

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

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable:
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization
INTERNATIONAL MEDICAL CORPS
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1919 SANTA MONICA BOULEVARD 400
City or town, state or country, and ZIP + 4
SANTA MONICA, CA 90404-1950

D Employer identification number
95-3949646
E Telephone number
(310) 826-7800
F Accounting method: Cash [X] Accrual [] Other (specify) []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes [] No [X]

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes [] No []

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

I Group Exemption Number

M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.IMCWORLDWIDE.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 87,246,908.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			STMT 19	
22b Other grants and allocations (attach schedule) (cash \$ <u>1,129,133.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	1,129,133.	1,129,133.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	820,073.	339,679.	476,650.	3,744.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	21,009,402.	17,678,618.	3,211,255.	119,529.
27 Pension plan contributions not included on lines 25a, b, and c	962,072.	622,517.	337,840.	1,715.
28 Employee benefits not included on lines 25a - 27	5,838,426.	5,238,643.	583,627.	16,156.
29 Payroll taxes	734,319.	313,351.	408,975.	11,993.
30 Professional fundraising fees				
31 Accounting fees	263,871.	263,871.		
32 Legal fees	216,936.	74,446.	142,490.	
33 Supplies	50,791,959.	50,545,436.	240,507.	6,016.
34 Telephone	1,214,648.	1,065,896.	148,652.	100.
35 Postage and shipping	702,745.	652,159.	30,636.	19,950.
36 Occupancy	2,847,719.	2,390,512.	457,207.	
37 Equipment rental and maintenance	133,365.	92,239.	34,080.	7,046.
38 Printing and publications	105,544.	29,816.	54,481.	21,247.
39 Travel	2,367,900.	2,066,246.	297,830.	3,824.
40 Conferences, conventions, and meetings	189,076.	110,758.	77,395.	923.
41 Interest	8,167.		8,167.	
42 Depreciation, depletion, etc. (attach schedule)	157,401.		157,401.	
43 Other expenses not covered above (itemize):				
a OTHER _____	43a -326,230.	144,976.	-511,586.	40,380.
b MONITORING & EVALUATION _____	43b 148,489.	148,489.		
c TRANSPORTATION _____	43c 3,781,610.	3,757,097.	24,111.	402.
d PROFESSIONAL FEES _____	43d 2,138,414.	1,281,891.	686,982.	169,541.
e INSURANCE _____	43e 320,237.	235,962.	81,464.	2,811.
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 95,555,276.	88,181,735.	6,948,164.	425,377.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing		3,567,398.	45	1,854,183.	
	46	Savings and temporary cash investments		417,155.	46	451,394.	
	47a	Accounts receivable	47a 4,352,706.				
	b	Less: allowance for doubtful accounts	47b	1,040,778.	47c	4,352,706.	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b		48c		
	49	Grants receivable		6,223,859.	49	5,818,141.	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)					
	b	Less: allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use		8,718,367.	52	699,315.	
	53	Prepaid expenses and deferred charges		986,833.	53	567,080.	
	54a	Investments - publicly-traded securities	STMT 20	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	238,990.	54a	296,926.
	b	Investments - other securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments - land, buildings, and equipment: basis					
	b	Less: accumulated depreciation (attach schedule)				55c	
	56	Investments - other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis		57a 1,331,277.			
b	Less: accumulated depreciation (attach schedule)		57b 880,496.	295,019.	57c	450,781.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> STMT 21)		120,459.	58	358,209.		
59	Total assets (must equal line 74). Add lines 45 through 58		21,608,858.	59	14,848,735.		
Liabilities	60	Accounts payable and accrued expenses		5,283,981.	60	6,749,570.	
	61	Grants payable			61		
	62	Deferred revenue		2,849,605.	62	1,940,680.	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule) STMT 22			64b	1,000,000.	
	65	Other liabilities (describe <input type="checkbox"/>)			65		
66	Total liabilities. Add lines 60 through 65		8,133,586.	66	9,690,250.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		1,589,299.	67	2,071,945.	
	68	Temporarily restricted		11,585,973.	68	2,786,540.	
	69	Permanently restricted		300,000.	69	300,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		13,475,272.	73	5,158,485.	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		21,608,858.	74	14,848,735.	

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 374,562.
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g N/A
90a List the states with which a copy of this return is filed SEE STATEMENT 27
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 152
91a The books are in care of VISNJA CIPCIC Telephone no. (310) 826-7800
Located at SANTA MONICA BLVD. STE 400 SANTA MONICA, CA ZIP + 4 90404-1950
b 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)? 91b X
If "Yes," enter the name of the foreign country SEE STATEMENT 16
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** **Yes** **No**
 If "Yes," enter the name of the foreign country ▶ **SEE STATEMENT 17**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | **N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .			14	3,347.	
96 Dividends and interest from securities . .			14	80,679.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-14,560.	
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .				69,466.	
105 Total (add line 104, columns (B), (D), and (E)) ▶					69,466.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Yes** **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **Yes** **No**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
N/A

Please 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 _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	PRICEWATERHOUSECOOPERS LLP 350 SOUTH GRAND AVENUE LOS ANGELES, CA 90071-3405		EIN 13-4008324 Phone no. 213-356-6000

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 28				

Total number of other employees paid over \$50,000 . . ▶ **109**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 29		

Total number of others receiving over \$50,000 for professional services ▶ **7**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year >

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year >

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts >

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year >

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) **NOT APPLICABLE**
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization INTERNATIONAL MEDICAL CORPS	Employer identification number 95-3949646
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MEDICINES FOR HUMANITY 800 HINGHAM STREET, SUITE 1800 ROCKLAND, MA 02370	13,944,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON ROAD, STE 2G SAN DIEGO, CA 92120	5,685,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BRIDGE FOUNDATION 77 FROGTOWN ROAD P.O. BOX 388 NEW CANAAN, CT 06840	2,284,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **INTERNATIONAL MEDICAL CORPS**

Employer identification number

95-3949646

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VARIOUS MEDICINES AND MEDICAL SUPPLIES DONATED MEDICAL SUPPLIES WERE RECEIVED THROUGHOUT THE FISCAL YEAR BEGINNING 07/01/2006 AND ENDING 06/30/2007	\$ 13,944,709.	VAR
2	VARIOUS MEDICINES AND MEDICAL SUPPLIES DONATED MEDICAL SUPPLIES WERE RECEIVED THROUGHOUT THE FISCAL YEAR BEGINNING 07/01/2006 AND ENDING 06/30/2007	\$ 5,685,344.	VAR
3	VARIOUS MEDICINES AND MEDICAL SUPPLIES DONATED MEDICAL SUPPLIES WERE RECEIVED THROUGHOUT THE FISCAL YEAR BEGINNING 07/01/2006 AND ENDING 06/30/2007	\$ 2,284,269.	VAR
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990 PART I - REVENUE
GAIN OR LOSS ON SALE OF PUBLICLY-TRADED SECURITIES

VARIOUS SALES	57,348
LESS: COST OR OTHER BASIS AND EXPENSES	71,908
	=====
TOTAL GAIN/(LOSS)	- 14,560
	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

FORM 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

A AFGHANISTAN IMC HAS IMPLEMENTED HEALTH, TRAINING AND RELATED ASSISTANCE PROGRAMS FOR AFGHANS SINCE 1984. OVER THE YEARS, IMC HAS ESTABLISHED ITSELF AS ONE OF THE LEAD TRAINING ORGANIZATIONS BUILDING HEALTH CARE CAPACITY IN AFGHANISTAN. IMC'S GOAL IN AFGHANISTAN IS TO CONTRIBUTE TO THE REBUILDING AND REHABILITATION OF THE COUNTRY BY ENSURING THE PROVISION OF EQUITABLE BASIC HEALTH CARE FOR AFGHANS THROUGH TRAINING, HEALTH SERVICE DELIVERY SUPPORT, INFRASTRUCTURE REHABILITATION AND THE PROVISION OF ECONOMIC OPPORTUNITIES FOR VULNERABLE GROUPS.

