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)

Department of the Treasury Internal Revenue Service

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

Α	For the	2008 cale	endar yea	r, or tax year beginning	7/1/20	08 ,;	and end	ding	6/30/2	2009	
В	Check if ap	plicable:	Please	C Name of organization	INSTITUTE FOR IN	NTERNATIONA	L MED	ICINE D	Employer ide	entification nur	mber
	Address of	change	use IRS label or	Doing Business As				75·	-3128625		
	Name cha	ange	print or	Number and street (or P.C). box if mail is not delivered	d to street address)	Rooi	m/suite E	Telephone nu	ımber	
	Initial retu	ırn	type. See	963 YANCEY STREET				(81	6) 520-690	00	
	Terminati	ion	Specific	City or town, state or coun			ı	(-	-,	· ·	
Ħ	Amended	l return	Instruc- tions.	LIBERTY		MO 640	068	G	Gross receipt	ts\$	295,994
Ħ		on pending		ame and address of principa				U(a) lo this	a group return	War offiliatoo?	Yes X No
				_AS COMNINELLIS, MD		IDEDTY MO				°000000.	
_	_						34000	A0000000000000000000000000000000000000	8886.		Yes No
		npt status:		.,,,	no.) 4947(a)(1)	or 527		/// If "N	lo attach a lis	t. (see instruction	ons)
J '	Website:	: ► <u>wwv</u>	<u>w.inmed.</u>	us			4	H(c) Group	exemption nur	nber 🕨	
K	Гуре of or	ganization:	X Co	rporation Trust A	Association Other	•	L Year	of formation	2003	M State of lega	al domicile: MO
I	Part I	Sur	nmary						<u> </u>	l	
	1			the organization's missi	on or most significan	t activities: CO	RPOR	ATION W	/AS FORM	ED TO TRA	IN DOCTORS
				MISSIONS; THE CORP							
ø		SYMPO					.5.00				
and											
Activities & Governance	2	Chock th	oic boy	▶ if the organization	on discontinued its or	orations er dien	·······	·	oon 25% of	ite accete	
ő	3			g members of the gover	-	300007			1	3	6
∞ŏ	1			pendent voting members						4	<u>6</u>
ities:	5									5	
₹	_	Total nu	mber of	employees (Part V, line volunteers (estimate if I	; 2a)		<i>.</i>		⊢	6	<u>2</u> 4
ĕ	6									7a	0
	7a	-		lated business revenue					Π.	7b	0
	b	ivet unite	elated bu	isiness taxable income t	IIOIII FOIIII \$50-1, IIII	e 34	· · ·		or Year		urrent Year
ā	8	Contribu	ıtione an	nd grants (Part VIII, line	1h)				95,2		114,202
		Drogram	n corvice	revenue (Part VIII, line	2a)		•		93,6		169,654
en.	10								93,0	0	
Revenue	10			me (Part VIII, column (A					0.0	-	184
	111			Part VIII, column (A), lin						344	6,313
	12			dd lines 8 through 11 (n					191,2	_	290,353
	13			lar amounts paid (Part	2000000	•	<u> </u>			0	0
	14		•	or for members (Part IX	0000000		-		07.0	0	00.007
es	15			ompensation, employee					27,0		82,687
Expenses	16a			draising fees (Part IX, c					6,5	599	0
χ̈́	b			g expenses (Part IX colo			0		404.6	77	404.000
_	' '			(Part IX, column (A), lin					131,8		194,300
	18			Add lines 13–17 (must					165,5		276,987
	19	Revenue	e iess ex	penses. Subtract line 1	strom line 12	<u> </u>		Danin	25,6 ning of Year		13,366
Assets or	20	Total on	ooto (Do	A V line 16\			-	begini			nd of Year
SSe	20			#t X, line 16)					109,1	. 1	102,965
Net A	21			Part X, line 26)					100.4	0	102.065
	art II		nature	711111 - 71111	ne 21 Hom line 20 .		•		109,1	109	102,965
	art II		2000	of permy, I declare that I have	evamined this return inclu	ding accompanying	schodule	as and state	ments and to	the hest of my k	nowledge
			000	rue, correct, and complete. De						•	•
						•				•	· ·
C :			- 100000								
Sign			Signature	of officer					Date		
He	re		NICHOL	LAS COMNINELLIS, ME							
				int name and title							
			arer's			Date		eck if		reparer's identif	ying number
Pa	id	signa	ature	DODEDT JONES		0/24/2002	self		_	see instructions)	
Pr	eparer's	S Eires!	e nama /a-	ROBERT JONES	VID 40000::==5:::	9/24/2009	em	ployed		00292370	
Us	e Only		s name (or f-employed	NO JOINES A	ND ASSOCIATES IN			EIN			
			ess, and ZI		LIBERTY, MO 6406	9		Pho	one no. > (8	316) 792-996	<u> </u>
Ma	v the IF	RS discus	ss this re	eturn with the preparer s	hown above? (see in	structions)				X	Yes No

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S PURPOSE IS TO TRAIN PHYSICIANS SO THAT THEY WILL BE PREPARED TO SERVE IN MEDICAL
	MISSIONS OUTSIDE THE US.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,568 including grants of \$ 2,500) (Revenue \$ 5,650)
	DIPLOMA AND CERTIFICATE PROGRAM - CONDUCTED A CROSS-CULTURAL COMPETENCY IN HEALTH CARE SYMPOSI
	<i>j</i>
41-	(O-de) (Figure 6 F0.400 including a 47.000) (Paramath 7.400)
4D	(Code:) (Expenses \$ 59,190 including grants of \$ 47,630) (Revenue \$ 48,648)
	CONDUCTED A MEDICAL MISSIONS CONFERENCE - EMMC
4c	(Code:) Expenses \$ 16,071 including grants of \$ 7,000) (Revenue \$ 4,005)
40	CONDUCTED A DISASTER MEDICAL MANAGEMENT SYMPOSIUM - DMM
	CONDUCTED AND ASTER METAL WANAGEWENT STWPOSIOW - DIVINI
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 19,674 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► \$ 96,503 (Must equal Part IX, Line 25, column (B).)

Part IV **Checklist of Required Schedules** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Χ Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 60%(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Xes," complete 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services If "Yes," 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15 or 25? If "Yes," complete Schedule D, Χ 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D. Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E....... 13 13 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Χ Did the organization report on Part IX, column (A), the 3, more than \$5,000 of grants or assistance to any organization Χ 15 Did the organization report on Part IX, column (A) line 3, more than \$5,000 of aggregate grants or assistance 16 Χ Χ Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Χ Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Χ 19 19 20 20 Χ 21 Did the organization report more than \$5,000 on Part IX column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Χ 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Χ **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified Χ Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		Χ
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			l
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		×

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule Q	3b	Χ	
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		Х
6a	Did the organization solicit any contributions that were no tax deductible?	6a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			1
	\$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Χ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			1
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization have excess business holdings at any time during the year?	8		Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	40-		V
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year.	12a		Х

