

# Return of Organization Exempt From Income Tax

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2008 calendar year, or tax year beginning** 7/1/2008, **and ending** 6/30/2009

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization** INSTITUTE FOR INTERNATIONAL MEDICINE  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 963 YANCEY STREET  
 City or town, state or country, and ZIP + 4  
 LIBERTY MO 64068

**D Employer identification number** 75-3128625  
**E Telephone number** (816) 520-6900  
**G Gross receipts \$** 295,994

**F Name and address of principal officer:**  
 NICHOLAS COMMINELLIS, MD 963 YANCEY ST, LIBERTY, MO 64068

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ www.inmed.us

**H(c) Group exemption number** ▶

**K Type of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 2003 **M State of legal domicile:** MO

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: CORPORATION WAS FORMED TO TRAIN DOCTORS FOR MEDICAL MISSIONS; THE CORPORATION DID SUCH TRAINING AND CONDUCTED RELATED CONFERENCES AND SYMPOSIUMS.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	2
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	4
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	95,272	114,202
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	184
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,344	6,313
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,222	290,353
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,056	82,687
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	6,599	0
<b>b</b>		Total fundraising expenses (Part IX, column (B), line 25) ▶	0	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	131,877	194,300
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	165,532	276,987
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	25,690	13,366
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	109,169	102,965
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	0	0

**Part II Signature Block**

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.

**Sign Here**

Signature of officer: NICHOLAS COMMINELLIS, MD  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: ROBERT JONES  
 Date: 9/24/2009  
 Check if self-employed:   
 Preparer's identifying number (see instructions): P00292370  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RC JONES AND ASSOCIATES INC, PO BOX 201, LIBERTY, MO 64069  
 EIN: \_\_\_\_\_  
 Phone no.: (816) 792-9966

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part 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 the prior Form 990 or 990-EZ?  Yes  No  
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?  Yes  No  
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

**4b** (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 )  
CONDUCTED A DISASTER MEDICAL MANAGEMENT SYMPOSIUM - DMM

**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

Table with 3 columns: Question number, Question text, Yes, No. Rows 1-27 covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

**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**

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.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	6	
<b>1b</b>	Enter the number of voting members that are independent . . . . .	0	
<b>2</b>	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? . . . . .		X
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b>	Does the organization have members or stockholders? . . . . .		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .		X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		X
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .		X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .		X
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O. (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		X

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ▶	
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶	
	NICHOLAS COMNINELLIS, MD	(816) 520-6900
	963 YANCEY STREET, LIBERTY, MO 64068	

**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.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROY MORAN, ThM DIRECTOR	1.	X					0	0	0	
TED HIGGINS, MD DIRECTOR	1.	X					0	0	0	
PETER GREENSPAN, MD DIRECTOR	1.	X					0	0	0	
NICHOLAS COMNINELLIS, MD PRESIDENT	40.			X	X		0	0	0	
DON PHILGREEN, MD VP	1.			X			0	0	0	
THAD MAY TREASURER	1.			X			0	0	0	
MICAH FLINT, MPA CEO	40.			X	X	X	42,000	0	0	
SKYLAR ROLF, MA COO	40.			X	X		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	
	0.						0	0	0	
	0.						0	0	0	





<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 0				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 114,202				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 114,202				
	<b>Program Service Revenue</b>	<b>2a</b> REGISTRATIONS . . . . .	Business Code 900099 72,684			
<b>b</b> FEE AND APPLICATION FEES . . . . .		900099 30,379				
<b>c</b> SPONSORSHIPS . . . . .		900099 48,130				
<b>d</b> LODGING . . . . .		900099 10,275				
<b>e</b> ALL OTHER PROGRAM REVENUES . . . . .		900099 8,186				
<b>f</b> All other program service revenue . . . . .		0				
<b>g Total.</b> Add lines 2a-2f . . . . .		▶ 169,654				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶ 184			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	▶ 0				
	<b>5</b> Royalties . . . . .	▶ 0				
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .	0	0		
		<b>d</b> Net rental income or (loss) . . . . .	▶ 0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .	0	0		
		<b>d</b> Net gain or (loss) . . . . .	▶ 0			
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0		
		<b>c</b> Net income or (loss) from fundraising events . . . . .	▶ 0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0			
<b>b</b> Less: direct expenses . . . . .		<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		▶ 0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	11,954				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	5,641			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	▶ 6,313				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> . . . . .			0			
	<b>b</b> . . . . .			0		
		<b>c</b> . . . . .			0	
			<b>d</b> All other revenue . . . . .			0
	<b>e Total.</b> Add lines 11a-11d . . . . .	▶ 0				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	▶ 290,353	0	0	0		

