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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 09

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 **Christian Medical & Dental Society**

Doing Business As **Christian Medical & Dental Associations**

Number and street (or P O box if mail is not delivered to street address) **PO Box 7500** Room/suite

City or town, state or country, and ZIP + 4 **Bristol, Tennessee 37620**

D Employer identification number **36 2284267**

E Telephone number **(423) 844-1000**

G Gross receipts $ **8,449,708**

F Name and address of principal officer **David L. Stevens, MD**

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)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.cmda.org**

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1946**

M State of legal domicile **IL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **domestic/oversea medical mission projects; fellowship & professional growth for doctors; sponsors student ministries at medical/dental schools; distributes educational/inspirational resources; addresses ethical health care issues; marriage/family conferences for doctors continuing education & resources to missionary doctors; conducts academic exchange programs overseas.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	493
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	64,661
	b Net unrelated business taxable income from Form 990-T, line 34	7b	578

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,972,530	7,180,863
	9 Program service revenue (Part VIII, line 2g)	2,607,076	2,755,575
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	833,049	(755,357)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(37,492)	(892,183)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,375,163	8,288,898
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	140,355	188,699
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	305,173
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,581,929	4,344,522
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,000	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 338,570		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,537,820	5,197,254
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,267,104	10,035,648
	19 Revenue less expenses Subtract line 18 from line 12	3,108,059	(1,746,750)

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,124,035	15,383,392
	21 Total liabilities (Part X, line 26)	2,531,879	2,537,986
	22 Net assets or fund balances Subtract line 21 from line 20	14,592,156	12,845,406

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 Colette T. Davis Date 9/21/10

Type or print name and title COLETTE T. DAVIS CHIEF FINANCIAL OFFICER

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

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:
to motivate, educate, & equip Christian physicians & dentists to glorify God by living out the character of Christ in their homes, practices, communities & around the world; by pursuing professional competence and Christ-like compassion in their work; by in-fluencing their families, colleagues, & patients toward a right relationship with Jesus Christ; by advancing Biblical principles in bioethics & health to the Church & society.

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 $ 5,602,840 including grants of $ 26,869) (Revenue $ 6,855,026)
Regional field ministries and Other Programs (including Placement Services)
Regional field ministries – CMDA members engage and serve in a variety of activities, including Bible studies, prayer breakfasts, sharing groups, seminars, conferences, and service projects CMDA has ministry activity on the campuses of nearly all of the medical, osteopathic, and dental schools in the United States. CMDA helps students grow in faith and adopt biblical and ethical standards Also, graduate doctors across the nation band together for personal spiritual growth and to influence their communities for Christ. At both the campus and community level CMDA regional, area, and local staff assist doctors in realizing their goals by helping them launch community-based CMDA ministries.

4b (Code) (Expenses $ 2,202,360 including grants of $ 156,850) (Revenue $ 2,787,847)
Missions and Center for Medical Missions:
Missions – CMDA's Global Health Outreach (GHO) ministry sends volunteers on short-term medical, dental, and surgical missions into developing countries around the world. GHO combines an evangelistic outreach with desperately needed healthcare to demonstrate the love and the compassion of Christ in a material way. National doctors in needy countries are also invited to join our teams and learn new techniques and information as our doctors and nurses share their knowledge and faith. Our Medical Education International (MEI) program allows medical and dental professionals to use their expertise and share the love of Christ as volunteers on short term trips oversees. They do this by developing relationships, encouraging overseas colleagues, and sharing professional knowledge and faith with national doctors.
Center for Medical Missions – CMDA's Center for Medical Missions (CMM) offers support to its missionary members. Whether through management consulting, training, or recruiting, CMM seeks to equip medical missionaries to succeed in their call to minister to the sick and hurting throughout the world.