Part VI
Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

000	ion / ii Coverning Douy and management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization sassets?	5		Χ
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates	9a		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	01		
40	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Х
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40		V
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employed listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O </i>	11		Χ
Sact	ion B. Policies			
Jeci	IOII B. FOIICles		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-110
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
D	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is cone	12c	Χ	
13	Does the organization have a written whistleblower policy?	13		Χ
14	Does the organization have a written document setention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		Χ
b	Other officers or key employees of the organization?	15b		Χ
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Χ
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t			
	AUGUOLAG COMMUNICATION AND			
	organization: ► NICHOLAS COMNINELLIS, MD (816) 520-69 963 YANCEY STREET, LIBERTY, MO 64068	900		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Check this box if the organization did not compensate any officer, director, trustee, or key amproyee.											
(A)	(B)			(((D)	(E)	(F)	
Name and Title	Average hours per					that ap		Reportable	Reportable	Estimated amount of	
	week	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	compensation from the	compensation from related organizations	other compensation	
		al tru tor	ona		ploye	e sm		organization 2/1099-MISC)	(W-2/1099-MISC)	from the organization and related	
		stee	ustee		Ď) e				organizations	
			Ď			sted					
ROY MORAN, ThM DIRECTOR	1.	Х						0	0	0	
TED HIGGINS, MD DIRECTOR	1.	Х						0	0	0	
PETER GREENSPAN, MD DIRECTOR	1.	Х						0	0	0	
NICHOLAS COMNINELLIS, MD PRESIDENT	40.	***		Х	Х			0	0	0	
DON PHILGREEN, MD VP	1.			Х				0	0	0	
THAD MAY TREASURER	1.			Χ				0	0	0	
MICAH FLINT, MPA CEO	40.			Х	Х	Χ		42,000	0	0	
SKYLAR ROLF, MA	40.			Х	Х			36,000	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	
	0.							0	0	0	

Pa	t VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yees	s, an	nd Hi	ighe	st Co	ompensated Er	nployees (cont	inued)	-g
	(A)	(B)			(C)			(D)	(E)	(F)	
	Name and title	Average hours per		_			hat ap		Reportable compensation	Reportable compensation	Estimate amount of	
		week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensat from the organization and relate organization	e on ed
							ed					
		0.							0	0		0
		0.							0	0		0
		0.						4	0	0		0
		0.							0	0		0
		0.					7	••••••••••••••••••••••••••••••••••••••	0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		Q							0	0		0
		0							0	0		0
		0.							0	0		0
		0.		70					0	0		0
		0.							0	0		0
1b	Total				·	٠.			78,000	0		<u>0</u> 0
2	Total number of individuals (including those	n 1a) who rec	eivec	d mo	re th	an \$	5100,	000	in reportable co	mpensation from	m the	
	organization ► 0										Yes	No
3	Did the organization list any former officer	0000000		•		•		_	•			V
4	employee on line 1a? <i>If "Yes," complete So</i> For any individual listed on line 1a, is the si										3	X
7	the organization and related organizations	greater than \$15	50,00	0? <i>l</i> i	f "Ye	es," c				such		V
5	individual						 relat	ed o	rganization for		4	X
	services rendered to the organization? If "Y										5	Χ
	tion B. Independent Contractors Complete this table for your five highest co	mpopootod indo	nono	lont	oont	rooto	ro th	ot ro	popiyod mara the	n \$100 000 of		
1	compensation from the organization.	mpensated inde	peno	ient	CONU	racio	ภร แ	iai re	eceivea more una	an \$100,000 or		
	(A) Name and business a	address							(B) Description of serv	vices ((C) Compensation	
												0
												0
												0
												0
2	Total number of independent contractors (in	ncluding those ii		who	rece	ived	mor	e tha	ın \$100,000 in			

Part	: VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					Total revenue	exempt	business	excluded from
						function revenue	revenue	tax under sections 512, 513, or 514
S S	1a	Federated campaigns	. 1a	0		Tevenue		312, 313, 01 314
rani	b	Membership dues		0				
e, g	С	Fundraising events		0				
gifts ar a	d	Related organizations		0				
Contributions, gifts, grants and other similar amounts	е	Government grants (contributions)		0		,		
tior er si	f	All other contributions, gifts, grants, an	nd					
ibu		similar amounts not included above .	. 1f	114,202		///////////////////////////////////////		
Contr and c	g	Noncash contributions included in lines	s 1a-1f: S	\$ 0		dillin.		
ق <u>ن</u>	h	Total. Add lines 1a–1f			114,202		***	
e				Business Code	,			
Program Service Revenue	2a	REGISTRATIONS		900099	72,684			
Re	b	FEE AND APPLICATION FEES		900099	30,379	******		
<u>vice</u>	С	SPONSORSHIPS		900099	48,130			
Ser	d	LODGING		900099	10,275	**		
am	е	ALL OTHER PROGRAM REVENUES			8,186	*		
ogo.	f	All other program service revenue			0	2000		
	g	Total. Add lines 2a–2f		<u> </u>	169,654			
	3	Investment income (including dividend	s, interes	st, and				
		other similar amounts)		🏲	184			
	4	Income from investment of tax-exempt			0			
	5	Royalties		<u></u>	0			
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		<u> </u>)			
	d	Net rental income or (loss)			0			
	7a		(i) Securitie		4			
		assets other than inventory		0 (<u>)</u>			
	b	Less: cost or other basis						
		and sales expenses		0 (
	C	Gain or (loss)		0 ()			
	d	Net gain or (loss)	» · ·"	₩. <u> </u>	0			
<u>e</u>	ва	Gross income from fundraising						
en		events (not including \$	0///					
é		of contributions reported on line (c).						
Other Revenue	h	See Part IV, line 18	<i>y</i>	. a (<u>)</u>			
the		Net income or (loss) from fundraising e			0			
0		Gross income from gaming activities.	events.		0			
	Эа	See Part IV. line 19						
	b	Less: direct expenses		. a	<u>2</u>			
		Net income or (loss) from gaming activ			0			
		Gross sales of inventory, less	villes	<u> </u>	0			
	IVa	returns and allowances		. a 11,954	1			
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inve			6,313			
		Miscellaneous Revenue	intory .	Business Code	0,010			
	11a				0			
	b				0	+		
	C				0	+		
	d	All other revenue			0			
	e	Total. Add lines 11a–11d			0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4,						
		9c, 10c, and 11e			290,353	0	0	l

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0		***	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		*	
5	Compensation of current officers, directors,	62.079	Ø7 402	24 505	
6	trustees, and key employees	62,078	27,483	34,595	
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	<i></i>		
7	Other salaries and wages	0		***	
8	Pension plan contributions (include section 401(k)				
Ū	and section 403(b) employer contributions)	0			
9	Other employee benefits	2.351		2,351	
10	Payroll taxes	18,258	8,083	10,175	
11	Fees for services (non-employees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,555	10,110	
а	Management	0			
b	Legal	600		600	
С	Accounting	675		675	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	6,035	590	5,445	
12	Other	12,837		12,837	
13	Office expenses	7,358	0	7,358	
14	Information technology	16,412	1,940	14,472	
15	Noyalies	0			
16	Occupancy	56,065		56,065	
17	Travel	0			
18	Payments of travel or entertainment expenses	1			
40	for any federal, state, or local public officials	54.245	20.200	40.000	
19 20	Conferences, conventions, and meetings	51,245 0	38,306	12,939	
21	Interest		0	0	0
22	Depreciation, depletion, and amortization	13,285	11,588		0
23	Insurance	3,986	648	3,338	<u> </u>
24	Other expenses. Itemize expenses not	0,000	0.10	0,000	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	PRINTING AND REPRODUCTION	10,220	7,865	2,355	
b	CREDIT AND COLLECTION COSTS	3,253		3,253	
С	SCHOLARSHIPS PAID	12,329		12,329	
d		0			
е		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	276,987	96,503	180,484	0
26	Joint Costs. Check here ► if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

