

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

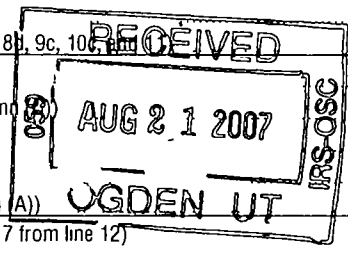
A For the 2005 calendar year, or tax year beginning OCT 1, 2005 and ending SEP 30, 2006

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC. D Employer identification number: 52-1773573. E Telephone number: (202) 789-1136. F Accounting method: X Accrual.

G Website: WWW.AIHA.COM. J Organization type: X 501(c)(3). K Check here if gross receipts normally not more than \$25,000. L Gross receipts: 15,467,233.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6 a Gross rents... 7 Other investment income... 8 a Gross amount from sales of assets... 9 Special events and activities... 10 a Gross sales of inventory... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit)... 19 Net assets at beginning... 20 Other changes... 21 Net assets at end of year.



SCANNED SEP 12 2007

**AMERICAN INTERNATIONAL HEALTH ALLIANCE,  
INC.**

Form 990 (2005)

52-1773573 Page 2

**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.

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) (cash \$ <u>0</u> , noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	474,035.	24,963.	449,072.	0.
26 Other salaries and wages	4,250,641.	3,503,288.	660,668.	86,685.
27 Pension plan contributions	182,105.	144,602.	37,503.	
28 Other employee benefits	769,792.	593,689.	129,024.	47,079.
29 Payroll taxes	417,189.	312,891.	104,298.	
30 Professional fundraising fees				
31 Accounting fees	82,439.	23,414.	59,025.	
32 Legal fees	42,011.	10,129.	31,882.	
33 Supplies	106,660.	85,470.	21,190.	
34 Telephone	168,769.	83,720.	85,049.	
35 Postage and shipping	72,063.	67,045.	5,018.	
36 Occupancy	880,602.	640,384.	240,218.	
37 Equipment rental and maintenance	137,040.	73,763.	63,277.	
38 Printing and publications	225,712.	223,742.	1,970.	
39 Travel	2,729,109.	2,622,016.	107,093.	
40 Conferences, conventions, and meetings	113,399.	103,637.	9,762.	
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	1,690.		1,690.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 1</b>	5,185,015.	4,894,050.	290,965.	
44 <b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	15,838,271.	13,406,803.	2,297,704.	133,764.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 2

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a</b> <u>PROGRAMS TO DEVELOP AND SUPPORT HEALTHCARE PARTNERSHIPS IN EUROPE, EURASIA, AND AFRICA. MANAGING MORE THAN 120 HEALTHCARE TWINNING PARTNERSHIPS IN 26 COUNTRIES.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	13,406,803.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	13,406,803.

Form 990 (2005)

**AMERICAN INTERNATIONAL HEALTH ALLIANCE,  
INC.**

Form 990 (2005)

52-1773573 Page 4

**Part IV Balance Sheets** (See the instructions)

**Note:** 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>Assets</b>	45 Cash - non-interest-bearing	3,544.	45	4,914.
	46 Savings and temporary cash investments	1,450,817.	46	409,371.
	47 a Accounts receivable	219,776.		
	b Less allowance for doubtful accounts		47c	219,776.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	1,017,767.	49	424,677.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	109,121.	54	111,950.
	55 a Investments - land, buildings, and equipment basis			
b Less accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	501,856.			
b Less accumulated depreciation <b>STMT 4</b>	501,856.			
58 Other assets (describe <b>▶ SEE STATEMENT 5</b> )	1,690.	57c		
	537,838.	58	789,958.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	3,120,777.	59	1,960,646.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,072,704.	60	1,177,494.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>▶</b> )	893,883.	65	
<b>66 Total liabilities.</b> Add lines 60 through 65)	1,966,587.	66	1,177,494.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	213,315.	67	227,697.
	68 Temporarily restricted	940,875.	68	555,455.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	<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)	1,154,190.	73	783,152.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,120,777.	74	1,960,646.

Form 990 (2005)





**AMERICAN INTERNATIONAL HEALTH ALLIANCE,  
INC.**

Form 990 (2005)

52-1773573 Page 7

**Part VI Other Information** (continued) Yes No

<b>82 a</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?				
	<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)	<b>82b</b>	4,623,038.		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>		X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>		X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	N/A		
<b>84 b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A		
<b>85 a</b>	<i>501(c)(4), (5), or (6) organizations</i> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A		
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
<b>85 c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A		
<b>85 d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A		
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A		
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A		
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A		
<b>85 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?	<b>85h</b>	N/A		
<b>86 a</b>	<i>501(c)(7) organizations.</i> Enter a Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A		
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A		
<b>87 a</b>	<i>501(c)(12) organizations</i> Enter a Gross income from members or shareholders	<b>87a</b>	N/A		
<b>87 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	N/A		
<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	<b>88</b>			X
<b>89 a</b>	<i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>				
<b>89 b</b>	<i>501(c)(3) and 501(c)(4) organizations</i> 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	<b>89b</b>			X
<b>89 c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.	
<b>89 d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.	
<b>90 a</b>	List the states with which a copy of this return is filed <u>DC</u>				
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005	<b>90b</b>			38
<b>91 a</b>	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(202) 789-1136</u> Located at <u>1250 EYE STREET, NW SUITE 350, WASHINGTON, DC</u> ZIP + 4 <u>20005</u>				
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>SEE STATEMENT 9</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>		X	
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>SEE STATEMENT 10</u>	<b>91c</b>		X	
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>			N/A