4c (Code) (Expenses $ 580,313 including grants of $ 26,869) (Revenue $ 627,606)
Conferences and seminars – CMDA seeks to encourage, train, and equip Christian doctors and students in their professional lives by providing conferences on evangelism, marriage, singleness, medical ethics, bioethical issues, women in healthcare, family, and more. National conventions and regional seminars allow members to network with colleagues, hear renowned Christian speakers, and discuss professional and spiritual issues. CMDA is approved to offer Category 1 Continuing Medical Education (CME) for physicians as well as Continuing Dental Education (CDE) for dentists. CMDA offers continuing education in medicine and dentistry at home and abroad.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $ 8,185,513** *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	✓	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	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 "Yes," complete Schedule D, Part I*	6		✓
7	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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	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," complete Schedule D, Part IV*	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
12	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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	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*	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	✓	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✓	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓
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		✓
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 Schedule J*	23	✓	
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 24b–24d and complete Schedule K. If "No," go to question 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		✓
26	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*	26		✓
27	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*	27		✓

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:			
a	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		✓
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	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		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
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		✓
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		✓
37	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? *If "Yes," complete Schedule R, Part VI*	37		✓

Part 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	1a	122		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c ✓	
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	86		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b ✓	
	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 ✓	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b ✓	
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	✓
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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	✓
c	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	
6a	Did the organization solicit any contributions that were not tax deductible?			6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a ✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b ✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g ✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h ✓	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 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	✓
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	✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	✓
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			

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

			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	1a 18		
b	Enter the number of voting members that are independent	1b 17		
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		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓	
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?	9b	✓	
10	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	10	✓	
11	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* . . .	11	✓	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13* . .	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy? . . .	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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			
a	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	✓	
	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		✓
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶AL,AZ,AR,GA,IL,KY,LA,ME,MD,MI, see Sch. O

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 ☐ Another's website ☑ Upon request

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Connie A Fox, Controller, 2604 Hwy 421, Bristol, TN 37620 (423) 844-1000**

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			
1	Bruce V. MacFadyen, Jr., MD Past-President 2010	N/A	✓						0	0	0
2	William C Wood, MD Trustee 2012	N/A	✓						0	0	0
3	Nathan D Willis, DDS Secretary Treasurer 2011	N/A	✓						0	0	0
4	Michael W. Sauder, MD Resident Trustee 2010	N/A	✓						0	0	0
5	James C Anderson, MD Trustee 2010	N/A	✓						0	0	0
6	John R. Crouch, Jr., MD Trustee 2014	N/A	✓						0	0	0
7	Richard E. Johnson, MD Trustee 2010	N/A	✓						0	0	0
8	James R Hines, MD Trustee 2011	N/A	✓						0	0	0
9	George C. Gonzalez, MD Trustee 2012	N/A	✓						0	0	0
10	Julia A. Halsey Student Trustee 2010	N/A	✓						0	0	0
11	Gloria M. Halverson, MD Trustee 2012	N/A	✓						0	0	0
12	Rodney L. Mirich, MD Trustee 2013	N/A	✓						0	0	0
13	William M Poston, MD Trustee 2013	N/A	✓						0	0	0
14	Clydette L. Powell, MD MPH Trustee 2011	N/A	✓						0	0	0
15	J Scott Ries, MD Trustee 2012	N/A	✓						0	0	0
16	William C. Sasser, Jr., DMD Trustee 2013	N/A	✓						0	0	0
17	David Stevens, MD Chief Executive Officer	40	✓		✓		✓		146,115	0	15,583

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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			
Gene Rudd, MD Senior Vice President	40			✓		✓		95,827	0	9,539
Colette Davis Chief Financial Officer	40			✓				72,018	0	6,509
Connie Fox Controller	40			✓				52,554	0	4,271
William Pearson Director of Medical Campus Outreach	40					✓		95,827	0	9,539
James Campbell Vice President of Stewardship Development	40					✓		96,948	0	8,015
Jonathan Imbody Vice President of Govenment Relations	40					✓		89,153	0	11,427
1b Total ▶								648,442	0	64,883