IN FY 2007, IMC PROVIDED VITAL HEALTH AND TRAINING PROJECTS IN SIX PROVINCES (KABUL, PARWAN, KHOST, PAKTIKA, KUNAR AND LAGHMAN) OF AFGHANISTAN, SERVING A POPULATION OF MORE THAN 2.5 MILLION. PROGRAMS INCLUDED THE PROVISION OF BASIC HEALTH AND ESSENTIAL HOSPITAL SERVICES, AWARD-WINNING MIDWIFERY TRAINING, A PROJECT IN COLLABORATION WITH JOHNS HOPKINS UNIVERSITY TO PREVENT POSTPARTUM HEMORRHAGE IN RURAL WOMEN, THE SUPPORT OF RETURNING REFUGEES THROUGH HEALTH SERVICES AND SOCIAL RESETTLEMENT ASSISTANCE, AND MEDICAL STAFF TRAINING AT THE RABIA BALKHI WOMEN'S HOSPITAL ON A VARIETY OF OBSTETRIC/GYNECOLOGIC, PEDIATRIC, AND ANESTHESIA TOPICS. IMC ALSO PILOTED THE ATTRAUMATIC RESTORATIVE TREATMENT (ART) PROJECT WHICH PROVIDES ORAL HEALTH TREATMENT TO CHILDREN BETWEEN THE AGES OF 6 AND 17 YEARS IN SCHOOLS AND ORPHANAGES IN AREAS WHERE DENTAL FACILITIES ARE NOT ALWAYS ACCESSIBLE.

ACTIVITIES INCLUDED MANAGEMENT AND OPERATION OF HEALTH FACILITIES AND HOSPITALS, EXTENSIVE TRAINING OF HEALTH AND ADMINISTRATIVE PROFESSIONALS, DEMONSTRATION PROGRAMS ON POST PARTUM HEMORRHAGE PREVENTION, TRAINING OF TRAINER COURSES, AND THE ESTABLISHMENT OF NEW HEALTH POSTS.

PROGRAM SERVICE EXPENSES \$3,815,568
INCLUDES FOREIGN GRANTS NO

B AZERBAIJAN IN 2000, IMC BEGAN WORKING IN AZERBAIJAN, WHERE A DEVASTATED ECONOMY, COMBINED WITH THE EFFECTS OF ONGOING HOSTILITIES WITH NEIGHBORING ARMENIA, HAS LEFT THE HEALTH CARE SYSTEM IN A LAMENTABLE STATE. SINCE THEN, IMC HAS IMPLEMENTED SIXTEEN DIFFERENT HEALTH-RELATED PROGRAMS. IMC'S MAIN GOAL IN AZERBAIJAN IS TO IMPROVE THE AVAILABILITY, QUALITY AND SUSTAINABILITY OF PRIMARY AND SECONDARY HEALTH CARE SERVICES FOR VULNERABLE POPULATIONS.

IN FY 2007, IMC'S WORK IN AZERBAIJAN INCLUDED STRENGTHENING PRIMARY HEALTH CARE AND SPECIALIZED SERVICES; TRAINING MEDICAL AND ADMINISTRATIVE STAFF; REVITALIZING PRIMARY HEALTH CARE FACILITIES AND HOSPITALS;

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

MAINSTREAMING DISABLED CHILDREN INTO SOCIETY; ASSISTING THE MINISTRY OF HEALTH IN DEVELOPING HEALTHCARE POLICY; STRENGTHENING PUBLIC COMMUNICATIONS PROGRAMS AND SURVEILLANCE OF AVIAN INFLUENZA; MANAGING AND TRAINING PRE-HOSPITAL AMBULANCE TEAMS AND IN-HOSPITAL EMERGENCY MEDICAL STAFFS; AND PROVIDING HEALTH CARE TO DISPLACED POPULATIONS.

TO ACHIEVE MAXIMUM AND SUSTAINABLE RESULTS, IMC WORKED IN CLOSE COOPERATION WITH THE MINISTRY OF HEALTH, DONOR AGENCIES, NGOS, AS WELL AS WITH PRIVATE PARTNERS. IN FY 2007, AN IMC-LED CONSORTIUM CONTINUED WORK WITH THE MINISTRY OF HEALTH TO IMPROVE HEALTH CARE FINANCING, TO INCREASE RESOURCE ALLOCATION FOR PRIMARY HEALTH CARE, AND TO RESTRUCTURE AND IMPROVE PRIMARY HEALTH CARE SERVICES.

PROGRAM SERVICE EXPENSES \$3,752,573
INCLUDES FOREIGN GRANTS NO

C BURUNDI IMC BEGAN PROVIDING SERVICES IN BURUNDI IN 1995 FOLLOWING THE COUNTRY'S 12-YEAR CIVIL WAR AND A SERIES OF ETHNIC AND POLITICAL CONFLICTS, WHICH HAVE SEVERELY IMPAIRED THE HEALTH AND AGRICULTURAL INFRASTRUCTURE OF THE COUNTRY. IMC'S WORK IN BURUNDI IS CENTERED AROUND THE PROVISION OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICES AND HAS INCLUDED PREVENTIVE AND CURATIVE HEALTH CARE PROGRAMS, NUTRITION PROGRAMS, AND WATER AND SANITATION ACTIVITIES.

IN FY 2007, IMC ADAPTED TO BURUNDI'S NEW DEVELOPMENT STRATEGY BY TRANSITIONING ITS MEDICAL EMERGENCY INTERVENTIONS INTO A DEVELOPMENT PROGRAM PACKAGE. IMC'S LONG STANDING PROJECTS IN MUYINGA, KIRUNDO AND RUTANA PROVINCES ARE DESIGNED TO BUILD LOCAL CAPACITY TO PROVIDE HEALTH AND NUTRITION SERVICES. IMC WORKS CLOSELY WITH MEMBERS OF VULNERABLE HOUSEHOLDS, COMMUNITIES, COMMITTEES, AS WELL AS PROVINCIAL AND MINISTERIAL AUTHORITIES.

ACTIVITIES IN FY 2007 INCLUDED THE CONTINUED SUPPORT OF 24 HEALTH CENTERS THROUGH THE PROVISION OF MEDICINES AND MEDICAL SUPPLIES, LOGISTIC SUPPORT, TRAINING, CAPACITY BUILDING, AND EPIDEMIOLOGICAL SURVEILLANCE AND THE PROVISION OF VOLUNTARY COUNSELING AND TESTING AS PART OF A NEW HIV/AIDS PROGRAM.

THE NEWLY IMPLEMENTED HIV/AIDS PROGRAM IS FOCUSED BOTH ON VCT AND THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION, AND HAS BEEN SUCCESSFUL AT INCREASING THE ACCEPTANCE OF VCT AS PART OF PRENATAL SERVICES.

PROGRAM SERVICE EXPENSES \$2,521,534

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

INCLUDES FOREIGN GRANTS NO

D CENTRAL AFRICAN REPUBLIC IMC BEGAN WORKING IN CAR IN 2007 TO ADDRESS THE HEALTH NEEDS OF THE CONFLICT-AFFECTED POPULATION IN THE NORTH. THE COUNTRY HAS FACED NEAR CONTINUAL POLITICAL INSTABILITY AND EXTENDED PERIODS OF VIOLENCE SINCE ITS INDEPENDENCE IN 1960, LEAVING OVER 70% OF THE TARGET POPULATION WITHOUT ACCESS TO PREVENTIVE OR CURATIVE SERVICES. THE FEW EXISTING HEALTH FACILITIES HAVE BEEN LOOTED, LEAVING THEM WITH A COMPLETE LACK OF ESSENTIAL MEDICINES AND SUPPLIES. IMC'S GOAL IN CAR IS TO REDUCE MORBIDITY AND MORTALITY AMONG CONFLICT AFFECTED POPULATIONS THROUGH THE PROVISION OF MOBILE CURATIVE AND PREVENTATIVE PRIMARY HEALTH CARE SERVICES.

