

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

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

C Name of organization
Educational Commission for Foreign Medical Graduates
Number and street (or P O box if mail is not delivered to street address) Room/suite
3624 Market Street
City or town, state or country, and ZIP + 4
Philadelphia, PA 19104

D Employer identification number

36-2367980

E Telephone number

(215) 823-2293

F Accounting method Cash 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).

G Web site: WWW ECFMG ORG

J Organization type (check only one) 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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 56,802,501

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? Yes No

(If "No," attach a list See instructions )

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

I Group Exemption Number

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

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.

**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	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ <sup>0</sup> noncash \$ <sup>0</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) <input checked="" type="checkbox"/> (cash \$15,000 noncash \$ <sup>0</sup> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	15,000	15,000		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>	1,716,258	666,673	1,049,585	
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b>	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)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	20,747,907	16,598,326	4,149,581	
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>	1,393,268	1,114,614	278,654	
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	2,965,195	2,372,109	593,086	
<b>29</b>	Payroll taxes	<b>29</b>	2,103,501	1,682,801	420,700	
<b>30</b>	Professional fundraising fees	<b>30</b>				
<b>31</b>	Accounting fees	<b>31</b>	69,383		69,383	
<b>32</b>	Legal fees	<b>32</b>	191,746		191,746	
<b>33</b>	Supplies	<b>33</b>	338,579	270,863	67,716	
<b>34</b>	Telephone	<b>34</b>	194,527	155,622	38,905	
<b>35</b>	Postage and shipping	<b>35</b>	552,849	442,279	110,570	
<b>36</b>	Occupancy	<b>36</b>	3,130,146	2,504,117	626,029	
<b>37</b>	Equipment rental and maintenance	<b>37</b>				
<b>38</b>	Printing and publications	<b>38</b>	130,274	104,219	26,055	
<b>39</b>	Travel	<b>39</b>	357,152	285,722	71,430	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	361,081		361,081	
<b>41</b>	Interest	<b>41</b>	384,224		384,224	
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	3,481,265		3,481,265	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	INSURANCE	<b>43a</b>	471,038	376,830	94,208	
<b>b</b>	PAYMENT PROCESSING FEES	<b>43b</b>	1,134,234	1,134,234		
<b>c</b>	RECRUITMENT AND TRAINING	<b>43c</b>	158,913		158,913	
<b>d</b>	CSEC TEST ADMIN COST	<b>43d</b>	575,914	575,914		
<b>e</b>	INFO SYSTEMS & SERVICE	<b>43e</b>	1,379,084	1,103,267	275,817	
<b>f</b>	CONSULTING SERVICES	<b>43f</b>	90,454		90,454	
<b>g</b>	MISCELLANEOUS	<b>43g</b>	544,944	432,955	111,989	
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	42,486,936	29,835,545	12,651,391	0

**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 \$<sup>0</sup>, (ii) the amount allocated to Program services \$<sup>0</sup>, (iii) the amount allocated to Management and general \$<sup>0</sup>, and (iv) the amount allocated to Fundraising \$<sup>0</sup>

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **IN RECOGNITION AND FULFILLMENT OF PUBLIC RESPONSIBILITIES FOR THE QUALITY OF HEALTH CARE, ITS DELIVERY AND HEALTH PROFESSIONS EDUCATION, THE SPONSORING ORGANIZATIONS ESTABLISHED THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) TO CONCERN ITSELF WITH INTERNATIONAL MEDICAL EDUCATION AND GRADUATES OF FOREIGN MEDICAL SCHOOLS TO MEET ITS RESPONSIBILITIES, ECFMG IDENTIFIES THE FOLLOWING AS ITS AIMS AND MISSION (1) TO PROVIDE INFORMATION TO GRADUATES OF FOREIGN MEDICAL SCHOOLS REGARDING ENTRY INTO GRADUATE MEDICAL EDUCATION & HEALTHCARE SYSTEMS IN THE UNITED STATES, (2) TO EVALUATE THE QUALIFICATIONS OF GRADUATES OF FOREIGN MEDICAL SCHOOLS FOR ENTRY INTO GRADUATE MEDICAL EDUCATION & HEALTHCARE SYSTEMS IN THE UNITED STATES, (3) TO IDENTIFY THE CULTURAL AND PROFESSIONAL NEEDS OF GRADUATES OF FOREIGN MEDICAL SCHOOLS AND TO ASSIST IN THE ESTABLISHMENT OF EDUCATIONAL POLICIES AND PROGRAMS TO MEET THOSE NEEDS, (4) TO PROVIDE INTERNATIONAL ACCESS TO TESTING & EVALUATION PROGRAMS, (**