Р	art X	Balance Sheet		1001	20020		.go .
		(A) Beginning of year			(E End o		
	1	Cash–non-interest-bearing	1			6	3,014
	2	Savings and temporary cash investments	2				
	3	Pledges and grants receivable, net	3	<u> </u>			(
	4	Accounts receivable, net	4				(
	5	Receivables from current and former officers, directors, trustees, key	_				
	_	employees, or other related parties. Complete Part II of Schedule L .	5				(
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	6				
S	_		1999	<u> </u>			(
Assets	7		7 °	<u> 1</u>			4,926
As	8	Inventories for sale or use	9	+			4,920
	10a		9				
	b						
		Part VI of Schedule D	10c			3	5,025
	11	Investments—publicly traded securities	11	+			(
	12	Investments—other securities. See Part IV, line 11	12	<u> </u>			
	13	Investments—program-related. See Part IV, line 11		+			
	14	Intangible assets	14	<u> </u>			`
	15	Other assets. See Part IV, line 11		<u> </u>			(
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16			10	2,965
	17	Accounts payable and accrued expenses	17				
	18	Grants payable	18				
	19	Deferred revenue	19				
	20	Tax-exempt bond liabilities	20				(
es	21	Escrow account liability. Complete Part IV of Schedule D	21				
Liabilities	22	Payables to current and former officers, directors, trustees, key					
ap		employees, highest compensated employees, and disqualified					
_		persons. Complete Part II of Schedule L	22				(
	23	Secured mortgages and notes payable to unrelated third parties 0	23	<u> </u>			(
	24	Unsecured notes and loans payable	24	↓			(
	25	Other liabilities. Complete Part X of Schedule D	25	-			(
	26	Total liabilities. Add lines 17 through 25.	26	_			(
S		Organizations that follow SFAS 117, check here ▶ and					
Se		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets	27				
Ba	28	Temporarily restricted net assets	28				
pu	29	Permanently restricted net assets	29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here► X and complete lines 30 through 34.					
ets	30	Capital stock or trust principal or current funds	30				
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	31				
¥.	32	Retained earnings, endowment, accumulated income, or other funds . 109,169	32			10	2,965
ž	33	Total net assets or fund balances	33			10	2,965
	34	Total liabilities and net assets/fund balances	34			10	2,965
Pa	rt XI	Financial Statements and Reporting					
				п		Yes	No
1		ccounting method used to prepare the Form 990: X Cash Accrual Other					
2		/ere the organization's financial statements compiled or reviewed by an independent accountant? .			2a	Х	
		/ere the organization's financial statements audited by an independent accountant?			2b		Χ
		"Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for over	-		.		v
•		udit, review, or compilation of its financial statements and selection of an independent accountant? .		•	2c		Х
3		s a result of a federal award, was the organization required to undergo an audit or audits as set forth he Single Audit Act and OMB Circular A-133?			20		V
		"Yes " did the organization undergo the required audit or audits?		· •	3a 3b		X

Part III Line	4d (990) - Pr	ogram Servic	e Accomplishm	nents	
(Code: DEPRECIATION) (Expenses \$	11,588	including grants of \$	<u>0</u>) (Revenue \$	0_)
					8
(Code:) (Expenses \$	8,086	including grants of \$	0.) (Revenue \$	0)
ALLOCATED SAL	ARIES				
(Code:) (Expenses \$	0	including grants of \$	0) (Revenue \$	0)
				inan 14	
			///		
70				0) (D	
(Code:) (Expenses \$	//	including grants of \$	0) (Revenue \$	0)
			X		

		.000			
		8000000			
		- 32			
(Code:	E/Expenses \$	0	including grants of \$	0) (Revenue \$	0)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 Attachment

Department of the Treasury Internal Revenue Service

Attach to your tax return. ► See separate instructions.

Sequence No. 67 Identifying number

		tivity to which th	nis form relate	es	Identifying num	ber	
INSTITUTE FOR INTERNATIONAL MEDICINES					75-3128625		
Part I Election To Expense Certain F							
Note: If you have any listed property, com							
1 Maximum amount. See the instructions for a						1	250,000
2 Total cost of section 179 property placed in s						2	2,168
3 Threshold cost of section 179 property before						3	800,000
4 Reduction in limitation. Subtract line 3 from						4	0
5 Dollar limitation for tax year. Subtract line 4 separately, see instructions				/00000000 0000 000000		5	250,000
separately, see instructions	<u> </u>		st (business use		(c) Elected cos	_	230,000
6		(2) 000	or (Business use	<u>, 9:112/</u>	(6) Elected coo		
							
7 Listed property. Enter the amount from line 2	29		/////	. 7			
8 Total elected cost of section 179 property. A						8	0
9 Tentative deduction. Enter the smaller of lin	e 5 or line 8					9	0
10 Carryover of disallowed deduction from line 1	13 of your 200	7 Form 4562.				10	
11 Business income limitation. Enter the smaller						11	
12 Section 179 expense deduction. Add lines 9						12	0
13 Carryover of disallowed deduction to 2009. A				► 13		0	
Note: Do not use Part II or Part III below for lister				alada Patad		* 1	
Part II Special Depreciation Allowand					property.) (See	ınstr	uctions.)
14 Special depreciation allowance for qualified p						44	
during the tax year (see instructions) 15 Property subject to section 168(f)(1) election		<i>///</i> · · · · ·				15	
16 Other depreciation (including ACRS)						16	
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not i	include listed	property) (Se	ee instructio	ns)		10	
initiation population (Do not i		Section A	30 111011 40110	1.0.1			
17 MACRS deductions for assets placed in servi	ice in tax vear		ore 2008 .			17	396
18 If you are electing to group any assets placed							
general asset accounts, check here	Attornoon and the second secon				▶ □		
Section B - Assets Placed in S						n	
	(b) Month and	(c) Basis for	(d) Recovery		(f)		(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depre	ciation deduction
	in service	(business/investment)					
19 a 3-year property							
b 5-year property	///						
c 7-year property	W						
d 10-year property							
e 15-year property							
f 20-year property			25		C/I		
g 25-year property			25 yrs.	N 4 N 4	S/L		
h Residential rental			27.5 yrs. 27.5 yrs.	MM MM	S/L S/L		
i Nonresidential real			39 yrs.	MM	S/L		
property			39 yrs.	MM	S/L		
Section C Assets Placed in Se	rvice During	2008 Tax Year	Using the Al			m	
20 a Class life	. vice Bailing	l l l l l l l l l l l l l l l l l l l			S/L		
b 12-year			12 yrs.		S/L		
c 40-year			40 yrs.	MM	S/L		
Part IV Summary (See instructions.)							
21 Listed property. Enter amount from line 28						21	1,301
22 Total. Add amounts from line 12, lines 14 thr							
Enter here and on the appropriate lines of you						22	1,697
23 For assets shown above and placed in service							
of the basis attributable to section 263A costs	S			23	1		