PROGRAM SERVICE EXPENSES \$72,874
INCLUDES FOREIGN GRANTS NO

E CHAD IMC BEGAN WORKING IN CHAD IN 2004 AFTER INTENSE FIGHTING FORCED HUNDREDS OF THOUSANDS OF PEOPLE TO FLEE THE DARFUR REGION OF SUDAN AND CROSS THE BORDER INTO CHAD. IMC'S GOAL SINCE THEN HAS BEEN TO PROVIDE ESSENTIAL SERVICES TO SUDANESE REFUGEES AND LOCAL CHADIAN COMMUNITIES WHO CONTINUE TO SUFFER FROM THE ONGOING CONFLICT IN THE AREA.

DURING FY 2007, IMC MAINTAINED THE PROVISION OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICES TO REFUGEES IN MILE, KOUNOUNGU, AND AM NABAK CAMPS IN EASTERN CHAD AND TO THE HOST POPULATION IN AND AROUND GUÉRÉDA, WHERE IMC IS BASED AND THE REGIONAL HOSPITAL IS LOCATED. IMC ALSO EXPANDED SERVICE PROVISION TO ADDRESS THE HEALTH NEEDS OF REFUGEES AND THE SURROUNDING HOST POPULATION IN GAGA. IMC HAS PROGRESSIVELY TRANSITIONED AWAY FROM ITS FOCUS ON EMERGENCY SERVICES, TO PROVIDE AN EXTENSIVE ARRAY OF SERVICES, WHICH INCLUDE COMPREHENSIVE PRIMARY HEALTH CARE (PHC), MENTAL HEALTH SERVICES, MOTHER AND CHILD HEALTH CARE SERVICES, NUTRITION ACTIVITIES, AND HEALTH EDUCATION. IN ADDITION TO SUPPORTING HEALTH CENTERS IN THE REFUGEE CAMPS, IMC OPERATES MOBILE CLINICS AND DELIVERS SUPPORT TO THE GUÉRÉDA HOSPITAL.

IMC'S NETWORK OF COMMUNITY HEALTH WORKERS (CHWS) IMPLEMENTED AWARENESS-RAISING ACTIVITIES IN THE CAMPS, CLINICS, FEEDING CENTERS, AND SCHOOLS, AND CONDUCTED REGULAR HEALTH EDUCATION SESSIONS ON ISSUES SUCH AS DIARRHEAL PREVENTION, BREASTFEEDING, IMMUNIZATION, COMMUNICABLE DISEASE PREVENTION, FAMILY PLANNING, PERSONAL HYGIENE, FEMALE GENITAL MUTILATION, AND HIV/AIDS/STI PREVENTION. CAPACITY BUILDING EFFORTS INCLUDED TRAINING TRADITIONAL BIRTH ATTENDANTS, NURSES, AND MIDWIVES ON

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

REPRODUCTIVE HEALTH AND SAFE BIRTHING PRACTICES, AND CLASSROOM AND ON-THE-JOB TRAINING FOR MOH AND LOCAL TECHNICAL STAFF ON A VARIETY OF HEALTH ISSUES.

THE SERVICE DELIVERY PACKAGE AT GUÉRÉDA HOSPITAL WAS EXPANDED TO INCLUDE EMERGENCY SURGICAL SERVICES FOR WAR WOUNDED INDIVIDUALS AND EMERGENCY OBSTETRIC CARE.

PROGRAM SERVICE EXPENSES \$5,213,910
INCLUDES FOREIGN GRANTS NO

F DEMOCRATIC REPUBLIC CONGO IMC HAS WORKED IN THE DEMOCRATIC REPUBLIC OF CONGO SINCE 1999, IN AN EFFORT TO ALLEVIATE THE SUFFERING OF THE THOUSANDS OF VICTIMS OF ONE OF THE DEADLIEST CONFLICTS EVER RECORDED IN AFRICA, WHICH HAS LEFT THE VAST MAJORITY OF THE COUNTRY WITHOUT EVEN A BASIC HEALTH INFRASTRUCTURE. IMC WORKS WITH VULNERABLE GROUPS, INCLUDING INTERNALLY DISPLACED PEOPLE, FORMER CHILD SOLDIERS, SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE, AND CHILDREN AND WOMEN. PROGRAMS ARE CENTERED ON THE DELIVERY OF PRIMARY HEALTH CARE AND NUTRITION.

IN FY 2007, IMC PROVIDED VITAL PRIMARY HEALTH CARE, RETURNEE HEALTH ASSISTANCE, NUTRITION, FOOD SECURITY, GBV EDUCATION AND PREVENTION, COMMUNITY-BASED OUTREACH AND HEALTH EDUCATION, AND WATER AND SANITATION SERVICES, TO 350,000 PEOPLE IN THE BUNYAKIRI, KALONGE, FIZI, NUNDU, AND KIMBI-LULENGE HEALTH ZONES OF SOUTH KIVU AND THE ITEBERO/HOMBO NORD HEALTH ZONE OF NORTH KIVU. IN COLLABORATION WITH THE MINISTRY OF HEALTH, IMC SUPPORTED SEVERAL HOSPITALS AND 66 HEALTH FACILITIES WITH THE PROVISION OF ESSENTIAL DRUGS AND MEDICAL SUPPLIES, MEDICAL SUPPORT, LOGISTICAL SUPPORT, STAFF TRAININGS ON PRIMARY HEALTH CARE ISSUES, SUPERVISION OF ACTIVITIES, AND INFRASTRUCTURAL REHABILITATION. WATER AND SANITATION ACTIVITIES INCLUDED THE CONSTRUCTION OF LATRINES AND THE REHABILITATION OF A RAIN CATCHMENT SYSTEM SURROUNDING IMC-SUPPORTED HEALTH CLINICS. NUTRITION SERVICES WERE DELIVERED THROUGH IMC'S 18 SUPPLEMENTARY FEEDING CENTERS AND THREE THERAPEUTIC FEEDING CENTERS. IMC BEGAN FISTULA REPAIR TRAINING FOR TWO HEALTH ZONE DOCTORS AT THE PANZI HOSPITAL IN BUKAVU. THROUGH PARTNERSHIPS WITH LOCAL NGOS, IMC ENABLES GBV SURVIVORS TO IMPLEMENT AGRICULTURAL AND SOCIO-ECONOMIC ACTIVITIES THROUGH THE PROVISION OF TOOLS, SEEDS, AND LAND. SOCIO-ECONOMIC SERVICES ARE ALSO SUPPORTED BY FOOD SECURITY ACTIVITIES THAT ARE DESIGNED TO REINFORCE PROPER NUTRITIONAL HABITS AND SELF-SUFFICIENCY BY ENCOURAGING THE INCREASED PRODUCTIVITY AND CONSUMPTION OF LOCALLY-GROWN AGRICULTURAL PRODUCTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

PROGRAM SERVICE EXPENSES \$9,740,128
 INCLUDES FOREIGN GRANTS NO

G ETHIOPIA IMC BEGAN WORKING IN ETHIOPIA IN 2003 BY PROVIDING EMERGENCY NUTRITIONAL AND HEALTH INTERVENTIONS. IMC' GOALS IN ETHIOPIA ARE TO MINIMIZE THE EFFECTS OF DROUGHT FOR THE MOST VULNERABLE POPULATIONS, ADDRESS HEALTH AND NUTRITIONAL ISSUES, AND BUILD THE CAPACITY OF COMMUNITIES TO WITHSTAND FUTURE PERIODS OF VULNERABILITY.

DURING FY 2007, IMC WAS ACTIVE IN OROMIA AND SOMALI REGIONS. ACTIVITIES SUPPORTED NUTRITIONAL AND HEALTH EMERGENCIES AND INCLUDED THE PROVISION OF COMMUNITY-BASED THERAPEUTIC CARE (CTC) TO THOUSANDS OF MALNOURISHED CHILDREN AND PREGNANT AND LACTATING WOMEN THROUGH OUTPATIENT THERAPEUTIC PROGRAM SITES AND THE TREATMENT OF MALARIA, DIARRHEAL DISEASES, AND ACUTE RESPIRATORY INFECTION THROUGH A COMBINATION OF FIXED AND MOBILE SERVICE DELIVERY SYSTEMS. TO PROMOTE LONG TERM DEVELOPMENT, IMC DEVELOPED A RIGOROUS HANDOVER STRATEGY TO ENSURE THAT THE MOH IS ABLE TO PREVENT, TREAT, AND MONITOR CASES OF MALNUTRITION. IMC PROVIDED TRAINING AND REFRESHER TRAINING TO HEALTH STAFF TO ENHANCE THEIR ABILITY TO TREAT SEVERELY MALNOURISHED CHILDREN.

