

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

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

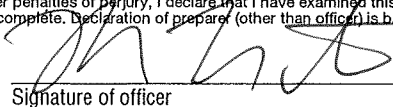
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or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

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>IMA WORLD HEALTH ADVANCES HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>74</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>140,214,141.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>12,000.</b>	<b>79,995.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>45,144.</b>	<b>22,031.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>14,400.</b>	<b>14,400.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>140,271,285.</b>	<b>143,119,807.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>130,570,891.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,726,676.</b>	<b>2,822,284.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>369,025.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,833,098.</b>	<b>2,666,421.</b>
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>135,130,665.</b>	<b>172,425,072.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>5,140,620.</b>	<b>&lt;29,305,265.&gt;</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>67,892,508.</b>	<b>End of Year</b> <b>39,933,138.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>993,803.</b>	<b>2,459,059.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>66,898,705.</b>	<b>37,474,079.</b>


**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** ▶  Date **5/14/10**

Signature of officer

**RICHARD L. SANTOS, PRESIDENT/CEO**  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>TAIT, WELLER &amp; BAKER LLP</b> <b>1818 MARKET STREET; SUITE 2400</b> <b>PHILADELPHIA, PA 19103</b>	Date <b>05/12/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>(215) 979-8800</b>
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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: 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> ...		<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	
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> .....	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input checked="" type="checkbox"/>	
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> .....	<input checked="" type="checkbox"/>	
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> .....	<input checked="" type="checkbox"/>	
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> .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>

**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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
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		
	1a	7	
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	74	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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		
	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)?	X	
b	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	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?		X
	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	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?		X
	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?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	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	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
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	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 <b>N/A</b>		
	12b		