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATION AND VISA SPONSORSHIP PROGRAMS

(Grants and allocations \$ 15,000)

If this amount includes foreign grants, check here

29,835,545

**b** \_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_)

If this amount includes foreign grants, check here

**c** \_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_)

If this amount includes foreign grants, check here

**d** \_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_)

If this amount includes foreign grants, check here

**e** Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_)





If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . .

29,835,545

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	2,158,629	<b>46</b>	4,222,272
	<b>47a</b> Accounts receivable . . . . .	301,005		
	<b>b</b> Less allowance for doubtful accounts		<b>47c</b>	301,005
	<b>48a</b> Pledges receivable . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	924,311	<b>53</b>	1,206,332
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	53,542,875	<b>54a</b>	58,675,058
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .	26,272,435	<b>56</b> 	42,942,973	
<b>57a</b> Land, buildings, and equipment basis	43,053,269			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	27,594,579	<b>57c</b>	15,458,690	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	15,979,796	<b>58</b> 	5,310,035	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	114,351,823	<b>59</b>	128,116,365	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	5,547,105	<b>60</b>	5,037,726
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	250,000
	<b>62</b> Deferred revenue . . . . .	12,676,123	<b>62</b>	14,422,674
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	7,669,386	<b>64a</b> 	7,312,704
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	2,797,364	<b>65</b> 	2,105,899
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	28,689,978	<b>66</b>	29,129,003	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	85,661,845	<b>67</b>	98,987,362
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	85,661,845	<b>73</b>	98,987,362
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	114,351,823	<b>74</b>	128,116,365

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	72,122,421
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	2,116,574
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) <input type="checkbox"/> _____	<b>b4</b>	16,670,538
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	18,787,112
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	53,335,309
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	18,787,112
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	53,335,309

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	58,796,904
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) <input type="checkbox"/> _____	<b>b4</b>	16,309,968
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	16,309,968
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	42,486,936
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	42,486,936

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				



**Part VI Other Information** (continued)

Yes No

<b>82a</b> 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? . . . . .	<b>82a</b>	Yes	
<b>b</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) . . . . .	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	<b>85b</b>		
<b>c</b> Dues assessments, and similar amounts from members . . . . .	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . .	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>		
<b>h</b> 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? . . . . .	<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	0	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .	<b>86b</b>	0	
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . .	<b>87a</b>	0	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>87b</b>	0	
<b>88a</b> 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 . . . . .	<b>88a</b>		No
<b>b</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 . . . . .	<b>88b</b>		No
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
<b>b 501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .	<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . .			
<b>e All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>89e</b>		No
<b>f All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract? . . . . .	<b>89f</b>		No
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>89g</b>		
<b>90a</b> List the states with which a copy of this return is filed <input type="text" value="IL"/>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions) . . . . .	<b>90b</b>		720
<b>91a</b> The books are in care of <input type="text" value="DENNIS DONOHUE SR VP FINANCE"/> Telephone no <input type="text" value="(215) 823-2296"/> <input type="text" value="3624 MARKET ST"/> Located at <input type="text" value="Philadelphia, PA"/> ZIP + 4 <input type="text" value="19104"/>			
<b>b</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)? . . . . .	<b>91b</b>	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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