IMC WORKED CLOSELY WITH BOTH THE LOCAL POPULATION AND STAFF FROM THE MINISTRY OF HEALTH TO PLAN, IMPLEMENT AND EVALUATE ALL ITS PROGRAMMATIC ACTIVITIES.

PROGRAM SERVICE EXPENSES \$5,658,994
 INCLUDES FOREIGN GRANTS NO

H INDONESIA IMC BEGAN ITS ACTIVITIES IN INDONESIA IN 2000, INITIALLY FOCUSING ON THE HEALTH STATUS OF VULNERABLE POPULATIONS IN CONFLICT-AFFECTED AREAS. SINCE THEN, IMC HAS EXPANDED ITS PROGRAMMATIC AND GEOGRAPHICAL AREAS IN RESPONSE TO THE TSUNAMI AND EARTHQUAKE DISASTERS IN THE COUNTRY. IMC'S OBJECTIVE IS TO PROVIDE CRITICAL SERVICES IN GAP AREAS AND REMOTE COMMUNITIES AND TO STRENGTHEN THE ABILITY OF LOCAL STRUCTURES TO MITIGATE THE IMPACT OF FUTURE DISASTERS AND EMERGENCIES.

IN FY 2007, IMC PROVIDED HEALTH, CONSTRUCTION, AND LIVELIHOODS SUPPORT TO VULNERABLE POPULATIONS IN ACEH JAYA, ENHANCED THE CAPACITY OF LOCAL PARTNER ORGANIZATION, AMBULAN 118, AND CONTINUED EMERGENCY RESPONSE ACTIVITIES FOR POPULATIONS AFFECTED BY THE 2006 EARTHQUAKES IN YOGYAKARTA. IMC BUILT OR RE-BUILT SEVERAL HOSPITALS AND CLINICS IN COOPERATION WITH THE DEPARTMENT OF HEALTH, WHICH SERVE THE NEEDS OF TENS

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

OF THOUSANDS OF PEOPLE, AND ALSO OPERATED MOBILE CLINICS IN AREAS DIFFICULT TO ACCESS. TO ENHANCE THE CAPACITY OF THESE HEALTH CENTERS, IMC TRAINED HEALTH CENTER STAFF AND PROVIDED THE CLINICS WITH ESSENTIAL MEDICAL EQUIPMENT. IMC ALSO WORKED WITH COMMUNITIES TO ESTABLISH A WIDE RANGE OF LIVELIHOODS INITIATIVES, INCLUDING BOAT BUILDING PROGRAMS TO HELP VILLAGERS REGAIN THEIR PRE-TSUNAMI FLEETS AND LIVELIHOODS. .

IMC CONTINUED TO WORK IN CLOSE COOPERATION WITH A NATIONAL ASSOCIATION OF DOCTORS AND NURSES (AMBULAN 118) AND FURTHER STRENGTHENED ITS CAPACITY TO RESPOND TO DISASTERS AND OTHER EMERGENCIES.

PROGRAM SERVICE EXPENSES	\$2,309,391
INCLUDES FOREIGN GRANTS	NO

I INGUSHETIA AND CHECHNYA IMC HAS PROVIDED ASSISTANCE TO CONFLICT-AFFECTED PEOPLE IN RUSSIA'S REPUBLIC OF INGUSHETIA SINCE 2000 AND THE REPUBLIC OF CHECHNYA SINCE 2003. IMC'S STRATEGY IN THE REGION IS TO PROVIDE CRITICAL SERVICES THAT ARE CURRENTLY LACKING, WHILE ALSO GUIDING THE DEVELOPMENT OF COMMUNITY, LOCAL, AND GOVERNMENTAL STRUCTURES IN ORDER TO MOBILIZE THEM TO EFFECTIVELY SERVE THE NEEDS OF THE POPULATION.

IN FY 2007, IMC PROVIDED BASIC HEALTH CARE AND LIVELIHOODS PROGRAMS TO DISPLACED CHECHENS AND VULNERABLE HOST POPULATIONS IN INGUSHETIA AND CHECHNYA, REACHING A BENEFICIARY POPULATION OF 153,123. IMC INCREASED ACCESS TO BASIC CURATIVE AND PREVENTATIVE MEDICAL SERVICES THROUGH MOBILE CLINICS IN 17 VILLAGES IN CHECHNYA, AND 5 VILLAGES AND 32 SPONTANEOUS SETTLEMENTS IN INGUSHETIA. TO IMPROVE THE CAPACITY OF PARTNER PRIMARY HEALTH CARE STRUCTURES, IMC REHABILITATED SEVEN FACILITIES AND PROVIDED THEM WITH BASIC MEDICAL EQUIPMENT AND SUPPLIES. MICRO PROJECTS FOCUSED ON DISEASE PREVENTION, FOOD SECURITY, AND INCOME CREATION WERE IMPLEMENTED TO ENABLE BENEFICIARIES TO IMPROVE THEIR NUTRIENT INTAKE WHILE ALSO BUILDING THEIR CAPACITY TO PURSUE CAREERS. IMC CREATED NINE COMMUNITY ACTION GROUPS TO OVERSEE THE MICRO PROJECTS.

PROGRAM SERVICE EXPENSES	\$715,678
INCLUDES FOREIGN GRANTS	NO

J IRAQ IMC STARTED ITS ACTIVITIES IN IRAQ IN 2003 IN AN EFFORT TO REBUILD THE MUCH DAMAGED PUBLIC HEALTH SYSTEM AND TO PROVIDE IMMEDIATE RELIEF SERVICES TO COMMUNITIES AFFECTED BY THE WAR. IMC'S SERVICES HAVE SINCE EXPANDED DRAMATICALLY, BUT SUSTAINABLE REHABILITATION OF THE NATIONAL HEALTH SYSTEM, WITH PRIORITY GIVEN TO THE PRIMARY HEALTH CARE

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

SYSTEM, HAS REMAINED THE CORE FOCUS OF ACTIVITIES. PROJECTS EMPHASIZE THE NEEDS OF WOMEN AND CHILDREN AND ULTIMATELY AIM TO GUARANTEE HUMAN RIGHTS AND PRIMARY, SECONDARY AND TERTIARY HEALTHCARE TO POPULATIONS AFFLICTED BY YEARS OF DICTATORSHIP, CONFLICT AND INTERNATIONAL SANCTIONS. ALL PROGRAMS ARE IMPLEMENTED IN CLOSE COLLABORATION WITH THE MINISTRY OF HEALTH AT THE NATIONAL LEVEL AND THE DIRECTORATE OF HEALTH IN EACH GOVERNORATE.

DURING FY 2007, IMC WORKED IN 16 OF 18 GOVERNORATES AND CONTINUED TO RESTORE AND DEVELOP THE HEALTH INFRASTRUCTURE OF THE COUNTRY THROUGH THE REHABILITATION OF THE AL RAMADI GENERAL HOSPITAL AND PRIMARY HEALTHCARE CENTERS; THE PROVISION OF MEDICAL EQUIPMENT, SUPPLIES AND ESSENTIAL DRUGS TO HEALTHCARE FACILITIES; THE DEVELOPMENT OF STANDARDIZED CONTINUING MEDICAL EDUCATION; AND RIGOROUS TRAINING OF DOCTORS, NURSES, PARAMEDICS AND OTHER HEALTH CARE WORKERS IN SURGERY, MEDICINE, COMMUNITY MEDICINE, PEDIATRICS, GYNECOLOGY, ANTENATAL AND NEONATAL CARE AND HYGIENE PRACTICES.