75-3128625 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete

	only 24a	a, 24b, colum	nns (a) through ((c) of Sect	ion A, all of	Section	B, and	l Sectio	n C if a	pplicab	le.			
Secti	ion A—Depreciation	on and Othe	r Information (Caution:	See the ins	tructions	for lim	nits for p	passen	ger aut	omobile	es.)		
24a	Do you have evidence	to support the	business/investme	nt use claime	ed? Yes	No	2	4b If "Y	'es," is t	he evide	nce writt	en?	Yes	No
	(a)	(b)	(c) Business/	(d)	(e) Ba	asis for dep)-	(f)	(g)	(1	h)	(i) El	ected
	Type of property	Date placed	investment use	Cost or	reciation	n (busines	ss/ R	ecovery		thod/ &	Depre	ciation	sectio	
	(list vehicles first)	in service	percentage	other bas	is investm	ent use or	nly)	period	Conv	ention	dedu	uction	СС	st
25	Special depreciation	on allowance	for qualified lis	ted proper	ty placed ir	service	during	the tax	K					
	year and used mo	re than 50%	in a qualified bu	usiness us	e (see instr	uctions)			<u></u>	25		1,084		
26	Property used mo				e:						<u> </u>			
MAC	COMPUTER	8/13/2008	100.00%	2,	168	1,0)84	5	2000	B - HY	,,,,,,	217		
										- 				
	D		1.6. 11							<i></i>				
27	Property used 50%	% or less in a		ess use:	1		1	***	Lea	*	1	1		
			%				- 1		S/I, -	.				
			<u>%</u>				-#		S/L - \$/L -					
28	Add amounts in co	lumn (h) lin		7 Enter h	ere and on	line 21	nage 1	1	'san L -	28		1,301		
29	Add amounts in co		-				10000	 <u></u>	. //		<u> </u>	29		C
	Add amounts in co	51G11111 (1), 11110			ormation o		of Veh	. عمام	<i>#</i> ·		• •	23		
Comp	lete this section for veh	icles used by a							.∞ rson. If v	ou provi	ded vehi	cles to		
	mployees, first answer													
	Total business/investi	•		(a)	1 (6).	1 33	€)		d)	1	e)	(f	f)
	during the year (do no	ot include com	muting	Vehicle	1 Veh	icle 2	Veh	icle 3	Veh	icle 4		icle 5	Vehic	
	miles)				//u	100000								
31	Total commuting mile	s driven during	the year											
32	Total other personal (_)											
	miles driven				<u> </u>									
33	Total miles driven dur			áb.										
• •	Add lines 30 through) 		1		1		1		
34	Was the vehicle availa			Yes	lo Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25	use during off-duty ho		400000000											
35	Was the vehicle used 5% owner or related p		. 700			1								
36	Is another vehicle ava		///											
30	personal use?			-										
			uestions for E	mplovers	Who Prov	ide Veh	icles f	or Use	by The	ir Fm	olovees			
Answ	er these questions													
	ot more than 5% o					3					1 - 7 -			
				.	,								Yes	No
37	Do you maintain a wri	tten policy state	ement that prohibits	s all persona	al use of vehic	les, inclu	ding cor	nmuting,						
	by your employees?	. 🧠												
38	Do you maintain a wri	2000000	200000							-				
	See the instructions													
39	Do you treat all use of	40000												-
40	Do you provide more	2000				-	-							
44	the use of the vehicles	20000												
41	Do you meet the requ	200000000000000000000000000000000000000												
Part	Note: If your answer VI Amortiz		10, or 41 is "Yes," (ao not comp	olete Section	B for the c	coverea	venicies						
rait	Alliortiz				(b) Date	1	-)		۹/	I	(e)		(f	
	De	(a) scription of costs	3		amortization	Amort	izable		d) ode	Δmo	rtization p	period	Amortiza	
	De		=		begins		ount		ction		percenta		this	
42	Amortization of co	sts that begi	ns during vour 2	2008 tax ve				, 000			r 2. 001110	<i>3</i> -		,
			3,7-2		,		,							
								L						
43	Amortization of co	sts that bega	an before your 2	008 tax ye	ear							43		11,588
44	Total. Add amour	nts in columr	n (f). See the ins	structions f	or where to	report				<u></u>		44		11,588

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. Employer identification number

I OVI	1101	E FUR INTE	KINA HONAL IV	IEDICINE					75-31286	020			
Par				harity Status (All or					art.) (see	instruct	ions)		
The (o <u>rga</u> r		-	dation because it is: (F		-	-	-					
1	Ш			urches, or association			oed in se	ction 170	(b)(1)(A)	(1).			
2	Ш	A school de	scribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	nedule E.)							
3	Ш	A hospital o	r a cooperative	hospital service organ	ization de	escribed in	section	170(b)(1)(A)(iii). (Attach S	chedule	H.)	
4			esearch organiz ame, city, and s	ation operated in conjutate:	unction w	ith a hosp	ital descr	ibed in 🐒	ection 17	0(b)(1)(A	A)(iii). Ei	nter the	
5		-	-	or the benefit of a colle . (Complete Part II.)	ge or univ	versity ow	ned or op	erated by	a govern	mental u	ınit desc	ribed	
6		A federal, st	tate, or local go	vernment or governme	ental unit	described	in sectio	#170(b)	(1)(A)(v).				
7	Χ	•		lly receives a substant	•	f its suppo	ort f⊧om a	governm	ental unit	or from	the gene	eral pul	olic
8			-	ed in section 170(b)(1)	· · · · · · · · · · · · · · · · · · ·	Complete	Part II.)						
9		An organiza receipts from support from	tion that norma n activities relat n gross investm	Ily receives: (1) more the ted to its exempt function ent income and unrelated after June 30, 1975.	than 33 1 ions—sub ated busir	/3% of its oject to ce ness taxab	support f rtain exce le income	eptions, a e (less se	nd (2) no ction 511	more tha	n 33 1/3	3% of i	
10		An organiza	ition organized a	and operated exclusive	ely to test	for public	safety. S	ee sectio	on 509(a)	(4). (see	instructi	ons)	
11		purposes of 509(a)(3). Co	one or more put check the box the	and operated exclusive ublicly supported organiat describes the type of Type II c	izations of support	described ting organ e III–Fund	in section ization ar ctionally in	n 509(a)(′ nd comple ntegrated	1) or secti ete lines 1	on 509(a 1e throu d)(2). Se gh 11h. Γype III-	e sect i –Other	
е		persons oth		fy that the organization managers and other (2).									ion
f		If the organi	zation received	a written determinatio	n from th	e IRS that	it is a Ty	pe I, Typ	e II, or Ty	pe III sup	porting		
g				(. s the organization acce	 epted any	gift or cor	 ntribution	from any	of the				
				or indirectly controls,	either ald	one or tog	ether with	nersons	described	d in (ii)		Yes	No
				verning body of the su							11g(i)		
				person described in (11g(ii)		
				ty of a person describe							11g(iii)		
h		Provide the	following inform	nation about the organ					1				
(i)		of supported anization	(ii) EIN	(iii) Type of organization #isscribed on lines 1–9 above or IRC section (see instructions))	in col. (i) li		the organ	ou notify nization in of your oort?	organizat (i) organi	Is the tion in col. zed in the S.?) Amount support	OT
				1	Yes	No	Yes	No	Yes	No			
													0
													0
													0
													0
													0
ra													0