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ **2 (Two)**

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ **None**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 1,837,242				
	c Fundraising events	1c 56,485				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,287,136				
	g Noncash contributions included in lines 1a-1f $ 1,122,186					
	h **Total.** Add lines 1a–1f ▶		7,180,863			
Program Service Revenue		Business Code				
	2a **Medical Mission Fees/Transp**	900099	1,770,130	1,770,130	0	0
	b **Conferences and Meetings**	900099	330,064	330,064	0	0
	c **Physician Placement Services**	900099	271,110	271,110	0	0
	d **Publications and Sales**	7310	68,693	68,693	63,083	0
	e **Membership Dues and Asses**	900099	315,578	315,578	0	0
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f ▶		2,755,575			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		(756,980)	(756,980)	0	0
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5 Royalties ▶		24,065	24,065	0	0
		(i) Real / (ii) Personal				
	6a Gross Rents	0 / 8,400				
	b Less rental expenses	0 / 2,132				
	c Rental income or (loss)	0 / 6,268				
	d Net rental income or (loss) ▶		6,268	6,268	0	0
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	0 / 9,550				
	b Less cost or other basis and sales expenses	0 / 7,927				
	c Gain or (loss)	0 / 1,623				
	d Net gain or (loss) ▶		1,623	1,623	0	0
	8a Gross income from fundraising events (not including $ 56,485 of contributions reported on line 1c) See Part IV, line 18 a	7,525				
	b Less direct expenses b	55,863				
	c Net income or (loss) from fundraising events ▶		(48,338)	(48,338)	0	0
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities ▶		0	0	0	0
	10a Gross sales of inventory, less returns and allowances a	146,179				
	b Less cost of goods sold b	94,888				
	c Net income or (loss) from sales of inventory ▶		51,291	49,713	1,578	0
	Miscellaneous Revenue	Business Code				
	11a **Change in value of annuities**		(245,226)	(245,226)	0	0
	b **Change in value of trusts**		(699,351)	(699,351)	0	0
	c					
	d All other revenue		19,108	19,108	0	0
	e **Total.** Add lines 11a–11d ▶		(925,469)			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		8,288,898	1,106,457	64,661	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).

Do not include amounts reported on lines 6b, 7b, 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	0		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	188,699	188,699		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	69,022	69,022		
4 Benefits paid to or for members	305,173	305,173		
5 Compensation of current officers, directors, trustees, and key employees	397,263	253,007	84,667	59,589
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	0	0	0
7 Other salaries and wages	3,011,135	2,416,325	519,688	75,122
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	211,710	163,623	42,373	5,714
9 Other employee benefits	553,799	407,016	126,035	20,748
10 Payroll taxes	170,615	125,390	38,828	6,397
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	10,461	1,730	8,705	26
c Accounting	37,530	0	37,530	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	124,680	10,755	111,102	2,823
12 Advertising and promotion	354,222	221,549	7,265	125,408
13 Office expenses	262,711	117,004	142,266	3,441
14 Information technology	90,720	74,809	14,822	1,089
15 Royalties	0	0	0	0
16 Occupancy	44,493	10,904	33,589	0
17 Travel	170,512	142,043	17,416	11,053
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	699,839	696,436	2,275	1,128
20 Interest	205	0	205	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	446,931	350,829	95,509	593
23 Insurance	42,573	9,771	32,802	0
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 Consultation	135,322	68,220	43,102	24,000
b Other Professional Fees	182,766	35,622	145,993	1,151
c Medical Mission Project Expense	2,454,945	2,454,790	155	0
d				
e				
f All other expenses Association Expenses	70,322	62,796	7,238	288
25 **Total functional expenses.** Add lines 1 through 24f	10,035,648	8,185,513	1,511,565	338,570
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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	561,924	2	981,466
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	532,586	4	330,102
	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 Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	410,206	8	455,187
	9	Prepaid expenses and deferred charges	483,866	9	563,953
	10a	Land, buildings, and equipment: cost basis 10a 10,013,577			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 3,629,875	6,801,597	10c	6,383,702
	11	Investments—publicly traded securities	403,964	11	461,694
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	7,929,892	13	6,207,288
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	17,124,035	16	15,383,392
Liabilities	17	Accounts payable and accrued expenses	393,075	17	428,234
	18	Grants payable		18	
	19	Deferred revenue	1,198,166	19	1,195,230
	20	Tax-exempt bond liabilities		20	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	940,638	25	914,522
	26	**Total liabilities.** Add lines 17 through 25	2,531,879	26	2,537,986
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,965,322	27	6,300,862
	28	Temporarily restricted net assets	2,290,716	28	1,869,498
	29	Permanently restricted net assets	5,336,118	29	4,675,046
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	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		32	
	33	Total net assets or fund balances	14,592,156	33	12,845,406
	34	Total liabilities and net assets/fund balances	17,124,035	34	15,383,392