A SIGNIFICANT COMPONENT OF IMC'S INTEGRATED APPROACH TO HEALTH INVOLVED WATER AND SANITATION PROJECTS. IMC ENGINEERS HAVE COMPLETED AN IMPRESSIVE ARRAY OF WATER TREATMENT AND NETWORK PROJECTS SERVICING HUNDREDS OF THOUSANDS OF PEOPLE - SOME EXAMPLES INCLUDE THE INSTALLATION OF FOUR COMPACT UNITS AND PIPE NETWORKS PROVIDING POTABLE WATER TO APPROXIMATELY 72,000 INDIVIDUALS, THE REHABILITATION OF TWO WATER TREATMENT PLANTS SERVING 135,000 INDIVIDUALS, AND THE CONSTRUCTION OF LATRINES IN TWO BAGHDAD SCHOOLS, IMPROVING SANITATION FOR CLOSE TO 5,000 STUDENTS.

IN FY 2007, IMC PROVIDED ESSENTIAL NON-FOOD ITEMS TO 38,800 VULNERABLE IDPS AND 400 IDP FAMILIES, CREATED 594 WORKING DAYS FOR UNEMPLOYED IDPS, CONDUCTED PROFESSIONAL SKILLS TRAINING COURSES IN VOCATIONAL TRAINING CENTERS FOR 130 UNEMPLOYED YOUTH, AND CONSTRUCTED CHILD-FRIENDLY SPACES THAT SERVED OVER 1,000 VIOLENCE-AFFECTED WOMEN AND CHILDREN. IMC ALSO INITIATED COMMUNITY-BASED INTERVENTIONS TO ADDRESS WOMEN'S HEALTH, AS WELL AS THEIR SOCIAL AND ECONOMIC STATUS.

PROGRAM SERVICE EXPENSES	\$11,949,979
INCLUDES FOREIGN GRANT	NO

K KENYA IN RESPONSE TO THE US EMBASSY BOMBINGS IN NAIROBI AND DAR ES SALAAM, IMC BEGAN ITS WORK IN KENYA IN 1998, LAUNCHING A COMPREHENSIVE MEDICAL PROGRAM TO PROVIDE MEDICAL SUPPLIES, EQUIPMENT AND EMERGENCY CARE, WHILE TRAINING LOCAL PARTNERS TO STRENGTHEN THEIR CAPACITY TO

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

RESPOND TO EMERGENCIES. IN 2002, IN AN EFFORT TO IMPROVE THE QUALITY OF LIFE FOR THOSE LIVING WITH HIV/AIDS, IMC INITIATED AN HIV/AIDS PROJECT. IMC HAS SINCE EXPANDED ITS SERVICES TO INCLUDE OTHER OPPORTUNISTIC DISEASES, SUCH AS TB AND MALARIA, AS WELL AS PROGRAMS TO PREVENT MOTHER TO CHILD TRANSMISSION.

IN FY 2007, IMC FOCUSED ITS WORK ON IMPROVING THE HEALTH OUTCOMES OF VULNERABLE POPULATIONS IN KIBERA SLUM, SUBA DISTRICT, TAITA TAVETA, AND TANA RIVER DISTRICTS THROUGH HIV PREVENTION, TREATMENT, AND CARE PROGRAMS; TB PREVENTION AND CONTROL SERVICES INCLUDING DIAGNOSIS AND TREATMENT; MALARIA PREVENTION AND CONTROL; AND WATER AND SANITATION INTERVENTIONS TO DROUGHT-AFFECTED POPULATIONS IN NORTHERN KENYA. IN ORDER TO MAXIMIZE AND SUSTAIN THE IMPACT OF THESE HEALTH INTERVENTIONS, PROGRAMS ALSO INCORPORATED INCOME GENERATION ACTIVITIES. THESE PROGRAMS REACHED CLOSE TO 6 MILLION PERSONS ACROSS 17 DISTRICTS IN KENYA.

TENS OF THOUSANDS OF BENEFICIARIES RECEIVED TESTING, TREATMENT, COUNSELING, AND PMTCT SERVICES AT HUNDREDS OF IMC-SUPPORTED SITES. IN ADDITION, IMC TRAINED HEALTH WORKERS ON THE DELIVERY OF QUALITY HIV/AIDS CARE AND PREVENTION SERVICES. IMC EXPANDED ITS ACTIVITIES TO INCLUDE THE TREATMENT OF HIV/AIDS POSITIVE CHILDREN AS WELL AS INNOVATIVE HOME-BASED AND FAMILY FOCUSED COUNSELING AND TESTING. THE HIV/AIDS PROGRAM PORTFOLIO BROADENED ITS FOCUS TO INCLUDE BEHAVIOR CHANGE COMMUNICATION AND DEMAND CREATION FOR SAFE MALE CIRCUMCISION. AS PART OF A COMPREHENSIVE PACKAGE OF HIV/AIDS SERVICES, IMC DISTRIBUTED INSECTICIDE TREATED BED NETS, CONDUCTED TB SCREENING, AND FORMED HIV SUPPORT CLUBS. OTHER MALARIA ACTIVITIES INCLUDED THE TRAINING OF COMMUNITY RESOURCE PERSONS TO CONDUCT MALARIA EDUCATION ACTIVITIES.

PROGRAM SERVICE EXPENSES	\$1,272,478
INCLUDES FOREIGN GRANTS	NO

L LEBANON IMC BEGAN ITS WORK IN LEBANON ON JULY 22, 2006 IN THE MIDST OF THE ARMED CONFLICT TO BEGIN RELIEF ACTIVITIES. IMC HAS REMAINED IN LEBANON, PROGRESSIVELY SHIFTING ITS FOCUS FROM EMERGENCY RELIEF TO RECOVERY AND DEVELOPMENT. INITIAL ACTIVITIES THAT INCLUDED EMERGENCY HEALTH SERVICES AND TEMPORARY CARE TO INTERNALLY DISPLACED PERSONS (IDPS) HAVE CHANGED IN RESPONSE TO THE COUNTRY CONTEXT, AND IMC OBJECTIVES NOW INCLUDE REBUILDING HEALTH, EDUCATION, AND SANITATION CAPACITY AND PROVIDING SUSTAINABLE SOLUTIONS TO THE PROBLEMS FACING IDPS WHO HAVE RETURNED HOME.

IMC'S POST-EMERGENCY PROGRAM ACTIVITIES INCLUDED PRIMARY HEALTH CARE,

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

MENTAL HEALTH AND PSYCHOSOCIAL SERVICES, WATER, SANITATION, AND HYGIENE OPERATIONS, AS WELL AS WINTERIZATION AND VOCATIONAL TRAINING /LIVELIHOOD PROJECTS. IMC HAS WORKED IN OVER 90 VILLAGES THROUGHOUT LEBANON, SERVING OVER ONE MILLION BENEFICIARIES THROUGH THE REHABILITATION, RECONSTRUCTION, AND SUPPORT OF CLINICS AND SCHOOLS, AND THROUGH ACTIVITIES WHICH BUILD THE CAPACITY OF HEALTH PROFESSIONALS, TEACHERS, AND COMMUNITIES.

AT THE END OF FY 2007, IMC BEGAN THE IMPLEMENTATION OF A NEW PROGRAM WHICH WILL PROVIDE ASSISTANCE TO IRAQI REFUGEES AND VULNERABLE HOST POPULATIONS.

PROGRAM SERVICE EXPENSES	\$7,857,764
INCLUDES FOREIGN GRANTS	NO

M LIBERIA IMC BEGAN WORKING IN LIBERIA IN 2003 FOLLOWING A PROLONGED CIVIL WAR THAT DESTROYED THE COUNTRY'S INFRASTRUCTURE, DAMAGED THE HEALTH CARE DELIVERY SYSTEM, AND DISINTEGRATED SOCIAL COPING MECHANISMS. IMC'S GOAL IN LIBERIA IS TO PROVIDE LIFESAVING SERVICES TO LOCAL AND DISPLACED POPULATIONS AND TO ACCOMMODATE THOUSANDS OF RETURNING REFUGEES, WHILE SIMULTANEOUSLY REBUILDING THE HEALTH CARE SYSTEM.