18

	dule A (Form 990 or 990-EZ) 2008 INSTITUTE FO					75-312862	- 3 -
Pai	Support Schedule for Organi				(1)(A)(iv) an	d 170(b)(1)(A))(vi)
Sec	(Complete only if you checked tion A. Public Support	tne box on iir	ne 5, 7, or 8 o	r Part I.)			
	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	. ,	` ,	. ,	. ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	27,100	66,906	64,811	95,272	114,202	368,291
2	Tax revenues levied for the organization's				*		
	benefit and either paid to or expended on						
	its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge	0			0	0	0
4	Total Add lines 1-3	27,100	66,906	64,811	95,272	114,202	368,291
5	The portion of total contributions by each person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						368,291
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	27,100	66,906	64,811	95,272	114,202	368,291
8	Gross income from interest, dividends,						
	payments received on securities loans,		b.				
	rents, royalties and income from similar sources	0	0	0	0	184	184
9	Net income from unrelated business	<u>_</u>	-	0	0	104	104
	activities, whether or not the business is		w.				
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	00	0	0	0		00
11	(Explain in Part IV.)	80	0	0	0	0	80 368,555
12	Gross receipts from related activities etc. (s	see instruction	s)			12	300,333
13	First five years. If the Form 990 is for the c					l l	(c)(3)
. •	organization, check this box and stop here						► X
Sec	tion C. Computation of Public Suppor						
14	Public support percentage for 2008 (line 6,			column (f)).		14	0.00%
15	Public support percentage from 2007 Sched	` '	•			15	0.00%
16a	33 1/3% support test-2008. If the organiza					3% or more, che	eck this box
	and stop here. The organization qualifies a						
b	33 1/3% support test-2007. If the organiza						
	box and stop here. The organization qualifi						
17a	10%-facts-and-circumstances-test-2008	If the organiza	ation did not ch	neck a hov on I	ina 13 16a or	16h and line 1	I4 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . > 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . > Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Sched	lule A (Form 990 or 990-EZ) 2008 INSTITUTE FOI	R INTERNATIO	NAL MEDICI	NE		75-312862	5 Page 3
Par					2)		
	(Complete only if you checked to	the box on line	e 9 of Part I.)				
	tion A. Public Support					T	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0			0
2	Gross receipts from admissions, merchandise				ن		
_	sold or services performed, or facilities furnished						
	in any activity that is related to the				***		
	organization's tax-exempt purpose	o	0	0	N. C.		0
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513				***************************************		0
4	Tax revenues levied for the organization's					***	
-	benefit and either paid to or expended on			//			
	its behalf	o	0	/6			0
5	The value of services or facilities						
-	furnished by a governmental unit to the			,			
	organization without charge	o	0	o.			0
6	Total. Add lines 1-5	0	0	0	0	0	0
-	Amounts included on lines 1, 2, and 3	J					
	received from disqualified persons						0
b	Amounts included on lines 2 and 3			- Walter 1	#		
-	received from other than disqualified				8 °		
	persons that exceed the greater of 1%			A.			
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
С	Add lines 7a and 7b	0	Ω	0	0	0	0
8	Public support (Subtract line 7c from			•			
-	line 6.)						0
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	0	· · ·	0
_	Gross income from interest, dividends,	<u> </u>		0	0	0	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		>				0
b	Unrelated business taxable income (less		9				
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	, °°	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on	F					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						

	organization, check this box and stop here		• •	• •	· · •
Sec	tion C. Computation of Public Support Percentage				
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15			0.00%

0

10	Publics	support	bercenta	ge no	III 2007	Scried	iule A, i	an iv-/	₹, ime
Sec	tion D.	Comp	utation	of In	vestm	ent In	come l	Percen	tage

(Explain in Part IV.) .

Total support. (Add lines 9, 10c. 11,

13

Sec	tion D. Computation of investment income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from 2007 Schedule A Part IV-A line 27h	18	0.00%

19a	33 1/3% support tests-2008.	If the organization did	not check the box of	n line 14, and line 15	is more than 3	3 1/3% and lin	ne 17 i	is
	not more than 33 1/3%, check	this box and stop her	e. The organization	qualifies as a publicly	supported org	anization	. ▶	

b	33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and		
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

0.00%

16

Schedule A (Form	990 or 990-EZ) 2008	INSTITUTE FOR	INTERNATION	AL MEDICIN	E	75-3128625	Page 4
Part IV	Supplemental	Information. Cor	nplete this pa	rt to provide	the explanation	required by Part II, line	e 10;
	Part II, line 17a	or 17b; or Part III	, line 12. Prov	ide any othe	er additional info	rmation. (see instruction	ons)
				•		,	•
						Å	
						*	
						/	
						«	
				,			
					**		
				&			
							
				&			
		4					
		A000000000					
			<u></u>				
			1111				
			<i></i>				
			Y				
		. ///					
		***///					
	<i></i>						
		<u>.</u>					
		,					

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 (sundation 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 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 \$90, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(a)(1)(A)(a), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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, a regate 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 ear, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more fan \$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 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 answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

	age	1	of	2	of Part I
--	-----	---	----	---	-----------

Name of organization
INSTITUTE FOR INTERNATIONAL MEDICINE

Employer identification number 75-3128625

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	REACH FOUNDATION 6700 ANTIOCH RD, SUITE 200 MERRIAM KS 66204 Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash Gomplete Part II if there is a noricash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	HODGDON FAMILY FOUNDATION 719 E 31ST STREET KANSAS CITY MO 64109 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	JACK HILL CME FOUNDATION 6302 N WAYNE KANSAS CITY MO 64118 Foreign State or Province: Foreign Country:	\$ <u>15,000</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
4	COLLEGE PARK FAMILY CARE 801 N MUR-LEN RD, SUITE 211 OLATHE KS 66062 Foreign State or Province Foreign Country:	\$10,000	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5	SAINT LUKES HOSPITAL BYSTEM		Person X Payroll
	10920 ELM AVE KANSAS CITY MO 64134 Foreign State or Province: Foreign Country	\$5,000	Noncash (Complete Part II if there is a noncash contribution.)
(a)	KANSAS CITY MO 64134	(c)	(Complete Part II if there is a noncash contribution.)
(a) No.	KANSAS CITY MO 64134 Foreign State or Province: Foreign Country		(Complete Part II if there is a noncash contribution.)

of Part I Name of organization Employer identification number

INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625 Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7	BOB AND JANE FOUNDATION		
			Payroll
	TOO ALL INDENIALOOD DD CLUTE 400	40.000	
	706 N LINDENWOOD DR, SUITE 100	\$ 10,000	Noncash
	OLATHE KS 66062	////////	Complete Part II if there is
	Foreign State or Province:		a nencash contribution.)
	Foreign Country:		
(a)	(b)	(c) //	(d)
No.	Name, address, and ZIP + 4	Aggregate constibutions	Type of contribution
	·	50 5	7.
8			Person
			Payroll
			· ==
		\$0.	Noncash
			(Complete Part II if there is
	Foreign State or Province:		a noncash contribution.)
	Foreign Country:		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		7	
9			Person
	<i>``</i>		Payroll
		\$ 0	Noncash
	·	Φ	
			(Complete Part II if there is
	Foreign State or Province:	.	a noncash contribution.)
(-)	Foreign Country:	(1)	/ D
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
4.0			
10			Person
			Payroll
		\$ 0	Noncash
			(Complete Part II if there is
	Foreign State or Province		a noncash contribution.)
	Foreign Country:		a noneach continuation.)
(2)	(B)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
140.	indine, address, and Zir + 4	Aggregate contributions	Type of contribution
11			Person
			<u> </u>
			Payroll
	<i></i>	\$0	Noncash
			(Complete Part II if there is
	Foreign State or Province:		a noncash contribution.)
	Foreign Country		,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	•		
12			Person
			Payroll
		\$ 0	Noncash
		Ψ	<u> </u>
			(Complete Part II if there is
	Foreign State or Province:		a noncash contribution.)

