

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AIR SERV INTERNATIONAL, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 410 ROSEDALE COURT 190 City or town, state or country, and ZIP + 4 WARRENTON, VA 20186	D Employer identification number 59-2500627 E Telephone number 540-428-2323 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• 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 ▶

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 ▶

G Website: ▶ **WWW.AIRSERV.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **30,273,187.**

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

	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	137,976.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	16,305,549.		
	d Total (add lines 1a through 1c) (cash \$ 16,443,525. noncash \$)	1d		16,443,525.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		13,381,985.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		3,867.	
	5 Dividends and interest from securities	5			
Revenue	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	194,643.	
	(B) Other	8b	103,502.		
	c Gain or (loss) (attach schedule)	8c	91,141.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 2	91,141.	
	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 1a)	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		249,167.	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		30,169,685.	
Expenses	13 Program services (from line 44, column (B))	13		24,730,861.	
	14 Management and general (from line 44, column (C))	14		3,366,753.	
	15 Fundraising (from line 44, column (D))	15		2,015.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		28,099,629.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		2,070,056.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		11,406,873.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	9,054.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		13,485,983.	

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 \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 152,029.	104,900.	47,129.	0.
26 Other salaries and wages	26 3,723,573.	2,550,696.	1,172,877.	
27 Pension plan contributions	27 14,952.	10,245.	4,707.	
28 Other employee benefits	28 1,555,367.	1,206,654.	348,713.	
29 Payroll taxes	29 157,499.	65,474.	92,025.	
30 Professional fundraising fees	30			
31 Accounting fees	31 63,182.	8,116.	55,066.	
32 Legal fees	32			
33 Supplies	33 290,208.	195,370.	94,838.	
34 Telephone	34 268,051.	203,025.	65,026.	
35 Postage and shipping	35 134,437.	44,570.	89,867.	
36 Occupancy	36 201,773.	135,986.	65,787.	
37 Equipment rental and maintenance	37 14,434.	12,360.	2,074.	
38 Printing and publications	38 52,279.	8,211.	44,068.	
39 Travel	39 812,056.	528,566.	283,490.	
40 Conferences, conventions, and meetings	40 98,079.	26,634.	71,445.	
41 Interest	41 33,780.		33,780.	
42 Depreciation, depletion, etc. (attach schedule)	42 144,055.	128,884.	15,171.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 20,383,875.	19,501,170.	880,690.	2,015.
	44 28,099,629.	24,730,861.	3,366,753.	2,015.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PROVIDE SAFE AND COST-EFFECTIVE AIR TRANSPORTATION TO AGENCIES INVOLVED IN RELIEF AND DEVELOPMENT EFFORTS IN REMOTE AREAS OF AFRICA, WEST ASIA AND THE MIDDLE EAST: IRAQ	(Grants and allocations \$ _____)	8,266,060.
b AFGHANISTAN-SEE ABOVE	(Grants and allocations \$ _____)	6,003,785.
c DEMOCRATIC REPUBLIC OF CONGO-SEE ABOVE	(Grants and allocations \$ _____)	4,620,007.
d CHAD-SEE ABOVE	(Grants and allocations \$ _____)	2,301,222.
e Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$ _____)	3,539,787.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		24,730,861.

Part IV Balance Sheets

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	1,202,644.	45	3,663,670.
	46	Savings and temporary cash investments	22,383.	46	19,593.
	47 a	Accounts receivable	47a 1,833,868.		
	b	Less: allowance for doubtful accounts	47b	47c	1,833,868.
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b	48c	
	49	Grants receivable	3,693,777.	49	4,352,579.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use	288,207.	52	332,877.
	53	Prepaid expenses and deferred charges	206,265.	53	490,806.
	54	Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	186,375.	54	198,219.
	55 a	Investments - land, buildings, and equipment: basis	55a		
	b	Less: accumulated depreciation	55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	57a 7,329,484.			
b	Less: accumulated depreciation STMT 9	57b 1,846,405.	57c	5,483,079.	
58	Other assets (describe SEE STATEMENT 10)	3,728,350.	58	3,798,350.	
59	Total assets (add lines 45 through 58) (must equal line 74)	14,646,327.	59	20,173,041.	
Liabilities	60	Accounts payable and accrued expenses	955,794.	60	1,508,544.
	61	Grants payable		61	
	62	Deferred revenue	342,343.	62	1,427,906.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 11	261,750.	64b	1,954,861.
	65	Other liabilities (describe SEE STATEMENT 12)	1,679,567.	65	1,795,747.
66	Total liabilities (add lines 60 through 65)	3,239,454.	66	6,687,058.	
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	11,406,873.	67	11,747,801.
	68	Temporarily restricted		68	1,738,182.
	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; column (B) must equal line 21)	11,406,873.	73	13,485,983.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	14,646,327.	74	20,173,041.	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