Part XI Financial Statements and Reporting

			Yes	No
1		Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other		
2a		Were the organization s financial statements compiled or reviewed by an independent accountant?		✓
b		Were the organization's financial statements audited by an independent accountant?	✓	
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?	✓	
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?		✓
b		If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Christian Medical & Dental Society	36 : 2284267

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 33⅓ % 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 33⅓ % 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
11g(i) (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?		✓
11g(ii) (ii) A family member of a person described in (i) above?		✓
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		✓

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	
N/A									
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 15 %

16a **33⅓% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . ▶ ☐

b **33⅓% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ▶ ☐

b **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 . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	7,290,066	6,537,814	5,865,482	10,972,530	6,930,863	37,596,758
2 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	3,110,817	3,142,125	3,124,694	3,402,633	2,755,575	15,535,844
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1-5	10,400,883	9,679,939	8,990,176	14,375,163	9,686,438	53,132,602
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	563,443	258,677	674,413	247,167	255,716	1,999,416
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	0	0	0	0	0
c Add lines 7a and 7b	563,443	258,677	674,413	247,167	255,716	1,999,416
8 **Public support** (Subtract line 7c from line 6)						51,133,186

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	10,400,883	9,679,939	8,990,176	14,375,163	9,686,438	53,132,602
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,081	185,832	261,527	429,194	215,420	1,214,054
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	122,081	185,832	261,527	429,194	215,420	1,214,054
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,139	2,052	396	0	1,578	8,165
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12)						54,346,656

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

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	94.1 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	93.5 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	2.2 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	1.6 %

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

N/A

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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2008

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
Christian Medical & Dental Society	36 2284267

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures . . . . . ▶ $
3 Volunteer hours . . . . . .

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

1 Enter the amount of any excise tax incurred by the organization under section 4955 . ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . ☐ Yes ☐ No
4a Was a correction made? . . . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	100	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	3,601	0
c Total lobbying expenditures (add lines 1a and 1b)	3,701	0
d Other exempt purpose expenditures	10,031,947	0
e Total exempt purpose expenditures (add lines 1c and 1d)	10,035,648	0
f Lobbying nontaxable amount Enter the amount from the following table in both columns	651,782	0
g Grassroots nontaxable amount (enter 25% of line 1f)	162,946	0
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0	0
i Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	666,207	770,276	713,355	651,782	2,801,620
b Lobbying ceiling amount (150% of line 2a, column(e))					4,202,430
c Total lobbying expenditures	461	1,455	2,520	3,701	8,137
d Grassroots non-taxable amount	166,552	192,569	178,339	162,946	700,406
e Grassroots ceiling amount (150% of line 2d, column (e))					1,050,609
f Grassroots lobbying expenditures	77	431	462	100	1,070

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Christian Medical & Dental Society

Employer identification number

36 : 2284267

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0	
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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ .....

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)? ☐ Yes ☐ No

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.