DURING FY 2007, IMC MANAGED AND PROVIDED SUPPORT 20 HEALTH FACILITIES, DELIVERING HEALTH CARE TO 273,268 PEOPLE, OR 70% OF THE POPULATION OF LOFA COUNTY. SERVICES PROVIDED THROUGH THESE HEALTH FACILITIES INCLUDED CURATIVE (COMMON ILLNESSES AND SAFE DELIVERIES) AS WELL AS PREVENTIVE SERVICES SUCH AS PRE- AND POSTNATAL CARE, EXPANDED PROGRAMS ON IMMUNIZATION (EPI), NUTRITION SURVEILLANCE, HEALTH EDUCATION AND CAMPAIGNS ON HIV/AIDS AND SEXUAL AND GENDER-BASED VIOLENCE. IN COLLABORATION WITH THE MINISTRY OF HEALTH, IMC PROVIDED TRAININGS TO HEALTH CARE PROVIDERS AND COMMUNITY OUTREACH WORKERS ON PRIMARY HEALTH CARE, CLINICAL MANAGEMENT, GENDER-BASED VIOLENCE, AND HIV/AIDS. COMMUNITY HEALTH PROMOTERS (CHPS) AND TRADITIONAL BIRTH ATTENDANTS (TBAS) RECEIVED TRAINING ON RELEVANT TOPICS SUCH AS BREASTFEEDING, MALARIAL PREVENTION, AND STIS. HEALTH EDUCATION WAS PROVIDED TO CLOSE TO 20,000 INDIVIDUALS THROUGH THE 20 HEALTH FACILITIES AND THROUGH CHP OUTREACH ACTIVITIES.

TO ENSURE PROGRAM CONTINUITY, IMC INVOLVED LOCAL COMMUNITIES, THROUGH VILLAGE HEALTH COMMITTEES (VHCS), IN INCOME-GENERATING ACTIVITIES TO SUPPORT THE CLINICS. INCOME-GENERATING PROJECTS INCLUDED SOAP MAKING, TIE DYING, WEAVING, VEGETABLE GARDENING, AND RICE FARMING. SELECT PROGRAM PARTICIPANTS WERE TRAINED IN SMALL BUSINESS, RECORD KEEPING, SELF-RELIANCE, AND GBV/HIV. IMC ALSO PROVIDED EDUCATIONAL INCENTIVES TO

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

100 TEENAGE GIRLS WHO ARE SURVIVORS OF GBV, TO ENABLE THEM TO CONTINUE FORMAL EDUCATION.

PROGRAM SERVICE EXPENSES \$5,043,162
INCLUDES FOREIGN GRANTS NO

N PAKISTAN IMC HAS BEEN WORKING IN PAKISTAN SINCE 1984, STRENGTHENING THE HEALTH CARE SYSTEM THROUGH TRAINING AND DEVELOPMENT PROGRAMS, MATERNAL AND CHILD HEALTH SERVICES IN RURAL AREAS, AND MEDICAL CARE FOR AFGHAN REFUGEES. OVER THE COURSE OF THE LAST TWO DECADES, IMC HAS EMERGED AS ONE OF THE LARGEST TRAINING ORGANIZATIONS OF AFGHAN HEALTH PROFESSIONALS IN PAKISTAN. CURRENTLY, THESE TRAINING ACTIVITIES FOCUS ON DEVELOPING THE CAPACITY OF FEMALE AFGHAN HEALTH CARE PROVIDERS. IMC'S OVERALL GOAL IN PAKISTAN IS TO MINIMIZE MORBIDITY AND MORTALITY RATES AMONG VULNERABLE AFGHANS THROUGH THE PROVISION OF COMPREHENSIVE PRIMARY HEALTH CARE IN REFUGEE CAMPS AND URBAN AREAS.

IN FY 2007, IMC PROVIDED MATERNAL, CHILD, AND PRIMARY HEALTH CARE SERVICES TO OVER 140,000 AFGHAN REFUGEES THROUGH SEVEN BASIC HEALTH UNITS (BHUS) AND AN EMERGENCY OBSTETRIC CENTER (EMOC) IN THE NORTHWEST FRONTIER PROVINCE (NWFP). ACTIVITIES INCLUDED IMMUNIZATION SERVICES, ANTE AND POSTNATAL CARE, SAFE DELIVERIES, AND HEALTH EDUCATION SESSIONS, WHICH HAVE CONTRIBUTED TO REDUCED MORBIDITY AND MORTALITY RATES.

IMC MONETIZED NON-FAT DRIED MILK TO PROVIDE NUTRITIOUS MILK, HEALTH, AND WATER/SANITATION SERVICES TO FOUR UNDERSERVED LOCAL COMMUNITIES. IMC CONSTRUCTED WATER PUMPS AND DRAINAGE PONDS TO ENSURE THAT COMMUNITY MEMBERS HAVE IMPROVED ACCESS TO CLEAN DRINKING WATER.

PROGRAM SERVICE EXPENSES \$1,917,695
INCLUDES FOREIGN GRANTS NO

O SOMALIA IMC BEGAN ITS WORK IN SOMALIA IN 1991 AND HAS SINCE BECOME THE PRINCIPAL PROVIDER OF COMMUNITY-BASED PRIMARY HEALTH CARE IN SOUTH-CENTRAL SOMALIA, WHERE CLAN RIVALRY, DROUGHTS AND EPIDEMIC DISEASE CONTRIBUTE TO ONGOING INSTABILITY.

DURING FY 2007, IMC CONTINUED TO IMPLEMENT PRIMARY HEALTH CARE ACTIVITIES IN BAKOOL AND HIRAN REGIONS, BENEFITING CLOSE TO 250,000 INDIVIDUALS THROUGH THE SUPPORT OF FIVE MATERNAL AND CHILD HEALTH CLINICS AND 44 HEALTH POSTS. THE LIVELIHOOD AND COMMUNITY-BASED NUTRITION PROGRAM IN BAKOOL REGION, AIMED AT MITIGATING THE EFFECTS OF THE DROUGHT, INCLUDING FOOD INSECURITY AND MALNUTRITION ALSO CONTINUED. AS PART OF THIS

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

ACTIVITY, COMMUNITY HEALTH WORKERS WERE TRAINED IN IDENTIFYING AND TREATING MALNUTRITION AT THE COMMUNITY LEVEL. LIVELIHOOD INTERVENTIONS INCLUDED A BEEKEEPING PROJECT AND A SEED DISTRIBUTION PROJECT.

PROGRAM SERVICE EXPENSES \$652,645
INCLUDES FOREIGN GRANTS NO

P SRI LANKA IMC BEGAN ITS ACTIVITIES IN SRI LANKA IN 2005 TO PROVIDE IMMEDIATE RELIEF TO THE THOUSANDS OF PEOPLE AFFECTED BY THE DEVASTATING TSUNAMI. SINCE THEN, IMC HAS EXPANDED ITS ACTIVITIES TO INCLUDE CONSTRUCTION AND REHABILITATION ACTIVITIES. IMC ALSO WORKS IN COLLABORATION WITH THE SRI LANKA MINISTRY OF HEALTH AND THE WORLD HEALTH ORGANIZATION IN PROVIDING TRAINING FOR INTEGRATED MENTAL HEALTH SERVICES AT THE PRIMARY LEVEL. IN FY 2007, IMC SUPPORTED THE CONSTRUCTION OF TWO VILLAGE HEALTH CENTERS, WHICH WERE HANDED OVER TO THE MINISTRY OF HEALTH.

PROGRAM SERVICE EXPENSES \$581,119
INCLUDES FOREIGN GRANTS NO

Q SUDAN

DARFUR: IMC HAS PROVIDED CRITICAL CARE IN DARFUR SINCE JULY 2004 IN RESPONSE TO THE ONGOING CONFLICT, WHICH HAS AFFECTED MILLIONS OF PEOPLE. IMC HAS SERVED THE NEEDS OF HUNDREDS OF THOUSAND OF THE MOST VULNERABLE POPULATIONS AND CONTINUES TO DO SO WITH AN EMPHASIS ON BUILDING LOCAL CAPACITY AND MEETING THE NEEDS OF THE HARDEST TO REACH THROUGH COMMUNITY BASED INTERVENTIONS.