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,584.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					11,943.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		6,584.	11,943.
105 Total (add line 104, columns (B), (D), and (E))					18,527.

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 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).
103A	MISCELLANEOUS REVENUE EARNED FROM ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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)

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.

Please Sign Here: *Zandra Isaac* Signature of officer, Date: 8-14-2007, Type or print name and title: Zandra Isaac Dir. of Finance & Admin.

Paid Preparer's Use Only: Preparer's signature: David F. Guling CPA, Date: \_\_\_\_\_, Check if self-employed: , Preparer's SSN or PTIN: \_\_\_\_\_, Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE., SUITE 650 NORTH, BETHESDA, MARYLAND 20814-2930, Phone no.: (301) 951-9090

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2005**

Name of the organization **AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.** Employer identification number **52 1773573**

**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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>DONNA ANDERSON</u> <u>ALL C/O THE ORGANIZATION</u> <u>EUN-JOO CHANG</u>	PROG. DIRECTOR 40.00	154,289.	136087.	0.
<u>ZANDRA ISAAC</u>	SR PROG OFF 40.00	115,377.	16,178.	0.
<u>CAROLE ZIMMERMAN</u>	DIR OF FIN 40.00	144,819.	19,368.	0.
<u>KATE SCHECTER</u>	DIR. COMMUNICATIONS 40.00	99,642.	18,701.	0.
<u>PROG OFFICER</u> 40.00		98,557.	15,887.	0.
Total number of other employees paid over \$50,000 ▶	17			

**Part II-A 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
<u>GELMAN, ROSENBERG &amp; FREEDMAN</u> <u>4550 MONTGOMERY AVE. SUITE 650N, BETHESDA, MD 208</u>	AUDIT	74,172.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

	Yes	No
1 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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 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.		X
2 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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e Transfer of any part of its income or assets?		X
3 a 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.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 6 of the instructions.)

**AMERICAN INTERNATIONAL HEALTH ALLIANCE,**

<b>Part IV-A Support Schedule</b> (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. <i>Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting</i>		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b>	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	17089713.	14505056.	16454289.	22780020.	70,829,078.
<b>16</b>	Membership fees received					
<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>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	6,871.	6,919.	21,699.	35,854.	71,343.
<b>19</b>	Net income from unrelated business activities not included in line 18					
<b>20</b>	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<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>22</b>	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 11 7,327.	8,896.	16,223.
<b>23</b>	Total of lines 15 through 22	17096584.	14511975.	16483315.	22824770.	70,916,644.
<b>24</b>	Line 23 minus line 17	17096584.	14511975.	16483315.	22824770.	70,916,644.
<b>25</b>	Enter 1% of line 23	170,966.	145,120.	164,833.	228,248.	
<b>26</b>	<b>Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 1,418,333.
	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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 70,916,644.
	d Add: Amounts from column (e) for lines: 18 <u>71,343.</u> 19 _____ 22 <u>16,223.</u> 26b _____					26d 87,566.
	e Public support (line 26c minus line 26d total)					26e 70,829,078.
	f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					26f 99.8765%
<b>27</b>	<b>Organizations described on line 12:</b> 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: <b>N/A</b>					
	(2004) (2003) (2002) (2001)					
	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 11b, 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: <b>N/A</b>					
	(2004) (2003) (2002) (2001)					
	c Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
	d Add: Line 27a total _____ and line 27b total _____					27d N/A
	e Public support (line 27c total minus line 27d total)					27e N/A
	f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
	g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					27g N/A %
	h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					27h N/A %
<b>28</b>	<b>Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	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?		
30	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?		
31	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.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	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	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	
35	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.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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>N/A</b>	
<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>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**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.)