**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**

**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	
<b>93</b> Program service revenue					
<b>a</b> EXAMS/SPONSORSHIPS					44,894,895
<b>b</b> ERAS					2,729,252
<b>c</b> CERT VERIFICATION & INT'L CRED VERIFICATION					2,842,126
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	99,592	
<b>96</b> Dividends and interest from securities			14	2,361,701	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> non debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	407,743	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				2,869,036	50,466,273
<b>105</b> Total (add line 104, columns (B), (D), and (E))					53,335,309

**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)
93A-	THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
93E	(ECFMG) IS A NON-PROFIT ORGANIZATION WHICH, THROUGH A

**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)*

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	FDN FOR ADVANCEMENT INTL MED EDRESEARCH 3624 MARKET STREET PHILADELPHIA, PA 19104	233057423	contributions - support	16,309,968	
<b>Totals</b>				16,309,968	

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

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

**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: 2008-10-03

DENNIS DONAHUE SENIOR VICE PRESIDENT  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP  
TWO COMMERCE SQUARE STE 4000  
PHILADELPHIA, PA 191037096

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

**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.)**

**2007**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Educational Commission for Foreign Medical Graduates

Employer identification number

36-2367980

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 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
JOSEPH E O'CONNOR 3624 MARKET STREET PHILADELPHIA, PA 19104	SR DIRECTOR, MIS 40 0	195,757	59,107	0
RAYMOND ROSENBERG 3624 MARKET STREET PHILADELPHIA, PA 19104	MGR, IT OPERATIONS 40 0	164,739	31,712	0
PETER J CAHILL 3624 MARKET STREET PHILADELPHIA, PA 19104	APP DEV MGR 40 0	157,386	29,293	0
THOMAS REBBECCHI 3624 MARKET STREET PHILADELPHIA, PA 19104	MED DIRECTOR, PNR 40 0	185,455	33,839	0
AJAY RAINA 3624 MARKET STREET PHILADELPHIA, PA 19104	DATABASE ADMIN 40 0	141,598	43,885	0
Total number of other employees paid over \$50,000	117			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individual 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
MORGAN LEWIS and BOKIUS LLP 1701 MARKET STREET PHILADELPHIA, PA 19103	LEGAL	199,890
COOKE AND BIELER 1700 MARKET STREET PHILADELPHIA, PA 19103	INVESTMENT	83,385
ERNST AND YOUNG LLP PO BOX 828135 PHILADELPHIA, PA 19182	ACCOUNTING/AUDITING	72,425
Total number of others receiving over \$50,000 for professional services		

**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 individual or firms. If there are none, enter "None". See page 2 for 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**

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) 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	<b>1</b>		No
<b>2</b> 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.) 🗨️ <b>a</b> Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b> 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 )	<b>3a</b>		No
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	Yes	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>		No
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		No
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		No
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
<b>f</b> 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 right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

**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)
- 11a  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)
- 11b  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 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	(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	
<b>Total</b>					

- 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.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )			100,000		100,000
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	49,504,556	45,378,456	34,107,880	27,815,298	156,806,190
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,066,783	1,691,830	862,710	750,041	5,371,364
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	51,571,339	47,070,286	35,070,590	28,565,339	162,277,554
<b>24</b> Line 23 minus line 17	2,066,783	1,691,830	962,710	750,041	5,471,364
<b>25</b> Enter 1% of line 23	515,713	470,703	350,706	285,653	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b>
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2006) _____ 0(2005) _____ 0(2004) _____ 0(2003) _____ 0					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2006) _____ 0(2005) _____ 0(2004) _____ 0(2003) _____ 0					
<b>c</b> Add Amounts from column (e) for lines 15 _____ 100,000 16 _____ 0 17 _____ 156,806,190 20 _____ 0 21 _____ 0					<b>27c</b> 156,906,190
<b>d</b> Add Line 27a total _____ 0 and line 27b total _____ 0					<b>27d</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 156,906,190
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 162,277,554
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> 96.69 %
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> 3.31 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals

**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 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	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		0

**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 11 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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

- 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**.)