IN FY 2007, IMC MANAGED SEVEN STATIC CLINICS AND TEN MOBILE CLINICS SERVING THE PRIMARY HEALTH CARE NEEDS OF OVER 220,000 INDIVIDUALS ACROSS VILLAGES AND REFUGEE CAMPS. SERVICES INCLUDED OUTPATIENT CONSULTATIONS, ANTENATAL CARE, DELIVERY SERVICES, POSTNATAL CARE, EPI, NUTRITION SURVEILLANCE FOR CHILDREN UNDER FIVE, PATIENT EDUCATION, AND ON-THE-JOB TRAINING FOR ALL LEVELS OF HEALTH CARE PROVIDERS IN COLLABORATION WITH THE MINISTRY OF HEALTH AND OTHER PARTNER AGENCIES. IN ORDER TO ENSURE THE SUSTAINABILITY OF THE PROGRAMS, IMC HAS INVOLVED LOCAL COMMUNITIES IN ALL ASPECTS OF PROGRAM DEVELOPMENT. ONE OF IMC'S CORE IDEALS IS TO ENABLE COMMUNITIES TO TAKE CONTROL OF THEIR HEALTH. FOR THIS PURPOSE, IMC PROVIDED HEALTH EDUCATION TO TENS OF THOUSANDS OF PEOPLE THROUGH ITS STRONG NETWORK OF COMMUNITY HEALTH WORKERS (CHWS). IMC HAS PROVIDED TRAINING TO THE CHWS ON TOPICS SUCH AS BREAST-FEEDING, MALARIA PREVENTION, DIARRHEA PREVENTION, SEXUALLY TRANSMITTED INFECTIONS AND

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

PERSONAL HYGIENE. IMC ALSO SUPPORTED NUTRITION PROGRAMS SERVING THOUSANDS OF BENEFICIARIES AND CONSTRUCTED AND REHABILITATED HEALTH FACILITIES.

PROGRAM SERVICE EXPENSES	\$9,418,780
INCLUDES FOREIGN GRANTS	NO

SOUTHERN SUDAN: IMC BEGAN ITS OPERATIONS IN SOUTHERN SUDAN IN 1994, WORKING CLOSELY WITH LOCAL NGOS, VILLAGE HEALTH COMMITTEES AND LOCAL HEALTH PROVIDERS TO SUPPORT PRIMARY HEALTH CARE SERVICES IN THE REGION. IMC HAS REMAINED COMMITTED TO PROVIDING ASSISTANCE TO THOSE IMPACTED BY WAR AND FAMINE.

DURING FY 2007, IMC CONTINUED TO PRIORITIZE PRIMARY HEALTH CARE (PHC), WITH AN EMPHASIS ON TRAINING, CAPACITY BUILDING, INFRASTRUCTURE REHABILITATION, AND SYSTEMS STRENGTHENING. IMC SUPPORTS ONE HOSPITAL AND 41 PHC FACILITIES IN WESTERN EQUATORIA AND MANAGES THE MUNDARI HOSPITAL IN KAJO KEIJI. THROUGH THE FACILITIES, IMC CONDUCTS CONSULTATIONS, IMMUNIZES CHILDREN AND WOMEN, ASSISTS WITH DELIVERIES, AND DISSEMINATES HEALTH EDUCATION AND HYGIENE PROMOTION INFORMATION. TO SUPPORT NUTRITION INTERVENTIONS, IMC HAS DEVELOPED A PARTNERSHIP WITH THE MANUFACTURER OF PLUMPY'NUT, A READY-TO-USE THERAPEUTIC FOOD (RUTF). MALARIA PREVENTION REMAINS A CORE SERVICE IN THIS REGION, AND DURING FY 2007, IMC SUPPLIED LONG-LASTING INSECTICIDE TREATED NETS TO FACILITIES, CHILDREN UNDER FIVE, AND PREGNANT WOMEN.

IMC SUPPORTED THE NEEDS OF THOSE SPONTANEOUSLY REPATRIATING, PROVIDING MEDICAL INTERVENTIONS INCLUDING SCREENING AND REFERRAL SERVICES TO ALL RETURNEES AT ITS WAY STATIONS. RETURNEES WERE ALSO PROVIDED WITH ESSENTIAL NON FOOD ITEMS, INCLUDING BLANKETS, SOAP, MOSQUITO NETS, AND HYGIENE KITS.

PROGRAM SERVICE EXPENSES	\$12,580,953
INCLUDES FOREIGN GRANTS	NO

R SYRIA IMC STARTED ACTIVITIES IN SYRIA IN 2007 TO STRENGTHEN THE ORGANIZATION'S REGIONAL RESPONSE TO THE IRAQI REFUGEE CRISIS. THE FOCUS OF IMC'S PROGRAM ACTIVITIES WILL BE ON PROVIDING PRIMARY HEALTH CARE TO REFUGEES AND VULNERABLE HOST POPULATIONS.

DURING FY 2007, IMC ESTABLISHED AN OFFICE IN SYRIA, RECRUITED KEY PERSONNEL, AND CONTINUED TO STRENGTHEN RELATIONSHIPS WITH VARIOUS STAKEHOLDERS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

PROGRAM SERVICE EXPENSES	\$28,210
INCLUDES FOREIGN GRANTS	NO

S UGANDA IMC STARTED ITS UGANDA PROGRAM IN 2003 IN AN EFFORT TO IMPROVE THE ACCESSIBILITY AND QUALITY OF HEALTH CARE IN THE COUNTRY, WHERE MORE THAN 1.6 MILLION PEOPLE HAVE BEEN DISPLACED BY CONFLICT. IMC'S PRIMARY FOCUS HAS BEEN ON IMPROVING THE CONDITIONS IN CAMPS AND SETTLEMENTS.

IN FY 2007, IMC PROVIDED LIFE-SAVING HEATH CARE SERVICES IN CONFLICT-AFFECTED NORTHERN UGANDA SERVING THE NEEDS OF OVER 300,000 IDPS AND VULNERABLE HOST POPULATIONS. IMC-SUPPORTED CLINICS PROVIDED PRIMARY HEALTH CARE SERVICES WITH A SPECIFIC FOCUS ON CHILDREN UNDER FIVE AND WOMEN OF REPRODUCTIVE AGE. IMC PROVIDED ESSENTIAL DRUGS, SUPPORTIVE SUPERVISION AND TRAINING FOR HEALTH PROVIDERS, TRADITIONAL BIRTH ATTENDANTS AND COMMUNITY VOLUNTEERS. IN SOUTHWESTERN UGANDA, IMC CONTINUED ITS GENDER-BASED VIOLENCE PREVENTION AND RESPONSE PROGRAM. IMC TRAINED COMMUNITY EDUCATORS, DISTRICT SERVICE PERSONNEL AND PARALEGALS AND ORGANIZED A SERIES OF COMMUNITY DIALOGUES, BOOKLET CLUBS AND DRAMA SHOWS.

PROGRAM SERVICE EXPENSES	\$1,520,643
FOREIGN GRANTS	NO

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
ORGANIZATION'S PRIMARY EXEMPT PURPOSE - CONTINUATION

T UNITED STATES FOLLOWING THE DEVASTATING HURRICANES KATRINA AND RITA IN 2005, IMC DEPLOYED EMERGENCY MEDICAL RESPONSE TEAMS. INITIALLY, IMC RESPONSE TEAMS PRIORITIZED RELIEF ACTIVITIES IN THREE AREAS: PRIMARY HEALTH CARE SUPPORT, PSYCHOSOCIAL SUPPORT AND DIRECT ASSISTANCE FOR COMMUNITY BASED ORGANIZATIONS RESPONDING TO THE KATRINA DISASTER.

PROGRAM SERVICE EXPENSES \$4,061
INCLUDES FOREIGN GRANTS NO

U VARIOUS IMC FACILITATED IN-KIND DONATIONS OF SUNDRY MEDICAL EQUIPMENT, MEDICINES, AND CONSUMABLE MEDICAL SUPPLIES TO MANY OF THE AREAS OF NEED IN WHICH IT WORKED WORLDWIDE.