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	

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	7,011,660				
b Contributions	546,086				
c Investment earnings or losses	(1,390,069)				
d Grants or scholarships	(174,155)				
e Other expenditures for facilities and programs	(88,727)				
f Administrative expenses	(32,647)				
g End of year balance	5,872,148				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 13 %
b Permanent endowment ► 80 %
c Term endowment ► 7 %

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	324,359	0		324,359
b Buildings	6,902,661	5,078	1,506,396	5,401,343
c Leasehold improvements	0	0	0	0
d Equipment	2,353,052	0	1,735,408	617,644
e Other	428,427	0	388,071	40,356
Total. Add lines 1a–1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				6,383,702

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
N/A		
Total *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Assets held in perpetuity and long-term	**2,818,184**	**End-of year market value**
Assets held in perpetual trust by 3rd party	**3,389,104**	**End-of year market value**
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	**6,207,288**	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
N/A	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	**0**
Annuities payable	**914,522**
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	**914,522**

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,288,898
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,035,648
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(1,746,750)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
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	10	(1,746,750)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,520,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	2,078,698		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	2,078,698
3	Subtract line **2e** from line **1**			3	8,441,781
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	0		
b	Other (Describe in Part XIV)	4b	(152,883)		
c	Add lines **4a** and **4b**			4c	(152,883)
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,288,898

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	12,267,229
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	2,078,698		
b	Prior year adjustments	2b	0		
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	2,078,698
3	Subtract line **2e** from line **1**			3	10,188,531
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	(152,883)		
c	Add lines **4a** and **4b**			4c	(152,883)
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,035,648

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

Schedule D, Part V, line 4: The Gilson Memorial Fund is given to enable a medical or dental student to participate in a medical mission trip($12,655), The Society Endowment Fund is for the general operation of the society ($263,324); the Risser Fund if to train and minister to Third World National Orthopedic doctors ($241,968). The Bruser Brown Endowment is used to support the Global Health Outreach missions ($27,064); The Martins Medical Missions Award Fund gives grants for students and faculty of the University of Iowa for short-term missions ($12,802); The Tami Fisk Mission Travel Grant fund gives grants for medically trained persons exploring or beginning medical service in East Asia ($36,418); Westra Memorial Fund gives grants for medical/dental students for missions ($182,790); The James Owen Endowment gives aid

Part XIV Supplemental Information *(continued)*

for students at Southwestern Medical School for mission trips ($48,141); The Kenneth Geiser Founder's Fund gives grants to stimulate leadership in medical students and residents ($75,919); The Steury Scholarship Fund provides medical school scholarships for medical students committed to the mission field (becomes loan if student does not fulfil mission rotation requirement) ($565,972); The Lifetime Fund is an endowment to benefit the organization under direction of the Board of Trustees; The Vance Trust Fund is a perpetual trust held by a 3rd party to benefit the dental student/dental ministry of CMDA.

Schedule D, Part X: There is no FIN 48 footnote in the audit for the annuities payable liablity.

Sch D, Part XII, line 4b: This is the amount of expense that was deducted from revenues on 990 Part VIII, 6b, 8b, & 10b.

Schedule D, Part XIII, line 2d Donated services result from doctors, dentists, and other healthcare professionals volunteering on short-term medical missions trips. CMDA sends out about 48 mission teams to 24 countries each year

Part XIII, lines 4b - This is the amount of expense that was deducted from corresponding revenues on 990 Part IX. The expenses included rental property expenses, direct expenses associated with fundraising events, and cost of goods sold

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Christian Medical & Dental Society

Employer identification number

36 2284267

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America	1	1	Progam Services	Medical Missions	91,415
Totals . . . ▶	1	1			91,415

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal other)
[redacted]	[redacted]	Sub-Saharan Africa	Int'l Dues	103,743	Wire Trans	0	N/A	N/A
[redacted]	[redacted]	East-Asia	Conferenc	29,142	Wire Trans	0	N/A	N/A
[redacted]	[redacted]	Sub-Saharan Africa	Training	15,772	Wire Trans	0	N/A	N/A
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							
[redacted]	[redacted]							

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal other)
David Josue Andrade Vallecillo	Central America	1	36.161	Wire Trans	0	N/A	N/A

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

ICMDA-Money transfered for international dues as part of the agreement between CMDA-US and the International Christian Medical & Dental Associations The goals of the ICMDA are 1) to deepen the spiritual life of Christians practising in the medical and dental professions worldwide, and to encourage them to share their faith within their national professions. 2) to provide a regular means of exchanging views, information and experiences in the fields of medicine and dentistry, especially where these concern Christian faith and ethics. 3) to promote fellowship and cooperation amongst Christian doctors and dentists throughout the world.

CMDE-Money transfered to pay for the annual CMDE conference. The CMDE conference is designed for physicians, dentists and public health professionals serving in mission agencies-institutions-clinics outside of North America The educational goal of the conference is to provide state of the art updating and review of modern medicine with Category I credit for physicians as well as dental education credit. Priority registration is given to American physicians, dentists, nurses, and ancillary personnel who are living and serving in missions abroad until September 15. After September 15, registration is then open to any physician, dentist, nurse, and ancillary medical personnel who are living and serving in missions abroad as long as they are sponsored by a CMDA member.

Pan African Academy of Christian Surgeons (PAACS)

PAACS-Training: The PAACS, in partnership with the Loma Linda University School of Medicine, is offering specialty training in general surgery in Africa to African physicians. The Training Centers are located at selected rural Christian hospitals on the continent that are known for the quality of their surgical services and are directed by experienced, board-certified general surgeons. Two new programs in Kenya opened in 2008 and one in Cameroon opened in January, 2009

Part III - Transferred to David Josue Andrade Vallecillo, a contractor in Honduras, for building a medical clinic in Santa Rita. The clinic has now been completed and inspected by CMDA mission team leaders. The Santa Rita clinic has now formed a non-profit to continue their mission. CMDA teams going to Santa Rita clinic use this medical clinic facility to conduct short-term medical missions.

Part I - CMDA currently has a foreign national director of medical missions in Nicaragua. This person is paid a stipend and expenses to coordinate CMDA's medical missions work in various countries in Central America.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization
Christian Medical & Dental Society

Employer Identification number
36 : 2284267

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☑ Mail solicitations
b ☑ Email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Douglas Shaw & Associates	advice & mail		✓	718,620	40,000	678,620
Total . . . . . ►				718,620	40,000	678,620

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Registered in. Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Mexico, New York, North Dakota, Rhode Island, South Carolina, Tennessee, Virginia, Washington, West Virginia, Wisconsin,

Exempt in: California, Connecticut, Florida, Kansas, Louisiana, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Utah,

States that do not require registration: Delaware, Hawaii, Idaho, Indiana, Iowa, Montana, Nebraska, Nevada, South Dakota, Texas, Vermont, Wyoming

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Donor Meeting (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	35,350	28,660		64,010
	2 Less Charitable contributions	35,350	21,135		56,485
	3 Gross revenue (line 1 minus line 2)	0	7,525		7,525
Direct Expenses	4 Cash prizes	0	0		0
	5 Non-cash prizes	37	73		110
	6 Rent/facility costs	37,444	14,428		51,872
	7 Other direct expenses	251	3,630		3,881
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(55,863)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				(48,338)

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities N/A		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If "No," Explain.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility . . . . . **13a** %		
b	An outside facility . . . . . **13b** %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ..... and the amount of gaming revenue retained by the third party ▶ $		
c	If "Yes," enter name and address		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ $		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Christian Medical & Dental Society

Employer identification number
36 2284267

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ► ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N/A							

2 Enter total number of section 501(c)(3) and government organizations . . . . ►
3 Enter total number of other organizations . . . . . ►

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Sacramento, CA Missions Trip (Travel Assistance)	14	10,257			
CMDA Staff Scholarship (Tuition Assistance)	8	26,869			
Steuy Scholarship (Tuition Assistance)	3	94,943			
James Owen Endowment	5	5,000			
Johnson Short-term-missions	37	41,800			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Recipients are required to submit a typewritten report to CMDA within sixty days after completion of the overseas experience, including photographs if possible. The The report should contain a summary of activities and an assessment of the value of the experience for the student/resident. Both the report and photos will be kept on file here unless specified otherwise. The recipient is also asked to write a letter of appreciation to the donor.

Scholarships/Loans of up to $25,000 are provided for the first, second, third and fourth year for medical students. These will normally but not necessarily be renewed on a yearly basis till the applicant graduates from their medical school or college of osteopathy. Rarely, the Steury Scholarship Fund may decide to pay off medical or college of osteopathy debt of a second, third or fourth year student up to the cost of tuition for each year of school they did not receive a Steury Fund scholarship.

1) Funds received from the Steury Scholarship Fund will be considered a grant if the student meets all of the following guidelines; otherwise, it will be considered a loan. 2) Scholarships/Loan apply toward medical/D.O. school tuition only. 3) All recipients must sign a formal agreement concerning the terms of the scholarship/loan before any funds will be paid. 4) CMDA requires school tuition invoices and/or other documentation before tuition will be paid All scholarships/loans awarded will be paid directly to the school of the recipient. 5) All recipients must update the Associations by June 1st each year.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Christian Medical & Dental Society

Employer identification number

36 2284267

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . 2	✓	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.		
a	Receive a severance payment or change of control payment? 4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . 4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? 5a		✓
b	Any related organization? 5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		✓
b	Any related organization? 6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		✓

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
David Stevens, MD	(i)	146,115	0	3,894	11,689	0	161,698	164,661
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

Line 1a: The Board of Trustees has authorized travel for the CEO's wife to CMDA events. The Board prefers for the CEO's wife to lead in spouse activities at Board meetings and at National meetings. Since the CEO travels extensively on CMDA business, the Board has approved for his spouse to accompany him. Spouse travels expenses are included in the CEO compensation package that is approved by the Board of Trustees.

Occasionally, Field Staff and other employees are permitted to bring their spouse to meetings with approval from the CEO. Payments for spouse travel are taxable income to the employee (including for the CEO) and are included on that employee's W-2. For occasions where the spouse spends substantial time actually working for CMDA at the meeting or event the spouse expenses may be covered and the spouse expenses NOT be taxable.

Housing allowances are given to Field Staff Regional Directors and Area Directors who are ordained ministers and meet IRS requirements by counseling CMDA members; leading worship services; administering the Lord's supper; performing marriages, baptisms, and funerals; and leading in Bible studies and prayer on behalf of CMDA.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: Christian Medical & Dental Society

Employer identification number: 36 : 2284267

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	✓	1	6,570	Kelly Blue Book Average
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✓	5	40,427	Selling Price
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	✓	3	774	Internet Value Est.
20	Drugs and medical supplies	✓	146	1,072,580	Medical Red Book Value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Furniture)	✓	1	523	Internet Value Est.
26	Other ► (Computer Supply)	✓	3	762	Internet Value Est.
27	Other ► (Display Booth)	✓	1	550	Internet Value Est.
28	Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 21

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b	If "Yes," describe in Part II.		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

N/A

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Christian Medical & Dental Society

Employer identification number

36 2284267

990 Part 1, Line 14: The benefits paid for members consists of Today's Christian Doctor magazine, Christian Doctors Digest audio magazine, and some conference discounts.

990 Part VI, Section A, Line 6: Although CMDA is a 501 (c) 3 and not an association, CMDA has members that join much like a church does. CMDA has about 16,500 Christian physicians and dentists who are members.

990 Part VI, Section A, Line 7a & 7b: Every two years the members vote from a list of nominees for the next President of the Board of Trustees. The members also vote should there be any changes recommended to the Articles of Incorporation

990 Part VI, Line 10: Yes, a final copy of the Form 990 and Form 990 -T was emailed to each person on the Board of Trustees several days before the form was mailed to the IRS. Prior to that, at the September Board meeting a partially completed Form 990 was distributed at the meeting and discussed with the Board to familiarize them with the format. Any from Board members were addressed and copied to all Board members.

990 Part VI, Line 11: Although mail sent to CMDA's mailing address can be forwarded to any Trustee or employee, addresses are:

William Wood, MD, Trustee -- Emory Univ Sch/Med, 1364 Clifton Rd NE, Atlanta, GA 30322-0001

Nathan D Willis, DDS Trustee-- 401 Martin Luther King Jr. Blvd, Bristol, TN 37620

Michael W. Sauder, MD, Trustee -- 323 Gusryan St, Baltimore, MD 21224

James C Anderson, MD, Trustee-- 2500 Pocoshock Pl, Richmond, VA 23235

John R Crouch, Jr., MD, Trustee -- 7600 S Lewis Ave, Tulsa, OK 74136-6836

George C Gonzalez, MD, Trustee -- 275 W Herndon Ave, Clovis, CA 93612-0204

Julia A Halsey, Trustee -- 612 Easter Ln, Columbia, MO 65201

Gloria M Halverson, MD, Trustee -- 9200 W Wisconsin Ave, Milwaukee, WI 53226-3522

James R Hines, MD, Trustee -- 926 N Michigan Ave, Saginaw, MI 48602-4323

Richard E Johnson, MD, Trustee -- Dartmouth Hitchcock, 21 East Hollis St, Nashua, NH 03060

Name of the organization	Employer identification number
Christian Medical & Dental Society	36 2284267

Bruce V MacFadyen, Jr., MD, Trustee -- Dept of Surgery BI 4076, Medical College of Georgia, Augusta, GA 30912

Rodney L Mirich, MD, Trustee,-- 131 Creekside Dr, Danville, KY 40422-1066

Willaim M Poston, MD, Trustee -- 2301 S Lamar Blvd, Oxford, MS 38655-5373

Clydette L Powell, MD MPH, Trustee -- Off of Health, Infecious Dis & Nut, Bureau for Global Health, RRB 3..82 Washington, DC 20523

J Scott Ries, MD, Trustee -- 10995 Allisonville Rd, Fishers, IN 46038-1862

William C Sasser, Jr., DMD, Trustee -- 717 Royal Ave, Mount Pleasant, SC 29464-5033

William Pearson, Employee -- 32 Castleton Street, Boston, MA 02130

James Campbell, Employee -- PO Box 4569, Jackson, MS 39296

Jonathan Imbody, Employee -- 21798 Jarvis Sq, Ashburn, VA 20147

990 Part VI, Sectio B, Line 12 c: Yearly trustees and key employees must sign that they have read and abided by the CMDA conflict of Interest Policy. Any conflict of interest must be discussed at the Board level and decided upon.

990 Part VI, Section B, Line 15: The compensation committee of the Board of Trustees (the Executive Committee) consider the CEO Compensation package, compares with comparable data, and documents any decisions that are made. Other officers and key personnel compensation is determined by the CEO and/or the Senior VP considering comparable pay for goegraphic area, compentency of employee, years of service, etc.

990 Part VI, Section C, Line 17; MS, RI, SC, TN, MA, NH, ND, SC, WI, CO

990 Part VI, Section C, Line 19: CMDA makes it's governing documents, conflict of interest policy, audited fiancial statements, Form 990 and Form 990T availabe upon request. In addition the audited financials and Form 990 and 990T are posted on the CMDA website. For location please call Margie Sheally at (423) 844-1000. To request documents please call Mr. Connie Fox, Controller at (423) 844-1000.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Christian Medical & Dental Society

Employer identification number

36 2284267

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
N/A					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Colip Family Foundation, PO Box 385, Norton, Kansas 67654, 04-3619630	provide donations	Colorado	501(c)(3)	III-0	----------

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
n/a							

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
c	Gift, grant, or capital contribution from other organization(s)	1c	✓	
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		✓
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		✓
n	Sharing of paid employees	1n		✓
o	Reimbursement paid to other organization for expenses	1o		✓
p	Reimbursement paid by other organization for expenses	1p		✓
q	Other transfer of cash or property to other organization(s)	1q		✓
r	Other transfer of cash or property from other organization(s)	1r		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	N/A		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
N/A										