

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)

2006

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.

A For the 2006 calendar year, or tax year beginning OCT 1, 2006 **and ending** SEP 30, 2007

B Check if applicable: 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 Cash Accrual Other (specify) _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1250 EYE STREET, N.W., 350

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: **WWW.AIHA.COM**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

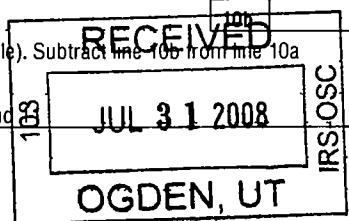
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **13,007,542.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		770,707.	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		12,209,671.	
	e Total (add lines 1a through 1d) (cash \$ 12,965,217. noncash \$ 15,161.)	1e			12,980,378.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			4,599.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			22,565.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			13,007,542.	
Expenses	13 Program services (from line 44, column (B))	13			10,579,337.
	14 Management and general (from line 44, column (C))	14			2,652,246.
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			13,231,583.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			<224,041.>
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			783,152.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20			<25,034.>
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			534,077.



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AMERICAN INTERNATIONAL HEALTH ALLIANCE

Form 990 (2006)

INC.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>)				
22b Other grants and allocations (attach schedule) (cash \$ 1,849,548, noncash \$ 0. If this amount includes foreign grants, check here <input checked="" type="checkbox"/>)	1,849,548.	1,849,548.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3	528,376.	0.	528,376.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,978,667.	2,381,617.	597,050.	
27 Pension plan contributions not included on lines 25a, b, and c	270,125.	215,466.	54,659.	
28 Employee benefits not included on lines 25a - 27	1,521,513.	1,011,628.	509,885.	
29 Payroll taxes	190,914.	142,478.	48,436.	
30 Professional fundraising fees				
31 Accounting fees	100,128.	11,478.	88,650.	
32 Legal fees	23,354.	17,429.	5,925.	
33 Supplies	67,133.	55,599.	11,534.	
34 Telephone	134,487.	62,202.	72,285.	
35 Postage and shipping	51,424.	47,528.	3,896.	
36 Occupancy	1,058,096.	748,631.	309,465.	
37 Equipment rental and maintenance	137,404.	90,905.	46,499.	
38 Printing and publications	145,768.	143,249.	2,519.	
39 Travel	1,813,499.	1,733,727.	79,772.	
40 Conferences, conventions, and meetings	174,386.	162,111.	12,275.	
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	2,186,761.	1,905,741.	281,020.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,231,583.	10,579,337.	2,652,246.	0.

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

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Form 990 (2006)

AMERICAN INTERNATIONAL HEALTH ALLIANCE

Form 990 (2006)

INC.

52-1773573 Page **3**

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 5</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.)	
a <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 \$ <u>1,849,548.</u>) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	<u>10,579,337.</u>
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>10,579,337.</u>

Form **990** (2006)

AMERICAN INTERNATIONAL HEALTH ALLIANCE

Form 990 (2006)

INC.

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	
Assets	45 Cash - non-interest-bearing	4,914.	45	2,988.	
	46 Savings and temporary cash investments	409,371.	46	128,299.	
	47 a Accounts receivable	15,188.			
	b Less allowance for doubtful accounts				
			219,776.	47c	15,188.
	48 a Pledges receivable				
	b Less allowance for doubtful accounts				
				48c	
	49 Grants receivable		424,677.	49	406,266.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	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	5,900.	
54 a Investments - publicly-traded securities	STMT 7	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
b Investments - other securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	111,950.	54b	114,828.	
55 a Investments - land, buildings, and equipment: basis					
b Less accumulated depreciation					
			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis					
b Less accumulated depreciation					
			57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 6)		789,958.	58	698,821.	
59 Total assets (must equal line 74) Add lines 45 through 58		1,960,646.	59	1,372,290.	
Liabilities	60 Accounts payable and accrued expenses	1,177,494.	60	838,213.	
	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 <input type="checkbox"/>)			65	
66 Total liabilities. Add lines 60 through 65		1,177,494.	66	838,213.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	227,697.	67	230,519.	
	68 Temporarily restricted	555,455.	68	303,558.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		783,152.	73	534,077.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,960,646.	74	1,372,290.