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

a Total revenue, gains, and other support per audited financial statements	a 31,727,103.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ 9,054.	
(2) Donated services and use of facilities \$ 197,255.	
(3) Recoveries of prior year grants \$	
(4) Other (specify): STMT 13 \$ 1,422,021.	
Add amounts on lines (1) through (4)	b 1,628,330.
c Line a minus line b	c 30,098,773.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): STMT 15 \$ 70,912.	
Add amounts on lines (1) and (2)	d 70,912.
e Total revenue per line 12, Form 990 (line c plus line d)	e 30,169,685.

a Total expenses and losses per audited financial statements	a 30,054,053.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$ 197,255.	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): STMT 14 \$ 1,828,081.	
Add amounts on lines (1) through (4)	b 2,025,336.
c Line a minus line b	c 28,028,717.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): STMT 16 \$ 70,912.	
Add amounts on lines (1) and (2)	d 70,912.
e Total expenses per line 17, Form 990 (line c plus line d)	e 28,099,629.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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	(E) Expense account and other allowances
STUART WILLCUTS ALL BOARD MEMBERS CAN BE REACHED IN C/O ORGANIZATION ADDRESS	PRESIDENT			
MARK J. ABBOTT	40+ DIRECTOR	110,114.	34,745.	0.
JIM MITCHELL	2-5 CHAIR/DIRECTOR	0.	0.	0.
MARK E. HOWARD	2-5 SECRETARY/DIRECTOR	0.	0.	0.
MICHAEL A. STOLTZFUS	2-5 TREASURER/DIRECTOR	0.	0.	0.
ROGER MOBERG	2-5 DIRECTOR	0.	0.	0.
RICHARD PERRY	2-5 DIRECTOR	0.	0.	0.
JEFF THINDWA	2-5 DIRECTOR	0.	0.	0.
DAVID GRIBBLE	2-5 CHIEF FINANCIAL OFFICER	0.	0.	0.
	40+	41,915.	31,332.	0.

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

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization AIR SERV LIMITED and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
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	197,255.
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? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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.		
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? N/A	85g	
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? N/A	85h	
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	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ALL 50 STATES		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	44
91	The books are in care of THE ORGANIZATION Telephone no. SEE PAGE 1		

Located at SEE PAGE 1

ZIP + 4 SEE PAGE 1

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 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of 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 CONTRACT REVENUE					5,638,747.
b HOURLY FLIGHT REVENUE					6,503,060.
c VSAT REVENUE					1,012,835.
d OTHER PROGRAM REVENUE					227,343.
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	3,867.	
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			18	91,141.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER					249,167.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		95,008.	13,631,152.
105 Total (add line 104, columns (B), (D), and (E))					13,726,160.

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

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

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

SEE STATEMENT 17

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
AIR SERV LIMITED - BOX 7548 KAMPALA, UGANDA, (NO EIN - FOREIGN CORP)	99.00% %	AVIATION BUSINESS	1,422,021.	844,419.

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

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

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

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

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

Signature of officer: *[Signature]* Date: 10/28/05 Type or print name and title: DAVID J. GAIBLER CFO

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 10/27/05 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN, CPA'S
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN: _____ Phone no.: (301) 951-9090

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

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

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

2004

AIR SERV INTERNATIONAL, INC.