**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).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(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 U.S. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	62,078	27,483	34,595	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	0			
8	Pension plan contributions (include section 401(k) 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):				
a	Management . . . . .	0			
b	Legal . . . . .	600		600	
c	Accounting . . . . .	675		675	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	6,035	590	5,445	
12	Advertising and promotion . . . . .	12,837		12,837	
13	Office expenses . . . . .	7,358	0	7,358	
14	Information technology . . . . .	16,412	1,940	14,472	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	56,065		56,065	
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	51,245	38,306	12,939	
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	13,285	11,588	1,697	0
23	Insurance . . . . .	3,986	648	3,338	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	PRINTING AND REPRODUCTION	10,220	7,865	2,355	
b	CREDIT AND COLLECTION COSTS	3,253		3,253	
c	SCHOLARSHIPS PAID	12,329		12,329	
d	.....	0			
e	.....	0			
f	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24f	276,987	96,503	180,484	0
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	48,526	1	63,014	
	2	Savings and temporary cash investments . . . . .		2		
	3	Pledges and grants receivable, net . . . . .	0	3	0	
	4	Accounts receivable, net . . . . .	0	4	0	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0	
	7	Notes and loans receivable, net . . . . .	0	7	0	
	8	Inventories for sale or use . . . . .	14,512	8	4,926	
	9	Prepaid expenses and deferred charges . . . . .		9		
	10a	Land, buildings, and equipment: cost basis	10a	64,705		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b	29,680	10c	35,025
	11	Investments—publicly traded securities . . . . .	0	11	0	
	12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0	
	13	Investments—program-related. See Part IV, line 11 . . . . .	0	13	0	
	14	Intangible assets . . . . .		14		
	15	Other assets. See Part IV, line 11 . . . . .	0	15	0	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	109,169	16	102,965		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .		17		
	18	Grants payable . . . . .		18		
	19	Deferred revenue . . . . .		19		
	20	Tax-exempt bond liabilities . . . . .	0	20	0	
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0	
	24	Unsecured notes and loans payable . . . . .	0	24	0	
25	Other liabilities. Complete Part X of Schedule D . . . . .	0	25	0		
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	26	0		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		27		
	28	Temporarily restricted net assets . . . . .		28		
	29	Permanently restricted net assets . . . . .		29		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds . . . . .		30		
	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	102,965	
33	<b>Total net assets or fund balances . . . . .</b>	109,169	33	102,965		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	109,169	34	102,965		

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
b	Were the organization's financial statements audited by an independent accountant? . . . . .		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .		X

**Part III, Line 4d (990) - Program Service Accomplishments**

(Code: \_\_\_\_\_) (Expenses \$ 11,588 including grants of \$ 0) (Revenue \$ 0)

DEPRECIATION

(Code: \_\_\_\_\_) (Expenses \$ 8,086 including grants of \$ 0) (Revenue \$ 0)

ALLOCATED SALARIES

(Code: \_\_\_\_\_) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

(Code: \_\_\_\_\_) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

(Code: \_\_\_\_\_) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

# Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>INSTITUTE FOR INTERNATIONAL MEDICINE</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>75-3128625</b>
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**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	2,168
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	250,000
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29 . . . . .		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .		<b>8</b> 0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .		<b>9</b> 0
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562. . . . .		<b>10</b>
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .		<b>11</b>
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .		<b>12</b> 0
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . . . ▶		<b>13</b> 0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	<b>17</b>	396
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20 a Class life					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 . . . . .	<b>21</b>	1,301
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	<b>22</b>	1,697
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Part V 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, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written?

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows for 25, 26, 27, 28, and 29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-36 regarding miles driven and personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with columns Yes and No. Rows include 37-41 regarding written policies and requirements for qualified automobile demonstration use.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows for 42, 43, and 44.

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **INSTITUTE FOR INTERNATIONAL MEDICINE** Employer identification number: **75-3128625**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? . . . . .	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> 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
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total</b> Add lines 1-3 . . . . .	27,100	66,906	64,811	95,272	114,202	368,291
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						368,291

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	27,100	66,906	64,811	95,272	114,202	368,291
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	184	184
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	80	0	0	0	0	80
<b>11 Total support.</b> Add lines 7 through 10						368,555
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**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 . . . . .



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

Employer identification number

INSTITUTE FOR INTERNATIONAL MEDICINE

75-3128625

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)(ii), 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, 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** 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).