Name of organization

ide I of ∠ of Part	ige	1	of	2	of Part I	Ш
--------------------	-----	---	----	---	-----------	---

Employer identification number

INSTITUT	E FOR INTERNATIONAL MEDICINE			75-3128625	
Part III	Exclusively religious, charitable, etc., i aggregating more than \$1,000 for the year.				
	For organizations completing Part III, enter contributions of \$1,000 or less for the year				0
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
1					
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee	
					•
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
2					
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee	
	For. Prov. Country		*		i
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
3	·····				
	·····				
	_ ,		ransfer of gift		
	Transferee's name, address, and	<u>ZIP + 4</u>	Relationsh	ip of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
4					
		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee	
	For. Prov. Country				1

Name of organization

age	2	of	2	of Part II
aye	_	OI	_	OI Fait i

Employer identification number

INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I 5 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I 6 (e) Transfer of gift Transferee's name, address, and ZIP + # Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Pro Country (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer identification number INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Bunds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in conor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that that the many be used only for charitable purposes and not for the benefit of the donor or donor advisor of other Yes Part II Conservation Easements. Complete if the organization answered "Yes to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check atthat apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified consequation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the taxable year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 5 6 Staff or volunteer hours devoted monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred monitoring, inspecting, and enforcing easements during the year ▶ \$_____ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 In Part XIV, describe how the expanization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Schedule D (Form 990) 2008 Page **2**

Part	Organizations Maintaining C	ollections of Art, His	torical Treasures	s, or Other Similar <i>I</i>	Assets (c	continu	ued)
3	Using the organization's accession and items (check all that apply):	other records, check a	ny of the following t	hat are a significant u	se of its c	ollectio	on
а	Public exhibition	d 🗌	Loan or exchang	je programs			
b	Scholarly research	e 🔲	Other				
С	Preservation for future generation	is					
4	Provide a description of the organizatio Part XIV.		ain how they furthe	r the organization's ex	empt purp	ose ir	1
5	During the year, did the organization so assets to be sold to raise funds rather the				ilar ∭ Y e	es 🗌	No
Part	Trust, Escrow and Custodia Part IV, line 9, or reported an a			ition answered "Yes	" to Form	າ 990,	
1a	Is the organization an agent, trustee, cu			ions of other assets n	ot	•	
	included on Form 990, Part X?				Ye	s	No
b	If "Yes," explain the arrangement in Par	t XIV and complete the	following table:	<u> </u>	Λ ::: a		
•	Beginning balance			1c	Amount		
c d	Additions during the year			. 1d			
e	Distributions during the year			1e			
f	Ending balance	2	200	1f			0
2a	Did the organization include an amount		****	<u> </u>		es X	No
b	If "Yes," explain the arrangement in Par					,3 [/]	140
Part			wered "Yes" to Fo	rm 990. Part IV. line	10.		
) Current year (b) Price				ur years	back
1a	Beginning of year balance						
b	Contributions		,				
С	Investment earnings or losses .						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	<u> </u>					
2	Provide the estimated percentage of the		as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment	[₩] %					
С	Term endowment						
3a	Are there endowment funds not in the p	ossession of the organ	ization that are held	d and administered for	the		
	organization by:					Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz	•			3b		
4	Describe in Part XIV the intended uses			N==1 V - 1' = = 40			
Part	,						
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value	
_	Land	0	0				0
b	Buildings	0	0	0			0
C	Leasehold improvements	0	0	0			0
d	Equipment	0	6,765				3,486
<u>e</u>	Other	0	57,940				1,539
ıota	. Add lines 1a-1e. (Column (d) should e	quai ⊢orm 990, Part X,	column (B), line 10	(<i>C).)</i> ▶		35	5,025

Schedule D (Form 990) 2008

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives and other financial products	0		
Closely-held equity interests	0		
Other	0		
	0	- iii	
	0	***	
	0	***	
	0	///////////////////////////////////////	
	0	******	V.
	0		<u> </u>
	0		
	0	3000	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Relate	<u>*</u>	2000	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
	0	(())	intot valuo
	. 0		
	0		
	0	,	
	0	7000	
	0		
	<i>^</i>		
	0		
	0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990, P	art X, line 15.		
(a) Description		(b) Book value
			0
			0
			0
			0
			0
	_ <i></i>		0
	#		0
	<u>/</u>		0
			0
Total. (Column (b) should equal Form 990, Part X	col (B) line 15)	•	0
Part X Other Liabilities. See Form 990			
(a) Description of lieshity	(b) Amount		
Federal income taxes		0	
		0	
		0	
*		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		0	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	tule D (Form 990) 2008		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	290,353
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	276,987
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,366
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		13,366
	Reconciliation of Revenue per Audited Financial Statements With Revenue	per weturi	1
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)	20	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line		
a	Investment expenses not included on Form 990, Part VIII, line 6 Other (Describe in Part XIV)	-	
b	`	40	0
C E	***************************************	4c	0 0
5 Par	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part L. line 12.)		
1	Total expenses and losses per audited financial statements	1 1	<u> </u>
2	Amounts included on line 1 but not on Form 990 Park IX, line 25:	•	
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	0
_	t XIV Supplemental Information		
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	I 4; Part IV,	ines 1b

Schedule D (Form	990) 2008	Page 5
Part XIV	990) 2008 Supplemental Information (continued)	
	*	
	······································	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625 Form 990 Part VI Section B Line 12C ANNUAL CONTRACTS ARE SIGNED BY ALL OFFICERS AND DIRECTORS.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	_	Non Cash
1	Federated Campaigns		1	
	Membership dues		2	
3	Fundraising events		3	_
4	Related organizations		4	
5	Government grants (contributions)		5	
6	All other contributions, gifts, grants, and similar amounts not included above:			
	CCC SYMPOSIUM	7,000	_	
	EMMC	47,630	_	
	DMM	2,500	_	
	DONATIONS	57,072	_	
			_	
	Other contributions total	114,202	6	0
7	Total	114,202	7	0

Part	VIII, Line 10 (990) - Gross Sales of Inventory	11,954	5,641	6,313
			Cost of	
	Category	Gross Sales	Goods Sold	Net
	EMMC T SHIRTS	65	Transaction and the second	34
	EMMC AUDIO CD	60	28	32
	EMMC PPT CD	85		45
	DMM CD	40	19	21
	INMED BOOKSTORE	11,704	5,523	6,181
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

<u>i ait</u>	in, Line 22 (330) - Depreciation, Depletic	Jii, etc.			
		13,285	11,588	1,697	0
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
	Description		services	and general	
1	2004 COMPUTER HARDWARE	156		156	
2	2005 COMPUTER HARDWARE	182		182	
3	2006 COMPUTER HARDWARE	58		58	
4	2006 COURSE	6,380	6,380		
5	2007 HIV COURSE	4,728	4,728		
6	2008 COURSE	480	480		
7	2008 MAC COMPUTER	1,301		1,301	
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18	**************************************	0			
19		0			
20		0			

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								64,705	18,574	29,680	0	46,131	35,025
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	2000	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis		Depreciation	Adjustments	Balance	Balance
1 COMPUTER HARDWARE]	X			. 💹	2,713	2,478	1,277		235	1,436
2 COMPUTER HARDWARE			L	X			_ 🎎	1,532	1,126	486		456	1,096
3 COMPUTER HARDWARE				X			- 1	302	157	215		145	87
4 HIV COURSE					X			23,640	3,940	8,668		19,700	14,972
5 COURSE			l		X		~~~	2,400	240	720		2,160	1,680
6 COURSE				***	Χ			31,900	10,633	17,013		21,267	14,887
7 MAC COMPUTER			.	X				2,168	0	1,301		2,168	867
8								0	0			0	0
9		* **		***				0	0			0	0
10			```			[0	0			0	0
11								0	0			0	0
12								0	0			0	0
13			L					0	0			0	0
14	<u> </u>		L					0	0			0	0
15	l]			[0	0			0	0
16]]		L					0	0			0	0
17								0	0			0	0
18]			[0	0			0	0
19								0	0			0	0
20]	-	0	0	-		0	0

Form 4562 Statement - 990 6/30/2009

Item No. Description of Property Date Placed In Service Asset Code Bus. Use White Deduction Basis Sec. 179 Deduction Allowance Special Allowance Value Salvage Value Recovery Basis Recovery Period Method Conv Code Prior Accum Deprec., 179, Bonus Depreciation Detail	Deprec.	2008 Accum.
Depreciation Detail		Deprec.
<u>bepreciation betain</u>		
MACRS deductions for prior years (Line 17)	04 450	4.077
	21 156 04 182	
	57 58	
3 COMPUTER HARDWA 12/31/2006 F-5 100.00% 302 0 0 0 302 5 200DB HY	30	210
Total MACRS deductions for prior years (Line 17) 3,240 0 0 0 3,240 1,	82 396	1,978
Subtotal 3,240 0 0 3,240 1,5	82 396	1,978
		