PROGRAM SERVICE EXPENSES \$1,553,596
INCLUDES FOREIGN GRANTS YES

TOTAL \$88,181,735
=====

GRANTS AND ALLOCATIONS

IMC SUPPORTS IMC UK, A EUROPEAN NON-GOVERNMENTAL ORGANIZATION WHICH SPECIALIZES IN EMERGENCY RELIEF PROGRAMS WORLD-WIDE.

IMC PROVIDED SUPPORT TO JSI RESEARCH & TRAINING INSTITUTE, INC., A NON-PROFIT ORGANIZATION WORKING AS AN IMPLEMENTING PARTNER WITH UNFPA AND THE GBV COMMITTEE FOR THE FIELD-TESTING/ROLLOUT OF IASC GUIDELINES FOR GENDER-BASED VIOLENCE INTERVENTION IN HUMANITARIAN SETTINGS.

PROGRAM SERVICE EXPENSES \$1,129,133
INCLUDES FOREIGN GRANTS YES

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990 PART VI OTHER INFORMATION - LINE 91B
LIST OF FOREIGN COUNTRIES WITH FINANCIAL ACCOUNTS

AFGHANISTAN
AZERBAIJAN
BURUNDI
CENTRAL AFRICAN REPUBLIC
CHAD
CROATIA
DEMOCRATIC REPUBLIC OF CONGO
ETHIOPIA
GEORGIA
INDONESIA
JORDAN
KENYA
LEBANON
LIBERIA
PAKISTAN
RUSSIA
SIERRA LEONE
SRI LANKA
SUDAN
UGANDA

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990 PART VI OTHER INFORMATION - LINE 91C
OFFICES OUTSIDE OF THE UNITED STATES

AFGHANISTAN
AZERBAIJAN
BURUNDI
CENTRAL AFRICAN REPUBLIC
CHAD
CROATIA
DEMOCRATIC REPUBLIC OF CONGO
ETHIOPIA
GEORGIA
INDONESIA
IRAQ
JORDAN
KENYA
LEBANON
LIBERIA
PAKISTAN
RUSSIA
SOMALIA
SRI LANKA
SUDAN
SYRIA
UGANDA

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS ON INVESTMENTS	63,489.
TOTAL	----- 63,489. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID			
=====			
INTERNATIONAL MEDICAL CORPS - UK UNIT 303, BLACKFRIARS FOUNDRY 156 BLACKFRIARS ROAD LONDON, SE1 8EN ENGLAND	FOREIGN NGO	IMC SUPPORTS A NON-GOV'T ORGANIZATION WHICH SPECIALIZES IN EMERGENCY RELIEF PORG. WORLDWIDE	1,114,133.
JSI RESEARCH & TRAINING INSTITUTE, INC. 1616 N. FORT MYER DRIVE ARLINGTON, VA 22209	PUBLIC CHARITY	IMC PROVIDED SUPPORT TO A NON-PROFIT ORG. AS IMPLEMENTING PRTN. WITH UNFPA & GBV FOR FIELD TEST	15,000.
TOTAL CONTRIBUTIONS PAID			----- 1,129,133. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PUBLICLY TRADED SECURITIES	296,926.

TOTALS	296,926.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEPOSITS AND DONATED ASSETS	358,209.

TOTALS	358,209.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: CITY NATIONAL BANK LINE OF CREDIT

ENDING BALANCE DUE 1,000,000.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

1,000,000.

=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
NANCY A AOSSEY 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	PRESIDENT / CEO 40.00	260,669.	42,792.	NONE
RABIH TORBAY 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	VP OF INTERNATIONAL OPERATIONS 40.00	158,125.	22,315.	NONE
VISNJA CIPCIC 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	VP OF FINANCE 40.00	156,652.	20,281.	NONE
STEPHEN TOMLIN 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	VP PROGRAM POLICY / PLANNING 40.00	126,000.	33,239.	NONE
ROBERT R SIMON MD FAAEM 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	FOUNDER AND CHAIRMAN 8.00	NONE	NONE	NONE
HENRY H HOOD JR MD	ASSOCIATE CHAIRMAN 4.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950				
MRS TERRY RIORDAN 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	SECRETARY 4.00	NONE	NONE	NONE
DREW E ALTMAN PHD 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 2.00	NONE	NONE	NONE
WENDY S BLOCK 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 0.10	NONE	NONE	NONE
MS LORI B BOOKSTEIN 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 0.50	NONE	NONE	NONE
MS LINDA N CAPPELLO 1919 SANTA MONICA BOULEVARD 400	BOARD MEMBER 4.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
SANTA MONICA, CA 90404-1950				
MR EDWARD J CARPENTER 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 2.00	NONE	NONE	NONE
PAUL DEAN MD MPH 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 2.00	NONE	NONE	NONE
WILLIAM B MOORE MD 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 4.00	NONE	NONE	NONE
MRS CHRISTINE J OLSON 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 0.50	NONE	NONE	NONE
WILLIAM ROBINSON MD 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MS JOLIE STAHL 1919 SANTA MONICA BOULEVARD 400 SANTA MONICA, CA 90404-1950	BOARD MEMBER 0.50	NONE	NONE	NONE
	GRAND TOTALS	701,446.	118,627.	NONE

 =====

FORM 990, PART VI, LINE 90A - STATES

=====

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA,
HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI,

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
AGRON FERATI 1919 SANTA MONICA BLVD STE 400 SANTA MONICA, CA 90404	COUNTRY DIRECTOR 40.00	135,707.	19,501.	NONE
MARY PACK 1919 SANTA MONICA BLVD STE 400 SANTA MONICA, CA 90404	VP DOM/INT'L AFFAIRS 40.00	124,000.	12,039.	NONE
WILLIAM R HYDE 1919 SANTA MONICA BLVD STE 400 SANTA MONICA, CA 90404	DIR. OPER & KNOW MGM 40.00	112,987.	6,495.	NONE
ADAM SIROIS 1919 SANTA MONICA BLVD STE 400 SANTA MONICA, CA 90404	COUNTRY DIRECTOR 40.00	110,486.	17,269.	NONE
STACEY B FREEMAN 1919 SANTA MONICA BLVD STE 400 SANTA MONICA, CA 90404	DIR. RESOURCE DEVELP 40.00	110,417.	19,289.	NONE
	TOTAL COMPENSATION	----- 593,597. =====	----- 74,593. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

CWS CONSULTING 2435 6TH STREET SANTA MONICA, CA 90405	CONSULTING	284,596.
THE BALMAN GROUP 1312 18TH STREET, NW 4TH FLOOR WASHINGTON, DC 20036	CONSULTING	204,415.
SCHULTZ AND WILLIAMS INC 325 CHESTNUT ST. SUITE 700 PHILADELPHIA, PA 19106	LEGAL SERVICES	152,822.
LEE BYCELL 4930 CALVIN AVE TARZANA, CA 91356	CONSULTING	133,280.
DR STEPHEN COMMINS 3630 WADE STREET LOS ANGELES, CA 90066	CONSULTING	80,000.

	TOTAL COMPENSATION	855,113.
		=====

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	VAR	676,870.	100.000			676,870.	515,109.	581,558.	SL						66,449.
SOFTWARE	VAR	374,510.	100.000			374,510.	105,904.	142,246.	SL						36,342.
VEHICLES	VAR	105,450.	100.000			105,450.	89,207.	92,848.	SL						3,641.
F&F	VAR	120,591.	100.000			120,591.	10,434.	20,636.	SL						10,202.
LHI		53,856.	100.000			53,856.	29,693.	43,208.	SL						13,515.
LHI		59,888.	100.000			59,888.	59,888.		SL						27,252. *
Less: Retired Assets		59,888.				59,888.	59,888.								
Subtotals		1,331,277.				1,331,277.	750,347.	880,496.							157,401.

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS		1,331,277.				1,331,277.	750,347.	880,496.							157,401.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
6X9024 1.000