Form 990 (2006)

**AMERICAN INTERNATIONAL HEALTH ALLIANCE
INC.**

Form 990 (2006)

52-1773573 Page 5

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a Total revenue, gains, and other support per audited financial statements		15101836.
b Amounts included on line a but not on Part I, line 12		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	2,094,294.
3 Recoveries of prior year grants	b3	
4 Other (specify): _____	b4	
Add lines b1 through b4		b 2,094,294.
c Subtract line b from line a		c 13007542.
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____	d2	
Add lines d1 and d2		d 0.
e Total revenue (Part I, line 12) Add lines c and d		e 13007542.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		15325877.
b Amounts included on line a but not on Part I, line 17		
1 Donated services and use of facilities	b1	2,094,294.
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): _____	b4	
Add lines b1 through b4		b 2,094,294.
c Subtract line b from line a		c 13231583.
d Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____	d2	
Add lines d1 and d2		d 0.
e Total expenses (Part I, line 17) Add lines c and d		e 13231583.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 8		445,315.	83,061.	0.

**AMERICAN INTERNATIONAL HEALTH ALLIANCE
INC.**

Form 990 (2006)

52-1773573

Page 7

Part VI Other Information <i>(continued)</i>		Yes	No
82 a 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	X	
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		
2,094,294.			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
N/A			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
N/A			
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
N/A			
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b		
N/A			
c Dues, assessments, and similar amounts from members	85c		
N/A			
d Section 162(e) lobbying and political expenditures	85d		
N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
N/A			
h 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?	85h		
N/A			
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b		
N/A			
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
N/A			
88 a 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	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 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 501(c)(3) and 501(c)(4) organizations 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		X
c 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."/>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
90 a List the states with which a copy of this return is filed <input type="text" value="DC"/>			
b Number of employees employed in the pay period that includes March 12, 2006	90b		49
91 a The books are in care of <input type="text" value="THE ORGANIZATION"/> Telephone no. <input type="text" value="(202) 789-1136"/> Located at <input type="text" value="1250 EYE STREET, NW SUITE 350, WASHINGTON, DC"/> ZIP + 4 <input type="text" value="20005"/>			
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 <input type="text" value="SEE STATEMENT 10"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X	

Form 990 (2006)

**AMERICAN INTERNATIONAL HEALTH ALLIANCE
INC.**

Form 990 (2006)

52-1773573 Page 8

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country **SEE STATEMENT 11**

92 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 92 N/A

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

	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	4,599.	
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					22,565.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		4,599.	22,565.
105 Total (add line 104, columns (B), (D), and (E))					27,164.

Note: Line 105 plus line 1e, 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).

Form 990 (2006)

**AMERICAN INTERNATIONAL HEALTH ALLIANCE
INC.**

Form 990 (2006)

52-1773573 Page 9

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

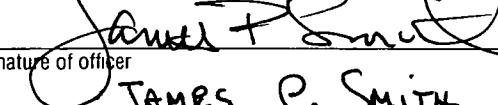
Yes	No

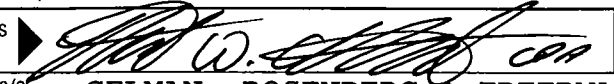
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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  Date 7-24-2008
 Signature of officer _____
JAMES P. SMITH, EXECUTIVE DIRECTOR / CEO
 Type or print name and title _____

Paid Preparer's Use Only Preparer's signature  Date 7/23/08 Check if self-employed
 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 EIN _____
 Phone no. **(301) 951-9090** Preparer's SSN or PTIN (See Gen Inst X) _____

Form 990 (2006)

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

2006

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 2 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
ZANDRA ISAAC ALL C/O THE ORGANIZATION	DIR. OF FIN 40.00	154,718.	28,666.	0.
AMANDA GIBBONS	PROJ. DIR 40.00	117,359.	31,318.	0.
CAROLE ZIMMERMAN	DIR OF COMMUNICATION 40.00	89,808.	36,570.	0.
KATE SCHECTER	PROG OFFICER 40.00	104,466.	23,650.	0.
DONNA ANDERSON	PROJ. DIR 40.00	89,383.	29,661.	0.
Total number of other employees paid over \$50,000	▶ 14			

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
GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE. STE 650N, BETHESDA, MD 20814	AUDIT	88,650.
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
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

AMERICAN INTERNATIONAL HEALTH ALLIANCE

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 ► \$ _____ \$ _____ (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.	1	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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ►	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

AMERICAN INTERNATIONAL HEALTH ALLIANCE

Schedule A (Form 990 or 990-EZ) 2006 **INC.**

52-1773573 Page 4

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	15448706.	17089713.	14505056.	16454289.	63,497,764.
16 Membership fees received					
17 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					
18 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	6,584.	6,871.	6,919.	21,699.	42,073.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	11,943.		SEE STATEMENT 12	7,327.	19,270.
23 Total of lines 15 through 22	15467233.	17096584.	14511975.	16483315.	63,559,107.
24 Line 23 minus line 17	15467233.	17096584.	14511975.	16483315.	63,559,107.
25 Enter 1% of line 23	154,672.	170,966.	145,120.	164,833.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,271,182.
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 2002 through 2005 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 63,559,107.
d Add: Amounts from column (e) for lines: 18 <u>42,073.</u> 19 _____ 22 <u>19,270.</u> 26b _____					26d 61,343.
e Public support (line 26c minus line 26d total)					26e 63,497,764.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9035%
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: N/A					
(2005) (2004) (2003) (2002)					
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: N/A					
(2005) (2004) (2003) (2002)					
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 Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