MAC COMPUTER 8/13/2008 F-4 100.00% 2,168 0 1,084 0 1,084 5 200DB HY Course	0 217	1,301
MAC COMPUTER 8/13/2008 F-4 100.00% 2,168 0 1,084 0 1,084 5 200DB HY Total Amortization (Line 44)		
COURSE 11/1/2006 Z-16 100.00% 31/900 0 31,900 5 SL/GDS FM 10,6	,	,
HIV COURSE 9/1/2007 Z-16 100.00% 23,640 0 23,640 5 SL/GDS FM 3,9	,	
COURSE 1/1/2008 Z-16 100.00% 2,400 0 0 2,400 5 SL/GDS FM 2	40 480	720
Total Total Amortization (Line 44) 57,940 0 0 57,940 14,8	13 11,588	26,401
63,346 0 1,084 0 62,264 16,3	95 12,201	29,680
Form 4562 Reconciliation		
Annual depreciation and amortization	12,201	
	12,201	
Special allowance except listed property (Line 14) - current year assets	ŭ	
Special allowance - listed property (Line 25) - current year assets	1,084	
Section 179 deduction claimed (includes prior year disallowed)	0	
Section 179 deduction carried forward to future year	0	
Section 179 deduction (Line 12)	0	
Less amortization included in total annual depreciation and amortization (Line 44)	11,588	_
Form 4562 , Line 22	1,697	

ccc s	SYMP Total:		7,000
1	REACH FOUNDATION	1	7,000
2		2	
3		3	
4		<u>4</u>	<u> </u>
5		5	
EMM (47,630
1	EVENT DONATIONS	1	22,630
2	EVENT GRANTS	²	25,000
3		🦓 <u>—</u>	
4	·	<u> </u>	
5		ວ	
DMM	Total:		2,500
1	EVENT DONATIONS	1	2,500
2		2	_,000
3		3	
4		4	
5		5	
DONA	TION Total:		57,072
1	GENERAL DONATIONS	1	27,785
2	C.A.R.E. DONATIONS	2	11,170
3	INDIVIDUAL SCHOLARSHIP DONATIONS	3	17,349
4	CORPORATE SCHOLARSHIP DONATIONS	4	768
5		5	
2501			
REGIS		4	72,684
1 2	INTENSIVE COURSE CCC	<u>'</u> —	16,873 1,150
3	EMMC	2 —	31,208
4	EMMC SOCIAL	4	4,900
5	EMMC EXHIBITOR	5	7,360
6	DMM EXHIBITOR	6	400
7	DMM //	7	7,970
8	HIV ONLINE COURSE	8	289
9	BOOK CME EXAM	9	85
10	ONLINE COURSE	10	2,449
FEES			30,379
1	INT'L APPLICATION FEES	1	4,646
2	INT'L CERT ENROLLMENT FEES	2	23,500
3 4	TRAVEL INSURANCE FEE DIPLOMA APPLICATION FEE	3 1	707 95
4 5	DIPLOMA STUDENT SCHOLARSHIP FEE	5 —	1,431
•		- —	1,101

SPON	SORS	Total:	48,130
1	EMMC UNRESTRICTED	1	42,500
2	EMMC RESTRICTED	2	4,630
3	DMM	3	1,000
4		4	
5		5	
		A	
LODG	BING	Total:	10,275
1	INTENSIVE COURSE	1	7,935
2	EMMC		2,340
3			
4	<i></i>	4	
5		5	
		<i></i>	
COME	PENSA	Total:	27,483
1	CCC	1	1,148
2	EMMC	····· 2 —	17,330
3	DMM	3	9,005
4		4	,
5		5	
IT		Total:	1,940
1	CCC	1	420
2	EMMC		960
3	DMM	3 —	560
4	/////	4	
5		5	
	## ## ## ## ## ## ## ## ## ## ## ## ##		
CONF	EREN	Total:	38,306
1	EMMC FOOD	1	14,050
2	EMMC HONORARIUMS		9,600
3	EMMC AWARDS	3	274
4	EMMC EXHIBITO COSTS	4	789
5	EMMC LODGING	5	4,380
6	EMMC SOCIAL	6	4,808
7	// // // // // // // // // // // // //	7	
8	DMM HONORARIUMS	8	2,375
9	DMM CME	9	1,690
10	DMM SOCIAL	10	340
INSU	RANC	Total:	648
1	EMMC	1	648
2		2	
3		3	
4		4	
5		5	

1	ER EX Total:		590
	EMMC GENERAL EXPENSE	1	549
2	DMM OTHER	2	41
3		3	
4		4	
5	ļ	5	
RIN ⁻	Ting Total:		7,865
1	EMMC PRINTING	1	5,741
2		· 2	63
3	7000000	3	
4	DMM PRINTING	1.	2,061
5		5	
CHC	DLARS Total:		12,329
<u>СПС</u>	VANDERKOLK	1	1,315
2		2	1,506
3			1,932
4		<u> </u>	1,831
5		· 5	1,242
6		5	4,198
7		7	230
8	HANKINS &	3	75
۸ ۵	ONFE Total:		40.000
		1	12,939
1 2		ı 2	8,685 2,993
3			250
4	GA MEETINGS	<u> </u>	1,011
5	9.7.11.27.11.00	·	1,011
A IT			14,472
1	INT'L WEBSITE	1	1,800
2		2	960
3	= 11 = 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	10,325
		4	487 900
4	ONLINE COURSE DEVELOPMENT	5	900
4 5			
5 A C	OMPE Total:		34,595
5 A C	INT'L MED COMPENSATION ALLOCATION	1	5,567
5 A C 1 2	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION	1	5,567 23,553
5 A C 1 2 3	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION	1 2 3	5,567 23,553
5 A C 1 2 3 4	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION	1 2 3 4	5,567 23,553
5 A C 1 2 3	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION	1 2 3	5,567
5 A C 1 2 3 4 5	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION (1 2 3 4	5,567 23,553 5,475
5 1 2 3 4 5	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION (Total:	1 2 3 4	5,567 23,553 5,475 2,355
5 1 2 3 4 5	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION RINT INT'L MED PRINTING Total:	1 2 3 4	5,567 23,553 5,475
5 1 2 3 4 5	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION FINT INT'L MED PRINTING DIPLOMA PRINTING	1	5,567 23,553 5,475 2,355 1,430
5 1 2 3 4 5	INT'L MED COMPENSATION ALLOCATION DIPLOMA COMPENSATION ALLOCATION GA COMPENSATION ALLOCATION FINT INT'L MED PRINTING DIPLOMA PRINTING	1	5,567 23,553 5,475 2,355 1,430