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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



2005 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	OFFICE FURNITURE & EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES	SL	5.00	16	501,856. 501,856.		0.	501,856. 501,856.	500,166. 500,166.	0.	1,690. 1,690.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	1,011,848.	963,407.	48,441.	
BANK CHARGES	47,617.	41,956.	5,661.	
INTERPRETERS/ TRANSLATORS	295,327.	286,008.	9,319.	
OTHER PERSONNEL AND TRAINING COSTS	87,669.	83,781.	3,888.	
RECRUITMENT FEES AND ADS	18,557.	11,193.	7,364.	
PAYROLL SERVICE	4,730.		4,730.	
INTERNET MAIL	100,467.	80,039.	20,428.	
MISCELLANEOUS	20,922.	16,604.	4,318.	
EQUIPMENT	523,732.	405,496.	118,236.	
INTERN	411.	411.		
SUBGRANTS/CONTRACTS	2,820,226.	2,820,226.		
MEDICAL EQUIPMENT	90,531.	90,531.		
INSURANCE	14,596.	1,295.	13,301.	
VIDEOCONFERENCING SUPPORT	1,695.	1,695.		
BOOKS, SUB. & OTHER INFO. MATERIALS	78,008.	54,806.	23,202.	
TEMPORARY SERVICES	44,627.	26,948.	17,679.	
COMPUTER SOFTWARE	24,052.	9,654.	14,398.	
TOTAL TO FM 990, LN 43	5,185,015.	4,894,050.	290,965.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 2  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES SMITH	250,869.	26,502.		277,371.
A. PROGRAM SERVICES	22,578.	2,385.		24,963.
B. MANAGEMENT AND GENERAL	228,291.	24,117.		252,408.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BARBARA BROCKER	176,582.	20,082.		196,664.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	176,582.	20,082.		196,664.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				24,963.
TOTAL MANAGEMENT AND GENERAL				449,072.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				474,035.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

TO PROVIDE AN INSTITUTIONAL FRAMEWORK FOR THE SUCCESSFUL DEVELOPMENT AND SUPPORT OF HOSPITAL PARTNERSHIPS BETWEEN THE UNITED STATES AND OTHER COUNTRIES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE & EQUIPMENT	501,856.	501,856.	0.
TOTAL TO FORM 990, PART IV, LN 57	501,856.	501,856.	0.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
TRAVEL ADVANCES	50,808.
DEPOSITS	52,809.
REGIONAL OFFICE ADVANCES	457,304.
SUBGRANT ADVANCES	229,037.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	789,958.

FORM 990 OTHER SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CERTIFICATES OF DEPOSIT	FMV	111,950.
TO FORM 990, LINE 54, COL B		111,950.



DENNIS P. ANDRULIS

DIRECTOR

5.00

0.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

427,451.

46,584.

0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT

8

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

AMERICAN MEDICAL GROUP ASSOCIATION  
ASSOCIATION OF ACADEMIC HEALTH CENTERS  
NATIONAL ASSOCIATION OF PUBLIC HOSPITALS  
DREXEL UNIVERSITY'S SCHOOL OF PUBLIC HEALTH  
NEW YORK STATE HISTORICAL ASSOCIATION  
VHA, INC.  
UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF  
NURSING  
MOREHOUSE SCHOOL OF MEDICINE

X  
X  
X  
X  
X  
X  
X  
X  
X

FORM 990

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT

9

NAME OF COUNTRY

RUSSIA  
UKRAINE  
KAZAKHSTAN  
GEORGIA  
AZERBAIJAN  
SOUTH AFRICA  
MOLDOVA  
TURKMENISTAN  
KOSOVO

FORM 990

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS AN OFFICE

STATEMENT 10

NAME OF COUNTRY

RUSSIA  
UKRAINE  
KAZAKHSTAN  
GEORGIA  
AZERBAIJAN  
SOUTH AFRICA  
MOLDOVA  
TURKMENISTAN  
KOSOVO

SCHEDULE A

OTHER INCOME

STATEMENT 11

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	0.	0.	7,327.	8,896.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	7,327.	8,896.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b>	Name of Exempt Organization <b>AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.</b>	Employer identification number <b>52-1773573</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1225 EYE STREET, N.W., SUITE 1000, NO. 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

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

- The books are in the care of ▶ **THE ORGANIZATION**  
Telephone No. ▶ **(202) 789-1136** FAX No. ▶ \_\_\_\_\_
- 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 will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year \_\_\_\_\_ or
  - ▶  tax year beginning **OCT 1, 2005**, and ending **SEP 30, 2006**
- 2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. 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 \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>AMERICAN INTERNATIONAL HEALTH ALLIANCE, INC.</b>	Employer identification number <b>52-1773573</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1225 EYE STREET, N.W., SUITE 1000, NO. 1000</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

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

- Form 990     Form 990-EZ     Form 990 T (sec 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990 BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

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 **THE ORGANIZATION**

Telephone No **(202) 789-1136**      FAX No \_\_\_\_\_

• 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 **AUGUST 15, 2007**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**
- 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  
**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

- 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 \$ \_\_\_\_\_ **N/A**

**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 *[Handwritten Signature]* Title *CPA* Date *5/3/07*

**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 \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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>GELMAN, ROSENBERG &amp; FREEDMAN</b>
	Number and street (include suite, room, or apt no.) or a P.O. box number <b>4550 MONTGOMERY AVE., SUITE 650 NORTH</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BETHESDA, MARYLAND 20814-2930</b>

523832 05-01-05