NONE

AMERICAN INTERNATIONAL HEALTH ALLIANCE

Part V Private School Questionnaire (See page 9 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.)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	

AMERICAN INTERNATIONAL HEALTH ALLIANCE

Schedule A (Form 990 or 990-EZ) 2006 **INC.**

52-1773573 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	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	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	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
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														
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	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 13 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:	Yes	No	Amount
	a Volunteers		X
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENTS	<25,034.>
TOTAL TO FORM 990, PART I, LINE 20	<25,034.>

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	2,646.	603.	2,043.	
BANK CHARGES	31,667.	25,597.	6,070.	
SUBSCRIPTIONS AND PUBLICATIONS	46,563.	30,469.	16,094.	
INTERPRETERS	141,184.	139,697.	1,487.	
HOSPITAL PARTNER EQUIPMENT	15,161.	15,161.		
INTERNET MAIL	100,203.	77,985.	22,218.	
MISCELLANEOUS	315,082.	167,905.	147,177.	
FURNITURE AND EQUIPMENT	157,798.	137,182.	20,616.	
TEMPORARY SERVICES	24,600.	24,600.		
SUBGRANTS/CONTRACTS	1,319,545.	1,284,518.	35,027.	
PAYROLL PROCESSING FEES	8,448.		8,448.	
INSURANCE	23,864.	2,024.	21,840.	
TOTAL TO FM 990, LN 43	2,186,761.	1,905,741.	281,020.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES SMITH	278,467.	43,116.		321,583.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	278,467.	43,116.		321,583.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BARBARA P. BROCKER	166,848.	39,945.		206,793.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	166,848.	39,945.		206,793.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				528,376.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>528,376.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4
TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS AMOUNT
SEE ATTACHED LIST 1,849,548.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B 1,849,548.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
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 OTHER ASSETS STATEMENT 6

DESCRIPTION AMOUNT
TRAVEL ADVANCES 18,184.
DEPOSITS 30,657.
REGIONAL OFFICE ADVANCES 313,484.
SUBGRANT ADVANCES 336,496.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B 698,821.

FORM 990 OTHER SECURITIES STATEMENT 7

SECURITY DESCRIPTION COST/FMV OTHER SECURITIES
CERTIFICATES OF DEPOSIT FMV 114,828.
TO FORM 990, LINE 54B, COL B 114,828.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES SMITH ALL MAY BE REACHED C/O THE ORGANIZATION	EXECUTIVE DIRECTOR 40.00	278,467.	43,116.	0.
BARBARA P. BROCKER	ASSISTANT EXEC. DIR. CFO 40.00	166,848.	39,945.	0.
DONALD W. FISHER	CHAIRMAN 5.00	0.	0.	0.
LARRY S. GAGE	SECRETARY 5.00	0.	0.	0.
SHEILA A. RYAN	TREASURER 5.00	0.	0.	0.
ROGER J. BULGER	DIRECTOR 5.00	0.	0.	0.
DANIEL P. BOURQUE	DIRECTOR 5.00	0.	0.	0.
HENRY A. FERNANDEZ	DIRECTOR 5.00	0.	0.	0.
DENNIS P. ANDRULIS	DIRECTOR 5.00	0.	0.	0.
ALAN WEINSTEIN	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		445,315.	83,061.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AMERICAN MEDICAL GROUP ASSOCIATION	X	
NATIONAL ASSOCIATION OF PUBLIC HOSPITALS AND HEALTH SYSTEMS	X	
DREXEL UNIVERSITY'S SCHOOL OF PUBLIC HEALTH	X	
VHA, INC.	X	
UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF NURSING	X	

FORM 990 NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 10

NAME OF COUNTRY

ETHIOPIA
SOUTH AFRICA
TANZANIA
GEORGIA
RUSSIA
MOLDOVA
AZERBAIJAN
UKRAINE

FORM 990 NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS AN OFFICE STATEMENT 11

NAME OF COUNTRY

ETHIOPIA
SOUTH AFRICA
TANZANIA
GEORGIA
RUSSIA
MOLDOVA
AZERBAIJAN
UKRAINE

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	11,943.	0.	0.	7,327.
TOTAL TO SCHEDULE A, LINE 22	11,943.	0.	0.	7,327.