Employer identification number
59-2500627

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>DOLORES WEIS</u> -----	VP ADM/SUPPOR			
<u>ALL MAY REACHED C/O THE ORGANIZATION.</u>	40	67,060.	10,954.	0.
<u>DONALD CRESSMAN</u> -----	PROG DIR			
	40	68,914.	30,890.	0.
<u>ALAN GRAHAM</u> -----	VICE PRES			
	40	55,944.	19,249.	0.
<u>JEFFREY GRAHAM</u> -----	DIR TECH SVC			
	40	61,559.	10,343.	0.
<u>KURTIS NEUENSCHWANDER</u> -----	INT'L CHIEF			
	PILOT / 40	67,077.	20,108.	0.
Total number of other employees paid over \$50,000 ▶	1			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>GELMAN, ROSENBERG & FREEDMAN</u> -----		
<u>4550 MONTGOMERY AVENUE, STE 650N, BETHESDA, MD 20</u>	AUDIT SERVICES	63,066.

Total number of others receiving over \$50,000 for professional 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 ▶ \$ _____ \$ _____ (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.		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)? SEE PART V, FORM 990	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	
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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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

Part IV-A

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

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,831,337.	6,176,711.	4,272,152.	6,179,197.	29,459,397.
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	7,849,796.	2,024,379.	2,307,713.	2,049,655.	14,231,543.
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	30,876.	38,783.	39,657.	91,438.	200,754.
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	141,083.	102,023.	SEE STATEMENT 18		243,106.
23 Total of lines 15 through 22	20,853,092.	8,341,896.	6,619,522.	8,320,290.	44,134,800.
24 Line 23 minus line 17	13,003,296.	6,317,517.	4,311,809.	6,270,635.	29,903,257.
25 Enter 1% of line 23	208,531.	83,419.	66,195.	83,203.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 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 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 4,536,552. (2002) 962,553. (2001) 1,376,415. (2000) 1,553,041.					
c Add: Amounts from column (e) for lines: 15 29,459,397. 16 _____ 17 14,231,543. 20 _____ 21 _____					27c 43,690,940.
d Add: Line 27a total 0. and line 27b total 8,428,561.					27d 8,428,561.
e Public support (line 27c total minus line 27d total)					27e 35,262,379.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 44,134,800.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 79.8970%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .4549%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.			
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		

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

N/A

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		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 -		
	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		41	
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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
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 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:	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.

Schedule A Excess Payments from Non-Disqualified Persons Included on Part IV-A, Line 27b

2004

** Do Not File **
*** Not Open to Public Inspection ***

Table with 5 columns: Payer's Name, 2003 Amount, 2002 Amount, 2001 Amount, 2000 Amount. Rows include WORLD FOOD PROGRAM, UNHCR, MSF - HOLLAND, MSF - SPAIN, MERLIN, NUOVA FRONTIERA, LOUIS BERGER GROUP, VSAT, and a Total to Schedule A, Line 27b row.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Employer identification number

AIR SERV INTERNATIONAL, INC.

59-2500627

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

AIR SERV INTERNATIONAL, INC.

59-2500627

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2004 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	AIRCRAFT N9324F	VARIES		.000	16	545,896.			545,896.	513,350.		0.
2	AIRCRAFT N899AS	VARIES		.000	16	860,228.			860,228.	181,771.		12,288.
3	AIRCRAFT N9732F	VARIES		.000	16	875,000.			875,000.	116,133.		22,262.
4	AIRCRAFT N75GQ	VARIES		.000	16	171,070.			171,070.	53,391.		3,160.
6	AIRCRAFT N740GL	VARIES		.000	16	1319952.			1319952.	471,294.		22,120.
7	AIRCRAFT N115DT	VARIES		.000	16	948,984.			948,984.	168,850.		0.
8	AIRCRAFT N9008U	VARIES		.000	16	1190280.			1190280.	85,209.		41,440.
9	OFFICE FURNITURE & EQUIPMENT	VARIES		5.00	16	189,905.			189,905.	113,434.		24,817.
10	AIRCRAFT N17SE	VARIES		.000	16	377,898.			377,898.			418.
11	AIRCRAFT N22071	VARIES		.000	16	850,271.			850,271.			16,468.
	* TOTAL 990 PAGE 2 DEPR					7329484.		0.	7329484.	1703432.	0.	142,973.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FOOTNOTES

