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**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

**2007**

Name of the organization

The Alumni Association of the Graduate Programs in Health Administration

Employer identification number

26 : 1331595

**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 |
|---|--|------------------|---|--|
| None  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          |  |                  |   |  |

**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 |
|---|---------------------|------------------|
| None  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services ▶  |                     |                  |

**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 ▶ |                     |                  |

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

Cat. No 11285F

Schedule A (Form 990 or 990-EZ) 2007

Statute searched by ICT 14

400.004

**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.)

1 ✓

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.

- 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 ✓

**b** Lending of money or other extension of credit? . . . . .

2b ✓

**c** Furnishing of goods, services, or facilities? . . . . .

2c ✓

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d ✓

**e** Transfer of any part of its income or assets? . . . . .

2e ✓

- 3a** 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 ✓

**b** Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b ✓

**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 ✓

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d ✓

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a ✓

**b** Did the organization make any taxable distributions under section 4966? . . . . .

4b ✓

**c** Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c ✓

**d** Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ 0

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ 0

**f** Enter the total number of separate funds or accounts owned at the end of the tax 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 held 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 8 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 8 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)  | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)  | 0        |          |          |          |           |
| 16 Membership fees received  | 0        |          |          |          |           |
| 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   | 0        |          |          |          |           |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975   | 0        |          |          |          |           |
| 19 Net income from unrelated business activities not included in line 18   | 0        |          |          |          |           |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  | 0        |          |          |          |           |
| 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  | 0        |          |          |          |           |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets  | 0        |          |          |          |           |
| 23 Total of lines 15 through 22  | 0        |          |          |          |           |
| 24 Line 23 minus line 17   | 0        |          |          |          |           |
| 25 Enter 1% of line 23   | 0        |          |          |          |           |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24  |          |          |          |          | 26a       |
| 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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts   |          |          |          |          | 26b       |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)  |          |          |          |          | 26c       |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____<br>22 _____ 26b _____  |          |          |          |          | 26d       |
| e Public support (line 26c minus line 26d total)   |          |          |          |          | 26e       |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |          |          |          |          | 26f %     |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:<br>(2006) _____ 0 (2005) _____ 0 (2004) _____ 0 (2003) _____ 0  |          |          |          |          |           |
| 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:<br>(2006) _____ 0 (2005) _____ 0 (2004) _____ 0 (2003) _____ 0 |          |          |          |          |           |
| c Add: Amounts from column (e) for lines: 15 _____ 0 16 _____ 0<br>17 _____ 0 20 _____ 0 21 _____ 0  |          |          |          |          | 27c 0     |
| d Add: Line 27a total _____ 0 and line 27b total _____ 0   |          |          |          |          | 27d 0     |
| e Public support (line 27c total minus line 27d total)   |          |          |          |          | 27e 0     |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)  |          |          |          |          | 27f 0     |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |          |          |          |          | 27g 0 %   |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |          |          |          |          | 27h 0 %   |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.   |          |          |          |          |           |