<b>Name of organization</b> INSTITUTE FOR INTERNATIONAL MEDICINE	<b>Employer identification number</b> 75-3128625
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	REACH FOUNDATION 6700 ANTIOCH RD, SUITE 200 MERRIAM KS 66204 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HODGDON FAMILY FOUNDATION 719 E 31ST STREET KANSAS CITY MO 64109 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JACK HILL CME FOUNDATION 6302 N WAYNE KANSAS CITY MO 64118 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SAINT LUKES HOSPITAL SYSTEM 10920 ELM AVE KANSAS CITY MO 64134 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SERVANT CHRISTIAN COMMUNITY FOUNDATION 706 N LINDENWOOD DR, SUITE 100 OLATHE KS 66062 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> INSTITUTE FOR INTERNATIONAL MEDICINE	<b>Employer identification number</b> 75-3128625
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BOB AND JANE FOUNDATION ----- 706 N LINDENWOOD DR, SUITE 100 OLATHE KS 66062 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> INSTITUTE FOR INTERNATIONAL MEDICINE	<b>Employer identification number</b> 75-3128625
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations 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.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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
2	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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
3	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

<b>Name of organization</b> INSTITUTE FOR INTERNATIONAL MEDICINE	<b>Employer identification number</b> 75-3128625
---	---

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations 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.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
5	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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
6	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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
7	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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
-----	..... ..... .....	..... ..... .....	..... ..... .....

(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

2008

Open to Public Inspection

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.

Name of the organization: INSTITUTE FOR INTERNATIONAL MEDICINE; Employer identification number: 75-3128625

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff or volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 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 XIV, the text of the footnote to its financial statements that describes these items. b 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: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 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: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f 0   |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	0				

- 2 Provide the estimated percentage of the year-end balance held as:
- a Board designated or quasi-endowment . . . . . %
  - b Permanent endowment . . . . . %
  - c Term endowment . . . . . %
- 3a Are there endowment funds not in the possession of the organization that are held 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 organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	0	0	0
c Leasehold improvements . . . . .	0	0	0	0
d Equipment . . . . .	0	6,765	3,279	3,486
e Other . . . . .	0	57,940	26,401	31,539
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				35,025



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	290,353
2	Total expenses (Form 990, Part IX, column (A), line 25)	276,987
3	Excess or (deficit) for the year. Subtract line 2 from line 1	13,366
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4–8	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	13,366

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 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.

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**Part XIV** Supplemental Information *(continued)*

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

	Cash		Non Cash
1 Federated Campaigns . . . . .		1	
2 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

Category		Gross Sales	Cost of Goods Sold	Net
1	EMMC T SHIRTS	65	31	34
2	EMMC AUDIO CD	60	28	32
3	EMMC PPT CD	85	40	45
4	DMM CD	40	19	21
5	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.**

Description		13,285 (A) Total	11,588 (B) Program services	1,697 (C) Management and general	0 (D) Fundraising
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	16,574	29,680	0	46,131	35,025	
Category or Item		Land	Buildings	Leasehold Improve- ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	COMPUTER HARDWARE				X				2,713	2,478	1,277		235	1,436
2	COMPUTER HARDWARE				X				1,532	1,126	486		456	1,096
3	COMPUTER HARDWARE				X				302	157	215		145	87
4	HIV COURSE					X			23,640	3,940	8,668		19,700	14,972
5	COURSE					X			2,400	240	720		2,160	1,680
6	COURSE					X			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									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									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 %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum. Deprec., 179, Bonus	2008 Deprec.	2008 Accum. Deprec.
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**Depreciation Detail**

**MACRS deductions for prior years (Line 17)**

1	COMPUTER HARDWA	12/31/2004	F-5	100.00%	1,356	0	0	0	1,356	5	200DB	HY	1,121	156	1,277
2	COMPUTER HARDWA	12/31/2005	F-5	100.00%	1,582	0	0	0	1,582	5	200DB	HY	304	182	486
3	COMPUTER HARDWA	12/31/2006	F-5	100.00%	302	0	0	0	302	5	200DB	HY	157	58	215
Total MACRS deductions for prior years (Line 17)					3,240	0	0	0	3,240				1,582	396	1,978

