>Total</b>	<b>\$ 98,860</b>	<b>\$ 60,393</b>	<b>\$ 30,968</b>	<b>\$ 7,499</b>

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO PROMOTE COMMUNITY-BASED HEALTH CARE DEVELOPMENT PROGRAMS  
FOR IMPOVERISHED PEOPLE LIVING IN RURAL AND URBAN AREAS  
THROUGHOUT AFRICA.

**Statement 4 - Form 990, Part III, Line e - Other Program Services**

GENERAL WORK IN AREA OF HEALTH CARE DEVELOPMENT PROGRAMS

**Federal Statements****Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED EXPENSES	\$ 2,861	\$ 2,861
ACCRUED WAGES	18,600	30,100
DEFERRED EDUCATIONAL TRIP FEES	26,000	
Total	<u>\$ 47,461</u>	<u>\$ 32,961</u>

**Federal Statements****Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
PROGRAM SERVICE	\$ <u>          </u>	\$ <u>129,500</u>	\$ <u>          </u>	\$ <u>          </u>
Total	\$ <u>          0</u>	\$ <u>129,500</u>	\$ <u>          0</u>	\$ <u>          0</u>

**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other Contributions	\$ 40,000	\$	\$ 40,000
Total	\$ 40,000	\$ 0	\$ 40,000

Additional (not automatic) 3-Month Extension, complete only Part II and check this box



if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Name of Exempt Organization <b>GLOBAL ALLIANCE FOR AFRICA</b>	Employer identification number <b>36-4083547</b>
Number, street, and room or suite no. If a P.O. box, see instructions. <b>122 S. DES PLAINES STREET</b>	For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO IL 60661</b>	

ate for  
g the  
return See  
instructions.

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THOMAS DERDAK**  
Telephone No. **312-382-0607** FAX No. **312-906-9930**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/05**

5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**CERTIFIED AUDIT NOT COMPLETE**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *John A. Jabak* Title **CPA** Date **8/12/05**

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

EXTENSION APPROVED

Director \_\_\_\_\_ Date **AUG 24 2005**

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>Ulbrich &amp; Company, P.C., CPAs</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>3250 N. Arlington Heights Road, Ste. 101</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Arlington Heights IL 60004</b>

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN