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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

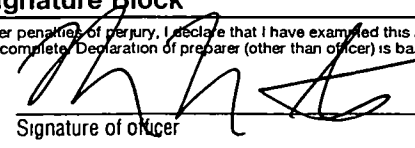
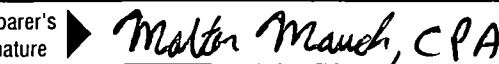
2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization INTERCHURCH MEDICAL ASSISTANCE, INC.		D Employer identification number 52-2112460
		Doing Business As		E Telephone number (410) 635-8720
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 MAIN STREET, P.O. BOX 429		G Gross receipts \$ 143,223,333.
		City or town, state or country, and ZIP + 4 NEW WINDSOR, MD 21776		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
		F Name and address of principal officer RICHARD L. SANTOS SAME AS C ABOVE		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.IMAWORLDHEALTH.ORG				
K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation: 1960 M State of legal domicile: MD				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMA WORLD HEALTH ADVANCES HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	74
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	140,214,141.	143,003,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,000.	79,995.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,144.	22,031.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,271,285.	143,119,807.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,570,891.	166,936,367.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,726,676.	2,822,284.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 369,025.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,833,098.	2,666,421.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	135,130,665.	172,425,072.	
19 Revenue less expenses - Subtract line 18 from line 12	5,140,620.	<29,305,265.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	67,892,508.	39,933,138.
	22 Net assets or fund balances - Subtract line 21 from line 20	993,803.	2,459,059.
		66,898,705.	37,474,079.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  RICHARD L. SANTOS, PRESIDENT/CEO Type or print name and title		Date 5/14/10	
Paid Preparer's Use Only	Preparer's signature  Matthew Mauch, CPA	Date 05/12/10	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 TAIT, WELLER & BAKER LLP 1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103		EIN ▶ Phone no. ▶ (215) 979-8800	

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08

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

Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 12 2010

15

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission
IMA WORLD HEALTH ADVANCES HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING WORLD.
-
- 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
- SEE SCHEDULE O FOR CONTINUATION(S)**
- 4a (Code:) (Expenses \$ 15767354. including grants of \$ 10085645.) (Revenue \$)
PROJECT AXES TOTAL EXPENSES \$15,767,354 WITH SUB-GRANTS TO CRS, WORLD VISION, ECC
THE PROJECT PROVIDES A FULL RANGE OF PRIMARY HEALTH CARE INTERVENTIONS TO 57 POST-CONFLICT HEALTH DISTRICTS IN THE DEMOCRATIC REPUBLIC OF CONGO, MANY IN THE EASTERN PART OF THE COUNTRY, WHICH HAVE A TOTAL POPULATION IN EXCESS OF 8 MILLION. THE FOCUS OF THE INTERVENTIONS IS ON HEALTH SYSTEMS STRENGTHENING IN GENERAL AS WELL AS CAPACITY BUILDING & TRAINING AT EVERY LEVEL DISTRICT PROVINCIAL AND CENTRAL GOVERNMENT HEALTH AUTHORITIES. MATERNAL AND CHILD HEALTH IS A SPECIAL CONCERN OF THE PROJECT WITH ATTENDED DELIVERIES, TREATMENT FOR PNEUMONIA, VACCINATIONS, VITAMIN SUPPLEMENTATION AND TREATMENT FOR DIARRHEA ALSO A FOCUS OF THE WORK. A PROGRAM OF PREVENTION OF MOTHER TO CHILD
- 4b (Code:) (Expenses \$ 3,003,642. including grants of \$ 1,237,859.) (Revenue \$)
AIDSRELIEF IS A CONSORTIUM MADE UP OF CATHOLIC RELIEF SERVICES, THE INSTITUTE OF HUMAN VIROLOGY CONSTELLA FUTURES, THE CATHOLIC MEDICAL MISSION BOARD AND IMA. NEARLY 90,000 PERSONS ARE IN THE AIDSRELIEF CARE AND TREATMENT PROGRAM IN TANZANIA AND OVER 25,000 ARE ON ANTI-RETROVIRAL TREATMENT. OF THE 95 HEALTH FACILITIES SUPPORTED BY AIDSRELIEF IN THE FOUR REGIONS OF THE LAKE ZONE, IMA SUPPORTS ABOUT HALF THIS NUMBER WITH PROGRAM/FINANCIAL MANAGEMENT AND COMPLIANCE SUPPORT AS WELL AS MANAGING SUB-GRANTS TO MENNONITE AND ANGLICAN CHURCH COMMUNITY-BASED GROUPS. IMA OFFICERS AS MEMBERS OF AIDSRELIEF SUPERVISORY TEAMS REGULARLY VISIT CARE AND TREATMENT FACILITIES FOR SUPPORTIVE SUPERVISION WHICH INCLUDES THE IMA-RESPONSIBLE AREAS OF PROGRAM AND FINANCE ASSISTANCE AS WELL AS ANY ISSUES RELATED TO
- 4c (Code:) (Expenses \$ 140,417,074. including grants of \$ 140,417,074.) (Revenue \$)
AS IN PREVIOUS YEARS SINCE 2003, IMA FORWARDS REVIEWED APPLICATIONS AND MAKES THE FINAL DECISIONS ON THE ACCEPTANCE OF NEW ORGANIZATIONS INTO THE PROGRAM. IMA MONITORED THE DISTRIBUTION NETWORK AND FLOW OF DIFLUCAN WITHIN 32 COUNTRIES DURING THE REPORTING PERIOD. IN ADDITION, IN TWO COUNTRIES WITH IMA NATIONAL OFFICES, HAITI AND TANZANIA, DESIGNATED EMPLOYEES ARE RESPONSIBLE FOR ENSURING PROPER HANDLING, DISTRIBUTION AND REPORTING. THESE PERSONNEL ALSO COORDINATE WITH AND TRAIN PHARMACISTS AT HEALTH CARE FACILITIES WHICH RECEIVE THE DRUG ON FORECASTING NEEDS AND ON A PROGRAM OF STRENGTHENING INVENTORY MANAGEMENT SKILLS. IMPROVED PHARMACY CAPACITY INCREASES THE EFFICACY OF STORAGE AND HANDLING OF ALL MEDICINES AND MEDICAL SUPPLIES IN PHARMACY STORES.
- 4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 11212679. including grants of \$ 15195789.) (Revenue \$ 79,995.)
- 4e Total program service expenses ► \$ 170,400,749. (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)? <i>If "Yes," complete Schedule A</i>	☒	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☒	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		☒
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		☒
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? <i>If "Yes," complete Schedule D, Part IV</i>		☒
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		☒
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	☒	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	☒	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		☒
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	☒	
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.? <i>If "Yes," complete Schedule F, Part I</i>	☒	
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? <i>If "Yes," complete Schedule F, Part II</i>	☒	
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? <i>If "Yes," complete Schedule F, Part III</i>	☒	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		☒
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		☒
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		☒
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		☒
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	☒	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		☒
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		☒
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		☒
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		☒
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		☒
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? <i>If "Yes," complete Schedule L, Part II</i>		☒
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? <i>If "Yes," complete Schedule L, Part III</i>		☒

Form 990 (2008)

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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

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	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	74	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
b	If "Yes," enter the name of the foreign country. SEE SCHEDULE O 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	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**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	13	
1b Enter the number of voting members that are independent	13	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
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?		
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	X	
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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, FL, DE, GA, HI, ID**

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. **DANA MCDONALD - 410 635-8720**
500 MAIN STREET, NEW WINDSOR, MD 21776

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			
DON PARKER DIRECTOR, CHAIR	3.00	X		X				0.	0.	0.
TIM MCCULLY DIRECTOR, VICE-CHAIR	1.50	X		X				0.	141,708.	0.
JOHNNY WRAY DIRECTOR, TREASURER	1.50	X		X				0.	0.	0.
ROY WINTER DIRECTOR, SECRETARY	1.50	X		X				0.	56,943.	0.
KIRSTEN MUTH DIRECTOR	0.80	X						0.	107,119.	0.
RAY MARTIN DIRECTOR	0.80	X						0.	0.	0.
SAM DIXON DIRECTOR	0.80	X						0.	0.	0.
AMY GOPP DIRECTOR	0.80	X						0.	60,838.	0.
BILL CLARKE DIRECTOR	0.80	X						0.	0.	0.
HENRY MOSLEY DIRECTOR	0.80	X						0.	0.	0.
JOHN SCICCHITANO DIRECTOR	0.80	X						0.	0.	0.
PHYLLIS ENSOR DIRECTOR	0.80	X						0.	0.	0.
JOANN SAUNDERS DIRECTOR	0.80	X						0.	0.	0.
DANA MCDONALD VP, CFO AND COO	40.00			X				97,247.	0.	12,974.
PAUL DERSTINE PRESIDENT	40.00			X				112,335.	0.	16,207.
SARLA CHAND VP, INTERNATIONAL PROGRA	40.00					X		109,787.	0.	16,439.

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			
1b Total								319,369.	366,608.	45,620.

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

2

- 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

Yes No

3 X

4 X

5 X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Form 990 (2008)

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	1 a Federated campaigns	1a	11,862.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	20,773,469.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	122,218,050.				
	g Noncash contributions included in lines 1a-1f \$		116,848,296.				
	h Total. Add lines 1a-1f			143,003,381.			
Program Service Revenue	2 a <u>ADMINISTRATIVE SUPPORT</u>	Business Code	900099	40,179.	40,179.		
	b <u>ADMINISTRATIVE SUPPORT</u>		900099	16,900.	16,900.		
	c <u>MEMBERSHIP DUES AND AS</u>		900099	12,000.	12,000.		
	d <u>PURCHASE PROGRAMS</u>		900099	10,916.	10,916.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			79,995.			
	3 Investment income (including dividends, interest, and other similar amounts)			36,886.			36,886.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a <u>MISCELLANEOUS INCOME</u>		900099	14,400.	14,400.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			14,400.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				143,119,807.	94,395.	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	5,756,691.	5,756,691.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	161179676.	161179676.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	233,145.	37,303.	186,516.	9,326.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,851,574.	998,773.	642,732.	210,069.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,578.	59,984.	18,213.	8,381.
9 Other employee benefits	491,562.	289,157.	160,304.	42,101.
10 Payroll taxes	159,425.	92,936.	52,924.	13,565.
11 Fees for services (non-employees):				
a Management				
b Legal	52,676.	32,214.	19,677.	785.
c Accounting	40,813.	24,959.	15,246.	608.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	267,263.	163,444.	99,836.	3,983.
12 Advertising and promotion	20,432.			20,432.
13 Office expenses	1,392,687.	1,320,577.	48,314.	23,796.
14 Information technology	73,090.	300.	64,382.	8,408.
15 Royalties				
16 Occupancy	286,129.	104,261.	159,268.	22,600.
17 Travel	403,612.	287,349.	112,198.	4,065.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,164.	21,432.	3,732.	
23 Insurance	15,014.	3,897.	11,117.	
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 SPECIAL PROGRAM SERVICE	31,326.	19,157.	11,702.	467.
b BOARD OPERATIONS	26,560.		26,560.	
c STAFF DEVELOPMENT	19,074.	6,538.	12,418.	118.
d MISCELLANEOUS	12,355.	2,101.	9,933.	321.
e COST TO DESTROY INVENTO	226.		226.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	172425072.	170400749.	1,655,298.	369,025.
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	294,265.	1	1,213,374.
	2 Savings and temporary cash investments	1,001,841.	2	908,815.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	435,933.	4	354,656.
	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	64,182,595.	8	34,539,369.
	9 Prepaid expenses and deferred charges	41,027.	9	39,005.
	10a Land, buildings, and equipment: cost basis	10a 378,578.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 227,535.		
		18,652.	10c	151,043.
	11 Investments - publicly traded securities	672,680.	11	556,615.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,245,515.	15	2,170,261.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	67,892,508.	16	39,933,138.	
Liabilities	17 Accounts payable and accrued expenses	729,255.	17	1,574,983.
	18 Grants payable		18	
	19 Deferred revenue	264,548.	19	884,076.
	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		25	
	26 Total liabilities. Add lines 17 through 25	993,803.	26	2,459,059.
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	65,081,736.	27	35,351,089.
	28 Temporarily restricted net assets	1,816,969.	28	2,122,990.
	29 Permanently restricted net assets		29	
	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	66,898,705.	33	37,474,079.
	34 Total liabilities and net assets/fund balances	67,892,508.	34	39,933,138.

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?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	X

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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the 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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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	
ADVENTIST DEVELOPMENT	52-13148477			X	X		X		1,000.
AMERICAN BAPTIST CHURCH	13-55630181			X	X		X		1,083.
CHURCH OF THE BRETHREN	36-21670261			X	X		X		9,387.
CHURCH WORLD SERVICE	13-40802017			X	X		X		11,750.
CHRISTIAN CHURCH (DISC)	35-13055081			X	X		X		61,000.
Total									151,033.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

SEE PART IV FOR LINE 11 CONTINUATION

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 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and 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 ☐		

Schedule A (Form 990 or 990-EZ) 2008

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.")						
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 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule 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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

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		
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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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				
b Buildings		31,377.	6,101.	25,276.
c Leasehold improvements		30,244.	25,620.	4,624.
d Equipment		316,957.	195,814.	121,143.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				151,043.

Schedule D (Form 990) 2008

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	143,119,807.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	172,425,072.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<29,305,265.>
4	Net unrealized gains (losses) on investments	4	<119,361.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<119,361.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<29,424,626.>

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	143000446.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<119,361.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<119,361.>
3	Subtract line 2e from line 1	3	143119807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	143119807.

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

1	Total expenses and losses per audited financial statements	1	172425072.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	172425072.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	172425072.

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 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

2008Open to Public
Inspection

Name of the organization

Employer identification number

INTERCHURCH MEDICAL ASSISTANCE, INC.**52-2112460****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 AND THE CARIBBEAN	1	4	PROGRAM SERVICES	DISEASE INTERVENTION AND HEALTH SYSTEM STRENGTHENING	4,508,362.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	3,981,003.
EUROPE	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	25,988.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	101,096.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	79,478.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	1,211,328.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	168,802.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	12,036.
Totals	5	46			161157593.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

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 anyrecipient 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)
			CENTRAL AMERICA / CARIBBEAN	DIFLUCAN DONATION PROGRAM	0.		2,233,089.	DIFLUCAN DONATION	FMV
			SUB-SAHARAN AFRICA	DIFLUCAN DONATION PROGRAM	0.		133,733,284.	DIFLUCAN DONATION	FMV
			EAST ASIA	DIFLUCAN DONATION PROGRAM	0.		3,682,248.	DIFLUCAN DONATION	FMV
			RUSSIA/INDEPENDENT STATES	DIFLUCAN DONATION PROGRAM	0.		768,463.	DIFLUCAN DONATION	FMV
			CENTRAL AMERICA / CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES	0.		1,785,524.	MEDICINE AND MEDICAL SUPPLIES	FMV
			EAST ASIA	MEDICINE AND MEDICAL SUPPLIES	0.		293,298.	MEDICINE AND MEDICAL SUPPLIES	FMV
			RUSSIA/INDEPENDENT STATES	MEDICINE AND MEDICAL SUPPLIES	0.		422,761.	MEDICINE AND MEDICAL SUPPLIES	FMV
			SUB-SAHARAN AFRICA	MEDICINE AND MEDICAL SUPPLIES	0.		3,190,616.	MEDICINE AND MEDICAL SUPPLIES	FMV

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 253 Enter total number of other organizations or entities 0

Part IV Supplemental Information

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

SCHEDULE F, PART I, LINE 2: IMA WORLD HEALTH CONDUCTS REVIEWS OF THE FINANCIAL REPORTS FROM THE RECIPIENT ORGANIZATIONS ON A MONTHLY OR QUARTERLY BASIS, DEPENDING ON THE REPORTING REQUIRMENTS, ON THE USE OF THE GRANT AS COMPARED TO THE BUDGET AND SCOPE OF WORK. INDEPENDENT AUDIT REPORTS ARE REQUIRED FOR SUB-RECIPIENTS RECEIVING OVER \$250,000 IN FUNDING FROM IMA. FIELD VISITS ARE CONDUCTED AS DEEMED NECESSARY BY EITHER HQ FINANCE/COMPLIANCE PERSONNEL OR IN-COUNTRY FINANCE PERSONNEL.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISEASE INTERVENTIONS, HEALTH SYSTEM STRENGTHENING AND PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Part I, line 3; Part II, line 1; or Part III.

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
SUB-SAHARAN AFRICA	4	42	PROGRAM SERVICES	DISEASE INTERVENTIONS, HEALTH SYSTEM STRENGTHENING AND PROVISION OF	151,069,500.
Totals	4	42			151069500.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F-1 (Form 990) 2008

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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)
			EUROPE	MEDICINE AND MEDICAL SUPPLIES	0.		25,988.	MEDICINE AND MEDICAL SUPPLIES	FMV
			MIDDLE EAST AND NORTH AFRICA	MEDICINE AND MEDICAL SUPPLIES	0.		101096.	MEDICINE AND MEDICAL SUPPLIES	FMV
			NORTH AMERICA	MEDICINE AND MEDICAL SUPPLIES	0.		76,606.	MEDICINE AND MEDICAL SUPPLIES	FMV
			SOUTH AMERICA	MEDICINE AND MEDICAL SUPPLIES	0.		166513.	MEDICINE AND MEDICAL SUPPLIES	FMV
			SOUTH ASIA	MEDICINE AND MEDICAL SUPPLIES	0.		12,036.	MEDICINE AND MEDICAL SUPPLIES	FMV
			SUB-SAHARAN AFRICA	PROGRAM SERVICES	4,225,647.	WIRE	0.		
			CENTRAL AMERICA / CARIBBEAN	PROGRAM SERVICES	75,722.	WIRE	0.		
			CENTRAL AMERICA / CARIBBEAN	GRANTS TO RECIPIENTS LOCATED IN REGION	323101.	WIRE	0.		
			SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN REGION	9,878,036.	WIRE	0.		

Schedule F-1 (Form 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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)
		CENTRAL AMERICA / CARIBBEAN	SAFE MOTHERHOOD KITS	7,061	WIRE	0		
		SUB-SAHARAN AFRICA	SAFE MOTHERHOOD KITS	9,751	WIRE	0		
		CENTRAL AMERICA / CARIBBEAN	MEDICINE BOXES	83,865	WIRE	0		
		SUB-SAHARAN AFRICA	MEDICINE BOXES	32,167	WIRE	0		
		EAST ASIA AND THE PACIFIC	MEDICINE BOXES	5,457	WIRE	0		
		NORTH AMERICA	MEDICINE BOXES	2,872	WIRE	0		
		RUSSIA/INDEPENDENT STATES	MEDICINE BOXES	20,105	WIRE	0		
		SOUTH AMERICA	MEDICINE BOXES	2,289	WIRE	0		

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.

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Inspection

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
CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	3,259,250.	0.			HEALTH SYSTEM STRENGTHENING IN DR CONGO
MANAGEMENT SCIENCES FOR HEALTH, INC. - 784 MEMORIAL DRIVE - CAMBRIDGE, MA 02139	04-2482188	501(C)(3)	53,139.	0.			TECHNICAL ASSISTANCE IN DR CONGO
JOHN SNOW INTERNATIONAL 53-79 HIGHGATE RD LONDON, ENGLAND NW5 1TL	04-2679824		9,695.	0.			TECHNICAL ASSISTANCE IN DR CONGO
WORLD VISION PO BOX 9715 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	2,219,803.	0.			HEALTH SYSTEM STRENGTHENING IN DR CONGO
HELEN KELLER INTERNATIONAL 352 PARK AVENUE SOUTH NEW YORK, NY 10010	13-5562162	501(C)(3)	128,761.	0.			TECHNICAL ASSISTANCE IN DR CONGO
JOHNS HOPKINS UNIVERSITY 1446 N FOREST PARK AVE., BALTIMORE, MD 21207	52-0595110	501(C)(3)	50,526.	0.			TECHNICAL ASSISTANCE IN DR CONGO

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

3 Enter total number of other organizations

6.
1.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

(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

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

IMA WORLD HEALTH CONDUCTS REVIEWS OF THE FINANCIAL REPORTS FROM THE RECIPIENT ORGANIZATIONS ON A MONTHLY OR QUARTERLY BASIS, DEPENDING ON THE REPORTING REQUIREMENTS, ON THE USE OF THE GRANT AS COMPARED TO THE BUDGET AND SCOPE OF WORK. INDEPENDENT AUDIT REPORTS ARE REQUIRED FOR SUB-RECIPIENTS RECEIVING OVER \$250,000 IN FUNDING FROM IMA. FIELD VISITS ARE CONDUCTED AS DEEMED NECESSARY BY EITHER HQ FINANCE/COMPLIANCE PERSONNEL OR IN-COUNTRY FINANCE PERSONNEL.

**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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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				
20 Drugs and medical supplies	X	177	116,848,296.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
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 Acknowledgment

29

0

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.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

TRANSMISSION OF HIV/AIDS HAS BEEN INITIATED AND A LARGE NUMBER OF
LONG-LASTING INSECTICIDE TREATED NETS TO PREVENT MALARIA HAVE BEEN
DISTRIBUTED THROUGH THE DEPOTS IN THE HEALTH ZONES. THE CONSORTIUM LED
BY IMA WORLD HEALTH HAS THREE MAIN IMPLEMENTING PARTNERS IN THE DRC THE
PROTESTANT CHURCH OF THE CONGO, CATHOLIC RELIEF SERVICES AND WORLD
VISION AND A NUMBER OF TECHNICAL ASSISTANCE PROVIDERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

INFRASTRUCTURE IMPROVEMENT.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

TANZANIA, CONGO, DEM REP, HAITI, SUDAN

FORM 990, PART VI, SECTION A, LINE 6: IMA HAS 12 MEMBERS WHICH ARE
NON-PROFIT CHARITABLE ORGANIZATIONS RELATED TO US PROTESTANT CHURCHES OR
OTHER CHRIST-CENTERED SERVICE ORGANIZATIONS OF GOOD STANDING.

FORM 990, PART VI, SECTION A, LINE 7A: IMA HAS MEMBERS WHO MEET ANNUALLY
TO ELECT DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS MUST APPROVE ANY
CHANGES TO THE ARTICLES OF INCORPORATION OR BYLAWS AND RECEIVE THE REPORTS

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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number
52-2112460

OF THE PRESIDENT, INCLUDING ANNUAL AUDITED FINANCIAL REPORTS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 10: IMA WORLD HEALTH'S CHIEF FINANCIAL OFFICER PROVIDES A COPY OF THE FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR QUESTIONS AND COMMENTS PRIOR TO SUBMISSION. ONCE THEIR REVIEW IS COMPLETE AND THE FINANCE COMMITTEE HAS APPROVED THE FORM, THE 990 IS

PROVIDED TO THE CEO FOR SIGNATURE. A COPY OF THE FINAL 990 SUBMISSION IS PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE SPRING BOARD OF DIRECTORS MEETING EACH YEAR, EACH OFFICER, DIRECTOR AND SENIOR MANAGER OF IMA WORLD HEALTH RECEIVE CONFLICT OF INTEREST DISCLOSURE FORM AND MUST COMPLETE THIS DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED BY AN DIRECTOR, OFFICER OR MEMBER OF SENIOR MANAGEMENT WHEN A CONFLICT OF INTEREST EXISTS PER THE ORGANIZATION'S POLICY. WHEN A CONFLICT OF INTEREST EXISTS, THAT INDIVIDUAL SHALL RECUSE THEMSELVES AND SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION ON THE MATTER THAT CREATES THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE/PERSONNEL COMMITTEE OF THE BOARD OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSES FOR ALL STAFF POSITIONS AND APPROVES COMPENSATION OF THE CEO AND OTHER SENIOR MANAGEMENT

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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

POSITIONS. COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AT THE SPRING BOARD OF DIRECTORS MEETING EACH YEAR AND THE APPROVED COMPENSATION FIGURES ARE INCLUDED IN THE ORGANIZATION'S ANNUAL BUDGET THAT IS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, FL, DE, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST.

PART XI, LINE 2C

AUDIT COMMITTEE AND SELECTION OF INDEPENDENT ACCOUNTANT

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS SELECTS AN INDEPENDENT AUDITOR AND RECOMMENDS APPROVAL OF THE AUDITOR EACH YEAR AT THE ANNUAL MEMBERSHIP MEETING HELD IN THE FALL. THE AUDITOR REPORTS TO THE IMA WORLD HEALTH MEMBERSHIP ON THE PRIOR YEAR'S FINANCIAL STATEMENTS AT THE ANNUAL MEMBERSHIP MEETING EACH FALL.

Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

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

[illegible]

Part V Transactions With Related Organizations

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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.

(1)	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(2)			
(3)			
(4)			
(5)			
(6)			

Part I Continuation of 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
CHRISTIAN CHURCH (DISCIPLES OF CHRIST)-DIVISION OF OVERSEAS MINISTRIES - 35- PO BOX 1986, INDIANAPOLIS, IN 46206 EPISCOPAL RELIEF & DEVELOPMENT - 73-1635264 PO BOX 7058	CHURCH	INDIANA	501(C)(3)	1	N/A
MERRIFIELD, VA 22116 LUTHERAN WORLD RELIEF, INC. - 13-2574963 700 LIGHT STREET	CHARITABLE ORGANIZATION	VIRGINIA	501(C)(3)	7	N/A
BALTIMORE, MD 21230 MENNONITE CENTRAL COMMITTEE - 23-6002702 PO BOX 500	CHARITABLE ORGANIZATION	NEW YORK	501(C)(3)	7	N/A
AKRON, PA 17501 PRESBYTERIAN CHURCH (USA) -INTERNATIONAL HEALTH MINISTRIES OFFICE - 23-63933, 100	CHURCH	PENNSYLVANIA	501(C)(3)	1	N/A
WITHERSPOON ST, LOUISVILLE, KY 40202 UNITED CHURCH OF CHRIST - WIDER CHRISTIAN MINISTRIES - 35-1305508, 400 PROSPECT AVE, CLEVELAND, OH 44115	CHURCH	KENTUCKY	501(C)(3)	1	N/A
THE UNITED METHODIST CHURCH, GENERAL BOARD OF GLOBAL MINISTRIES - 13-5562279, 475 RIVERSIDE DRIVE, NEW YORK, NY 10115	CHURCH	OHIO	501(C)(3)	1	N/A
VELLORE CHRISTIAN COLLEGE MEDICAL BOARD - 13-2735359, 475 RIVERSIDE DRIVE, NEW YORK, NY 10115	CHURCH	NEW YORK	501(C)(3)	1	N/A
	CHARITABLE ORGANIZATION	NEW YORK	501(C)(3)	7	N/A

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	INTERCHURCH MEDICAL ASSISTANCE, INC.	52-2112460
	Number, street, and room or suite no. If a P.O. box, see instructions 500 MAIN STREET, P.O. BOX 429	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW WINDSOR, MD 21776	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

DANA MCDONALD

- The books are in the care of ► **500 MAIN STREET - NEW WINDSOR, MD 21776**

Telephone No. ► **410 635-8720**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.****Form 8868 (Rev. 4-2009)**

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	INTERCHURCH MEDICAL ASSISTANCE, INC.		52-2112460
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	500 MAIN STREET, P.O. BOX 429		
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	NEW WINDSOR, MD 21776		

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DANA MCDONALD

- The books are in the care of ☒ 500 MAIN STREET - NEW WINDSOR, MD 21776
Telephone No ☒ 410 635-8720 FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until MAY 15, 2010
- 5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Melvin March Title ☒ CPA Date ☒ 2/12/10

Form 8868 (Rev. 4-2009)