STATEMENT 1

FORM 990, PART VII, LINE 93D

OTHER PROGRAM REVENUE RELATES TO DEFERRED REVENUE THAT WAS RECORDED IN PRIOR YEARS TO REFLECT FUNDS RECEIVED IN FISCAL YEAR 2001. DUE TO THE NATURE OF THE ACTIVITIES PERFORMED RELATED TO EXEMPT ACTIVITIES, IT WAS DECIDED TO RECOGNIZE THE FUNDS AS UNRESTRICTED REVENUE IN FISCAL YEAR 2004.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LOSS ON DISPOSITION - NON-AIRCRAFT FIXED ASSETS	VARIOUS	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	8,100.	0.	3,150.	-4,950.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
AIRCRAFT CRASHED - INSURANCE PROCEEDS RECEIVED		04/16/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	194,643.	158,715.	0.	60,163.	96,091.
TO FM 990, PART I, LN 8	194,643.	166,815.	0.	63,313.	91,141.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	9,054.
TOTAL TO FORM 990, PART I, LINE 20	9,054.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
20TH ANNIVERSARY EXPENSE	62,272.	6,708.	55,564.	
AIRCRAFT CONTRACT SERVICE	109,732.	109,732.		
AIRCRAFT FUEL EXPENSE	1,923,996.	1,912,039.	11,957.	

AIRCRAFT INSURANCE	721,907.	723,720.	-1,813.	
AIRCRAFT LEASE/RENTAL	10,778,637.	10,703,351.	75,286.	
AIRCRAFT MAINTENANCE	566,432.	492,492.	73,940.	
AIRCRAFT PILOT SUPPLIES	52,541.	50,364.	2,177.	
AIRCRAFT RESERVES	875,719.	807,499.	68,220.	
AIRCRAFT STARTUP	156,978.	152,858.	4,120.	
AIRCRAFT STARTUP PARTS	35,144.	35,144.		
AIRCRAFT TECH FEES	982,589.	967,533.	15,056.	
AIRCRAFT TECH FREIGHT/CUSTOMS	135,906.	124,627.	11,279.	
AIRCRAFT TECH PUBLICATIONS	18,254.	8,763.	9,491.	
AIRCRAFT TECH SHOP/HANGAR	215,203.	208,552.	6,651.	
AIRCRAFT TECH SUPPLIES/TOOLS	89,866.	62,714.	27,152.	
AIRCRAFT TECH UNIFORMS	9,524.	3,463.	6,061.	
ASSOCIATION DUES	2,622.		2,622.	
AUTO EXPENSE	271,644.	250,929.	20,715.	
BAD DEBT EXPENSE	46,006.		46,006.	
BANK FEES	83,209.	51,521.	31,688.	
BOARD EXPENSES	21,222.	300.	20,922.	
BUSINESS EXPENSES	35,181.	27,966.	7,215.	
E-MAIL	43,982.	26,584.	17,398.	
FUNDRAISING EXPENSE	2,015.			2,015.
(GAIN)/LOSS ON CURRENCY EXCHANGE	-35,277.	-40,478.	5,201.	
GIFTS/DONATIONS	46,431.		46,431.	
HOUSING	1,011,800.	957,541.	54,259.	
INSURANCE	113,469.	1,511.	111,958.	
MISCELLANEOUS	56,115.	47,583.	8,532.	
OFFICE EQUIPMENT	66,001.	43,531.	22,470.	
OUTREACH EXPENSES	27,953.		27,953.	
PERSONNEL EXPENSES	70,638.	59,100.	11,538.	
PROFESSIONAL SERVICES	399,907.	240,969.	158,938.	
PUBLIC RELATIONS	23,510.		23,510.	
RECRUITING	61,843.	6,009.	55,834.	
SATELLITE EXPENSE	109,236.	109,236.		
STARTUP	23,184.	23,184.		
SUBSCRIPTIONS	1,477.		1,477.	
TAXES/LICENSES	7,550.	7,550.		
TRAINING	165,767.	143,091.	22,676.	
TRANSPORT	181,622.	181,622.		
7SAT - BANDWITH	806,509.	806,509.		
7SAT - EQUIPMENT	87,140.	87,140.		
7SAT - INSTALLATION	8,225.	8,225.		
7SAT - SHIPPING	8,560.	8,560.		
7SAT - TECH FEES	59,828.	59,828.		