GA IN	ISUR	Total:	3,338
1	INT'L MED INSURANCE	1	464
2	STUDENT TRAVEL INSURANCE - DIPLOMA	····· 2	2,574
3	GL INSURANCE		300
4	OL MOON WOL	······ 4 —	000
5		5	
3		······································	
		4	
GA O	THER	Total:	5,445
1	INT'L MED OTHER EXPENSE	1	621
2	EMM GENERAL COSTS	2	25
3	DIPLOMA GENERAL		182
4	GA OTHER	····· 4 —	2,600
5	REGISTRATION FEES	5 —	17
6	CME ACCREDITATION	₆ —	2,000
J	ONE ROOKESTATION		2,000
		>	
		Y	
C 4 O	FFIO	Tatal.	7.050
GA O		Total:	7,358
1	CD	1	28
2	EMMC CD POSTAGE	2	18
3	SHIPPING	3 <u> </u>	1,142
4	BANK FEES	4	36
5	OFFICE SUPPLIES	5	1,454
6	POSTAGE AND DELIVERY	6	288
7	TELEPHONE	7	4,340
8	FURNITURE	8	52
		-	
GA B		Total:	2,351
1	AD&D AND TERM LIFE	1	79
2	TRANSFER FEES	2	47
3	GROUP HEALTH	3	2,225
4		4	
5		5	
GA P		Total:	675
<u>GA P</u>	RO PAYROLL PROCESSING	Total:	675 675
1			
1 2 3 4			
1 2 3			
1 2 3 4			
1 2 3 4			
1 2 3 4 5	PAYROLL PROCESSING	1 2 3 4 5	675
1 2 3 4 5	PAYROLL PROCESSING REDI	1 2 3 4 5	3,253
1 2 3 4 5	PAYROLL PROCESSING REDI PAYPAL COSTS	1 1 3 4 5 Total:	3,253 2,863
1 2 3 4 5	PAYROLL PROCESSING REDI PAYPAL COSTS PAYPAL VIRTUAL TERM	1 2 3 5 Total: 1 2	3,253
1 2 3 4 5 5 GA C 1 2 3	PAYROLL PROCESSING REDI PAYPAL COSTS	1 1 3 4 5 Total:	3,253 2,863
1 2 3 4 5 5 GA C 1 2 3 4	PAYROLL PROCESSING REDI PAYPAL COSTS PAYPAL VIRTUAL TERM	1 2 3 5 Total: 1 2	3,253 2,863
1 2 3 4 5 5 GA C 1 2 3	PAYROLL PROCESSING REDI PAYPAL COSTS PAYPAL VIRTUAL TERM	Total:	3,253 2,863

GA A	DVER	Total:		12,837
1	BULK EMAIL		1	1,530
2	DISPLAYS		2	812
3	PRINTING		3	974
4	WEB HOSTING AND DEVELOPEMENT		4	2,264
5	CONFERENCE EXP		5	6,897
6	DATABASE DEVELOPMENT		6	360

	ICNI		
GA RENT		Total:	56,065
1 OOP RENT		1	4,705
2 HEALTH MW		2	51,360
3		3	
4		4	
5		5	

Assets by Classification - 990

<u> </u>	old by Classific	<u> </u>					0/00/2000 II	TOTTIONE TORK	1141214141	TOTAL MED	01112 7001	LOOLO			
			1				1	1						1	
Item	Description of	Date Placed	Asset	Bus. Use	Cost or	Sec. 179	Special	Salvage	Recov	ery Reco	overy Method	Conv	Prior Accum.	2008	2008
No.	Property "**" indicates SOLD	In Service	Code	%	Other Basis	Deduction	Allowance	Value	Basi	s Pe	riod	Code	Deprec., 179, Bonus	Deprec.	Accum. Deprec.
												3			
5-yr C	omputers (listed) MAC COMPUTER	8/13/2008	E 4	100.00%	2.169		0 1,084		, <i>//</i>	1,084	5 200DB	HY	0	217	1,30
,	WAC COMPUTER	0/13/2000	Г-4	100.00%	2,168		0 1,084		0		300	пт	» U		
	Total: 5-yr Computers a	and peripherals	(listed p	roperty)	2,168		0 1,084	1	0 🧇 🧠	1,084			0	217	1,301
E C	amputara (nat liatad)						dth		***	. //	330 -				
<u>5-yr C</u>	omputers (not listed) COMPUTER HARDWA	12/31/2004	F-5	100.00%	1,356		0)	0	1,366	5 200DB	HY	1,121	156	1,277
2	COMPUTER HARDWA			100.00%	1,582	***	0 0 0) W	0 //		5 200DB	HY	304	182	486
3	COMPUTER HARDWA			100.00%	302	N	0)	6		5 200DB	HY	157	58	215
					3,240			`	0	3,240			1 500	396	1,978
	Total: 5-yr Computers a	and pempherais	(HOL HSU	· · · · · · ·	3,240	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	<u> </u>)	U	3,240			1,582	390	1,970
					N		***								
Amort	- Other	44/4/0000	-30	388	04.000		^***** •			24.000	- 01/000		40.000	0.000	47.046
4	COURSE	11/1/2006	Z-16	100.00%	31,900	**	0 ()			SL/GDS		10,633	6,380	17,013
5	HIV COURSE	9/1/2007		100.00%	23,640		0 ()	2	,	SL/GDS		3,940	4,728	8,668
6	COURSE	1/2008	Z-16	100.00%	2,400		0 ()		2,400	SL/GDS	FIVI	240	480	720
			*	la and the di											
	Total: Amortization - Ot	hei	# 3	_	57,940		0 ()	0 5	57,940			14,813	11,588	26,401
		- 1	#												
	SubTotals				63,348		0 1,084	1	0 6	62,264			16,395	12,201	29,680
	Less: Assets Sold				(0)	(0) () (0) (0)			_ (0)	(0)	(0
	Ending Totals				63,348		0 1,084	1	0 6	52,264			16,395	12,201	29,680

6/30/2009 INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625

Detail Report

6/30/2009 INSTITUTE FOR INTERNATIONAL MEDICINE 75-3128625

	un report		0,00,2000		_ 1	THO THE RELEASE	70 01200			*****	3000	700000	
990					63,348	0	1,084	0	62,264				16,395
Item	Description	Date	Asset	Bus.	Cost or	Less	Special	Salvage	Recovery	Recovery	Method	Con-	Prior Accum.
No.	of	Placed in	Code	Use	Other	Sec. 179	Allowance	Value 🎆	Basis AM	「 P⊕riod		vention	Deprec.,
	Property	Service		%	Basis	Deduction			Тур	e (wears)		Code	179, Bonus
1	COMPUTER HARDWARE	12/31/2004	F-55	100.00%	1,356	0	0	0	1,356	5	200DB	HY	1,121
2	COMPUTER HARDWARE	12/31/2005	F-\$	100.00	1.582	0	0	0	1,582	5	200DB	HY	304
3	COMPUTER HARDWARE	12/31/2006	F-5	100.00%	302	0.	0	0	302	5	200DB	HY	157
4	COURSE	1#/1/2006	Z-16	100.00%	31,900	Ö	0		31,900	5	SL/GDS	FM	10,633
5	HIV COURSE	9/1/2007	Z-16	100.00%	23.640	0 🕷	0		23,640	5	SL/GDS	FM	3,940
6	COURSE	1///2008	Ζ-16	100.00%	2,400	[~] 0	0		2,400	5	SL/GDS	FM	240
7	MAC COMPUTER	8/13/2008	₩ F-4	100.00%	° 2.168	0	1.084	0	1.084	5	200DB	HY	0

Detail Report

990			12,201	29,680
Item	Description	Date	2008	2008
No.	of	Placed in	Current	Accum.
	Property	Service	Deprec.	Deprec.
. A	V			
4	COMPUTER HARDWARE	12/31/2004	156	1,277
2	COMPUTER HARDWARE	12/31/2005	182	486
3	COMPUTER HARDWARE	12/31/2006	58	215
4	COURSE	11/1/2006	6,380	17,013
5	HIV COURSE	9/1/2007	4,728	8,668
6	COURSE	1/1/2008	480	720
7	MAC COMPUTER	8/13/2008	217	1,301