**Subtotal**

Subtotal					3,240	0	0	0	3,240				1,582	396	1,978
7	MAC COMPUTER	8/13/2008	F-4	100.00%	2,168	0	1,084	0	1,084	5	200DB	HY	0	217	1,301
<b>Total Amortization (Line 44)</b>															
4	COURSE	11/1/2006	Z-16	100.00%	31,900	0	0	0	31,900	5	SL/GDS	FM	10,633	6,380	17,013
5	HIV COURSE	9/1/2007	Z-16	100.00%	23,640	0	0	0	23,640	5	SL/GDS	FM	3,940	4,728	8,668
6	COURSE	1/1/2008	Z-16	100.00%	2,400	0	0	0	2,400	5	SL/GDS	FM	240	480	720
Total Total Amortization (Line 44)					57,940	0	0	0	57,940				14,813	11,588	26,401
					63,345	0	1,084	0	62,264				16,395	12,201	29,680

**Form 4562 Reconciliation**

Annual depreciation and amortization	12,201
Special allowance except listed property (Line 14) - current year assets	0
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
<b>Form 4562 , Line 22</b>	1,697

<b>CCC SYMP</b>		<b>Total:</b>	7,000
1	REACH FOUNDATION	1	7,000
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	

<b>EMMC</b>		<b>Total:</b>	47,630
1	EVENT DONATIONS	1	22,630
2	EVENT GRANTS	2	25,000
3	.....	3	
4	.....	4	
5	.....	5	

<b>DMM</b>		<b>Total:</b>	2,500
1	EVENT DONATIONS	1	2,500
2	.....	2	
3	.....	3	
4	.....	4	
5	.....	5	

<b>DONATION</b>		<b>Total:</b>	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	

<b>REGISTRA</b>		<b>Total:</b>	72,684
1	INTENSIVE COURSE	1	16,873
2	CCC	2	1,150
3	EMMC	3	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

<b>FEES</b>		<b>Total:</b>	30,379
1	INT'L APPLICATION FEES	1	4,646
2	INT'L CERT ENROLLMENT FEES	2	23,500
3	TRAVEL INSURANCE FEE	3	707
4	DIPLOMA APPLICATION FEE	4	95
5	DIPLOMA STUDENT SCHOLARSHIP FEE	5	1,431

**SPONSORS**

		<b>Total:</b>	48,130
1	EMMC UNRESTRICTED	1	42,500
2	EMMC RESTRICTED	2	4,630
3	DMM	3	1,000
4		4	
5		5	

**LODGING**

		<b>Total:</b>	10,275
1	INTENSIVE COURSE	1	7,935
2	EMMC	2	2,340
3		3	
4		4	
5		5	

**COMPENSA**

		<b>Total:</b>	27,483
1	CCC	1	1,148
2	EMMC	2	17,330
3	DMM	3	9,005
4		4	
5		5	

**IT**

		<b>Total:</b>	1,940
1	CCC	1	420
2	EMMC	2	960
3	DMM	3	560
4		4	
5		5	

**CONFEREN**

		<b>Total:</b>	38,306
1	EMMC FOOD	1	14,050
2	EMMC HONORARIUMS	2	9,600
3	EMMC AWARDS	3	274
4	EMMC EXHIBITOR 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

**INSURANC**

		<b>Total:</b>	648
1	EMMC	1	648
2		2	
3		3	
4		4	
5		5	

<b>OTHER EX</b>		<b>Total:</b>	590
1	EMMC GENERAL EXPENSE	1	549
2	DMM OTHER	2	41
3		3	
4		4	
5		5	

<b>PRINTING</b>		<b>Total:</b>	7,865
1	EMMC PRINTING	1	5,741
2	EMMC CD PRODUCTION	2	63
3		3	
4	DMM PRINTING	4	2,061
5		5	

<b>SCHOLARS</b>		<b>Total:</b>	12,329
1	VANDERKOLK	1	1,315
2	COONCE	2	1,506
3	GRANVILLE	3	1,932
4	CHLOPEK	4	1,831
5	TROMBLEY	5	1,242
6	TENG	6	4,198
7	BUI	7	230
8	HANKINS	8	75

<b>GA CONFE</b>		<b>Total:</b>	12,939
1	INT'L MED HONORARIUMS	1	8,685
2	INT'L MED LODGING	2	2,993
3	EMM HONORARIUMS	3	250
4	GA MEETINGS	4	1,011
5		5	

<b>GA IT</b>		<b>Total:</b>	14,472
1	INT'L WEBSITE	1	1,800
2	DIPLOMA WEBSITE	2	960
3	DIPLOMA TRAINING SITE DEVELOPMENT	3	10,325
4	COMPUTER HARDWARE	4	487
5	ONLINE COURSE DEVELOPMENT	5	900