VSAT - TECH TRAVEL	23,600.	23,600.		
WEBSITE	15,461.		15,461.	
LESS: IN KIND	-197,255.		-197,255.	
TOTAL TO FM 990, LN 43	20,383,875.	19,501,170.	880,690.	2,015.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

PROVIDE SAFE AND COST-EFFECTIVE AIR TRANSPORTATION TO AGENCIES INVOLVED IN RELIEF AND DEVELOPMENT EFFORTS IN REMOTE AREAS OF AFRICA, WEST ASIA AND THE MIDDLE EAST.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
MOZAMBIQUE		1,384,176.
KINSHASA		1,321,653.
GUINEA		448,379.
CARIBBEAN		385,579.
TOTAL TO FORM 990, PART III, LINE E		3,539,787.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
DEBT SECURITIES	FMV		20,529.		20,529.
TO FORM 990, LINE 54, COL B			20,529.		20,529.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	FMV	177,690.		177,690.
TOTAL TO FORM 990, LINE 54, COL B		177,690.		177,690.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
AIRCRAFT N9324F	545,896.	513,350.	32,546.
AIRCRAFT N899AS	860,228.	194,059.	666,169.
AIRCRAFT N9732F	875,000.	138,395.	736,605.
AIRCRAFT N75GQ	171,070.	56,551.	114,519.
AIRCRAFT N740GL	1,319,952.	493,414.	826,538.
AIRCRAFT N115DT	948,984.	168,850.	780,134.
AIRCRAFT N9008U	1,190,280.	126,649.	1,063,631.
OFFICE FURNITURE & EQUIPMENT	189,905.	138,251.	51,654.
AIRCRAFT N17SE	377,898.	418.	377,480.
AIRCRAFT N22071	850,271.	16,468.	833,803.
TOTAL TO FORM 990, PART IV, LN 57	7,329,484.	1,846,405.	5,483,079.

FORM 990	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	AMOUNT
INVESTMENT IN SUBSIDIARY	2,060,209.
DEPOSIT ON KODIAK AIRCRAFT	1,738,141.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,798,350.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

USAID NOTE \$11,457/ MO.

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	05/01/05	1,131,575.	4.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

3 AIRCRAFT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	28,690.

LENDER'S NAME TERMS OF REPAYMENT

MARSHALL NATIONAL BANK & TRUST CO.

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	06/28/05	800,000.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

INTEREST IN INVESTMENT MANAGEMENT ACCT.

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	700,000.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
KEY EQUIPMENT FINANCE		\$25,200/MO.	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	10/27/07	1,260,000.	7.23%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	

2 AIRCRAFT

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	1,226,171.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		1,954,861.

FORM 990	OTHER LIABILITIES	STATEMENT 12
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
RESERVE FOR AIRCRAFT OVERHAUL	1,795,747.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,795,747.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
REVENUE OF CONSOLIDATED SUBSIDIARY	1,422,021.
TOTAL TO FORM 990, PART IV-A	1,422,021.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
EXPENSES OF CONSOLIDATED SUBSIDIARY	1,828,081.
TOTAL TO FORM 990, PART IV-B	1,828,081.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
ELIMINATIONS FROM CONSOLIDATION OF SUBSIDIARY	70,912.
TOTAL TO FORM 990, PART IV-A	70,912.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
ELIMINATIONS FROM CONSOLIDATION OF SUBSIDIARY	70,912.
TOTAL TO FORM 990, PART IV-B	70,912.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 17
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REVENUE RECEIVED UNDER CONTRACT FROM UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES TO PROVIDE AIR TRANSPORTATION FOR RELIEF WORKERS
93B	REVENUE FROM OTHER SOURCES FOR PROVIDING AIR TRANSPORTATION FOR RELIEF WORKERS
93C	REVENUE COLLECTED FOR PROVIDING TECHNICAL SERVICES, DATA COMMUNICATIONS, AND LOGISTICS TO HUMANITARIAN AND NGO WORKERS.
93D	OTHER REVENUE RELATED TO FURTHERANCE OF ORGANIZATION'S EXEMPT MISSION-SEE STATEMENT 1
103A	AMOUNTS EARNED FROM ACTIVITIES IN FURTHERENCE OF THE EXEMPT MISSION

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER REVENUE	141,083.	102,023.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	141,083.	102,023.	0.	0.

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

OMB No. 1545-0704
Attachment
Sequence No. **121**

File in Duplicate
(see **When and Where To File** on page 1 of the instructions)

(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 1/1, 2004, and ending 12/31, 2004

▶ See separate instructions.

Name of person filing this return
AIR SERV INTERNATIONAL, INC.

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
410 ROSEDALE COURT, STE 190

City or town, state, and ZIP code
WARRENTON, VA 20186

Filer's tax year beginning JANUARY 1, 2004, and ending DECEMBER 31, 2004

A Identifying number
59-2500627

B Category of filer (See page 1 of the instructions. Check applicable box(es)):
1 2 3 4 5

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 99 %

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation
AIR SERV LIMITED
P.O. BOX 7548
KAMPALA

b Employer identification number, if any

c Country under whose laws incorporated
UGANDA

d Date of incorporation 01/17/1997

e Principal place of business UGANDA

f Principal business activity code number 4500

g Principal business activity AVIATION

h Functional currency SHILLINGS

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation
KAKURA & CO., ADVOCATES
1ST FLOOR, AIRWAYS HOUSE, PLOT 6
COLVILLE STREET, BOX 6256
KAMPALA, UGANDA

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
DAVE GRIBBLE
6583 MERCHANT PLACE, STE 100
WARRENTON, VA 20187

Schedule A Stock of the Foreign Corporation

Part I — All Classes of Stock

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON STOCK	1,000	1,000

Part II — Additional Information for Preferred Stock

(To be completed only by Category 1 filers for foreign personal holding companies.)

(a) Description of each class of Preferred stock (Note: This description should match the corresponding description entered in Part I, column (a).)	(b) Par value in functional currency	(c) Rate of dividend	(d) Indicate whether the stock is cumulative or noncumulative

Schedule E **Income, War Profits, and Excess Profits Taxes Paid or Accrued** (See page 5 of instructions.)

(a) Name of country or U.S. possession	Amount of tax		
	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1 U.S.			
2			
3			0.00
4			0.00
5			0.00
6			0.00
7			0.00
8 Total			0.00

Schedule F **Balance Sheet**

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See page 5 of the instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1	47,968	26,944
2a Trade notes and accounts receivable	2a	62,487	5,058
b Less allowance for bad debts	2b	()	()
3 Inventories	3	0	193,312
4 Other current assets (attach schedule)	4	53,230	19,712
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach schedule)	6		
7 Other investments (attach schedule)	7	11,185	0
8a Buildings and other depreciable assets	8a	822,586	807,928
b Less accumulated depreciation	8b	(158,917)	(208,535)
9a Depletable assets	9a		
b Less accumulated depletion	9b	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	()	()
12 Other assets (attach schedule)	12		
13 Total assets	13	838,539.00	844,419.00
Liabilities and Shareholders' Equity			
14 Accounts payable	14	186,855	447,240
15 Other current liabilities (attach schedule)	15		
16 Loans from shareholders and other related persons	16		
17 Other liabilities (attach schedule)	17		
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19		
20 Retained earnings	20	615,075	397,179
21 Less cost of treasury stock	21	()	()
22 Total liabilities and shareholders' equity	22	801,930.00	844,419.00

Schedule G Other Information

- Yes No**
- 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?
 If "Yes," see page 5 of the instructions for required attachment.
- 2 During the tax year, did the foreign corporation own an interest in any trust?
- 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?
 If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).