<b>GA COMPE</b>		<b>Total:</b>	34,595
1	INT'L MED COMPENSATION ALLOCATION	1	5,567
2	DIPLOMA COMPENSATION ALLOCATION	2	23,553
3	GA COMPENSATION ALLOCATION	3	5,475
4		4	
5		5	

<b>GA PRINT</b>		<b>Total:</b>	2,355
1	INT'L MED PRINTING	1	1,430
2	DIPLOMA PRINTING	2	925
3		3	
4		4	
5		5	

<b>GA INSUR</b>		<b>Total:</b>	3,338
1	INT'L MED INSURANCE	1	464
2	STUDENT TRAVEL INSURANCE - DIPLOMA	2	2,574
3	GL INSURANCE	3	300
4		4	
5		5	

<b>GA OTHER</b>		<b>Total:</b>	5,445
1	INT'L MED OTHER EXPENSE	1	621
2	EMM GENERAL COSTS	2	25
3	DIPLOMA GENERAL	3	182
4	GA OTHER	4	2,600
5	REGISTRATION FEES	5	17
6	CME ACCREDITATION	6	2,000

<b>GA OFFIC</b>		<b>Total:</b>	7,358
1	CD	1	28
2	EMMC CD POSTAGE	2	18
3	SHIPPING	3	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

<b>GA BENE</b>		<b>Total:</b>	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	

<b>GA PRO</b>		<b>Total:</b>	675
1	PAYROLL PROCESSING	1	675
2		2	
3		3	
4		4	
5		5	

<b>GA CREDI</b>		<b>Total:</b>	3,253
1	PAYPAL COSTS	1	2,863
2	PAYPAL VIRTUAL TERM	2	389
3	PAYPAL FEE - ONLINE COURSE	3	1
4		4	
5		5	

**GA ADVER**

**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

**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**

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

Item No.	Description of Property **** indicates SOLD	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum. Deprec., 179, Bonus	2008 Deprec.	2008 Accum. Deprec.
<b>5-yr Computers (listed)</b>															
7	MAC COMPUTER	8/13/2008	F-4	100.00%	2,168	0	1,084	0	1,084	5	200DB	HY	0	217	1,301
Total: 5-yr Computers and peripherals (listed property)					2,168	0	1,084	0	1,084				0	217	1,301
<b>5-yr Computers (not listed)</b>															
1	COMPUTER HARDWA	12/31/2004	F-5	100.00%	1,356	0	0	0	1,356	5	200DB	HY	1,121	156	1,277
2	COMPUTER HARDWA	12/31/2005	F-5	100.00%	1,582	0	0	0	1,582	5	200DB	HY	304	182	486
3	COMPUTER HARDWA	12/31/2006	F-5	100.00%	302	0	0	0	302	5	200DB	HY	157	58	215
Total: 5-yr Computers and peripherals (not listed property)					3,240	0	0	0	3,240				1,582	396	1,978
<b>Amort - Other</b>															
4	COURSE	11/1/2006	Z-16	100.00%	31,900	0	0		31,900	5	SL/GDS	FM	10,633	6,380	17,013
5	HIV COURSE	9/1/2007	Z-16	100.00%	23,640	0	0		23,640	5	SL/GDS	FM	3,940	4,728	8,668
6	COURSE	1/1/2008	Z-16	100.00%	2,400	0	0		2,400	5	SL/GDS	FM	240	480	720
Total: Amortization - Other					57,940	0	0	0	57,940				14,813	11,588	26,401
SubTotals					63,348	0	1,084	0	62,264				16,395	12,201	29,680
Less: Assets Sold					( 0)	( 0)	( 0)	( 0)	( 0)				( 0)	( 0)	( 0)
Ending Totals					63,348	0	1,084	0	62,264				16,395	12,201	29,680



**Detail Report**

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

990														
63,348 0 1,084 0 62,264 16,395														
Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Less Sec. 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus
1	COMPUTER HARDWARE	12/31/2004	F-5	100.00%	1,356	0	0	0	1,356		5	200DB	HY	1,121
2	COMPUTER HARDWARE	12/31/2005	F-5	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	11/1/2006	Z-16	100.00%	31,900	0	0	0	31,900		5	SL/GDS	FM	10,633
5	HIV COURSE	9/1/2007	Z-16	100.00%	23,640	0	0	0	23,640		5	SL/GDS	FM	3,940
6	COURSE	1/1/2008	Z-16	100.00%	2,400	0	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 No.	Description of Property	Date Placed in Service	2008 Current Deprec.	2008 Accum. Deprec.
1	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