Schedule H Current Earnings and Profits (See page 5 of the instructions.)

Important: Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account	1	(406,060)
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach schedule)		
3 Total net additions	0.00	
4 Total net subtractions		0.00
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	(406,060.00)
b DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	5b	
c Combine lines 5a and 5b	5c	(406,060.00)
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))	5d	

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation (See page 5 of instructions.)

1 Subpart F income (line 40b, Worksheet A in the instructions)	1	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5 Factoring income	5	
6 Total of lines 1 through 5. Enter here and on your income tax return. See page 6 of instructions .	6	0.00
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8 Exchange gain or (loss) on a distribution of previously taxed income	8	

- Yes No**
- Was any income of the foreign corporation blocked?
- Did any such income become unblocked during the tax year (see section 964(b))?
- If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

Name of person filing Form 5471

AIR SERV INTERNATIONAL, INC.

Identifying number

AIR SERV LIMITED

59-2500627

▶ Attach to Form 5471. See Instructions for Form 5471.

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)		(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	
1 Balance at beginning of year	1,474,764.00				1,474,764.00
2a Current year E&P					
b Current year deficit in E&P	406,060				
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	1,068,704.00				
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year					
5a Actual distributions or reclassifications of previously taxed E&P					
b Actual distributions of nonpreviously taxed E&P					
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)			0.00	0.00	
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	1,068,704.00	0.00		0.00	
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	1,068,704.00	0.00	0.00	0.00	1,068,704.00

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2004)

**SCHEDULE M
(Form 5471)**

(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

▶ Attach to Form 5471. See Instructions for Form 5471.

Name of person filing Form 5471 AIR SERV INTERNATIONAL, INC.	Identifying number 59-2500627
Name of foreign corporation AIR SERV LIMITED	

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See page 10 of the instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)		N/A	N/A	N/A	N/A
2 Sales of property rights (patents, trademarks, etc.) ..					
3 Compensation received for technical, managerial, engineering, construction, or like services					
4 Commissions received					
5 Rents, royalties, and license fees received	70,912.00				
6 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
7 Interest received					
8 Premiums received for insurance or reinsurance ..					
9 Add lines 1 through 8	70,912.00	0.00	0.00	0.00	0.00
10 Purchases of stock in trade (inventory)					
11 Purchases of tangible property other than stock in trade ..					
12 Purchases of property rights (patents, trademarks, etc.) ..					
13 Compensation paid for technical, managerial, engineering, construction, or like services					
14 Commissions paid					
15 Rents, royalties, and license fees paid					
16 Dividends paid					
17 Interest paid					
18 Add lines 10 through 17	0.00	0.00	0.00	0.00	0.00
19 Amounts borrowed (enter the maximum loan balance during the year) — see instructions					
20 Amounts loaned (enter the maximum loan balance during the year) — see instructions					

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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.

Type or print	Name of Exempt Organization AIR SERV INTERNATIONAL, INC.	Employer identification number 59-2500627
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. 6583 MERCHANT PLACE, NO. 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WARRENTON, VA 20187	

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. ▶ **SEE PAGE 1** 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 **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2004** or
 - ▶ tax year beginning _____, and ending _____
- 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.

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

Form **8868** (Rev. 12-2004)

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).

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

Name of Exempt Organization: AIR SERV INTERNATIONAL, INC. Employer identification number: 59-2500627. Address: 6583 MERCHANT PLACE, NO. 100, WARRENTON, VA 20187.

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

- Form 990 (checked), 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. SEE PAGE 1 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 NOVEMBER 15, 2005.
5 For calendar year 2004, or other tax year beginning and ending.
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.
7 State in detail why you need the extension.

ADDITIONAL TIME IS NEEDED FOR PREPARING 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.

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: 8/3/05

Notice to Applicant - To Be Completed by the IRS

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

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.

Name: GELMAN, ROSENBERG & FREEDMAN, CPA'S. Address: 4550 MONTGOMERY AVE., SUITE 650 NORTH, BETHESDA, MARYLAND 20814-2930.

EXTENSION APPROVED

AUG 23 2005

SUBMISSION PROCESSING, OGDEN