Yes	No	Amount

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
  - (i)** Cash
  - (ii)** Other assets
- b** Other transactions
  - (i)** Sales or exchanges of assets with a noncharitable exempt organization
  - (ii)** Purchases of assets from a noncharitable exempt organization
  - (iii)** Rental of facilities, equipment, or other assets
  - (iv)** Reimbursement arrangements
  - (v)** Loans or loan guarantees
  - (vi)** Performance of services or membership or fundraising solicitations

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		0	ECFMG TO FAIMER

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship



**Additional Data****Software ID:****Software Version:****EIN:** 36-2367980**Name:** Educational Commission for  
Foreign Medical Graduates**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
JAMES A HALLOCK MD 3624 MARKET STREET PHILADELPHIA, PA 19104	PRESIDENT 40 0	621,551	71,685	0
ANN C JOBE MD 3624 MARKET STREET PHILADELPHIA, PA 19104	EXEC DIRECTOR - CSEC 40 0	310,970	60,280	0
DENNIS M DONOHUE 3624 MARKET STREET PHILADELPHIA, PA 19104	SR V P - FINANCE / SUPPORT 40 0	255,638	60,564	0
STEVEN S SEELING 3624 MARKET STREET PHILADELPHIA, PA 19104	V P - OPERATIONS 40 0	268,582	66,988	0
SUZANNE T ANDERSON 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
CAROL A ASCHENBRENER MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
ROBERT K CRONE MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
JOEL A DELISA MD MS 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
RICHARD R EAKIN PHD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
LYNN D FLEISHER PHD JD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
ARTHUR W FLEMING MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
PHILIP L GILDENBERG MD PHD FACS 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
THOMAS D KIRKSEY MD FACS 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
IAN D KRANTZ MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
RAM KRISHNA MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
STEPHEN H MILLER MD MPH 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
STEVEN E MINNICK MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
KIMBALL MOHN MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
THOMAS J NASCA MD MACP 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
ELIZABETH O OFILI MD MPH FACC 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
RAJAM RAMAMURTHY MD 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
PAUL H ROCKEY MD MPH 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
RICHARD J SCHMID 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0
SHELDON ELLIOT STEINBACH ESQ 3624 Market Street Philadelphia, PA 19104	BOARD MEMBER 1 0	0	0	0

## TY 2007 Cash Grants Paid Schedule

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Class of Activity	Recipient's name	Address	Amount	Relationship
	FSMB RESEARCH AND EDUCATION FOUNDAT	PO BOX 619850 DALLAS, TX 75261	15,000	NONE

**TY 2007 Gain/Loss from Sale of Public Securities Schedule**

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

**Gross Sales Price:** 3,874,935

**Basis:** 3,467,192

**Sales Expenses:**

**Total (net):** 407,743

## TY 2007 General Explanation Attachment

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Identifier	Return Reference	Explanation
FORM 990, PART II, LINE 42		DEPRECIATION EXPENSE \$3,481,265 DEPRECIATION IS COMPUTED BY THE STRAIGHT-LINE METHOD USING RATES BASED UPON THE ESTIMATED USEFUL LIVES OF EACH CLASS OF PROPERTY

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 57		LAND, BUILDINGS & EQUIPMENT BUILDINGS AND IMPROVEMENTS 18,682,015 FURNITURE & FIXTURES 14, 772,865 SOFTWARE DEVELOPMENT COSTS 9,598,389 TOTAL 43,053,269 LESS ACCUMULATED DEPRECIATION 27,594,579 NET LAND, BUILDINGS & EQUIPMENT 15,458,690

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 64A		<p>IN JUNE 1998, THE ORGANIZATION ISSUED \$10,190,000 OF BONDS (THE 1998 BONDS) THROUGH THE PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT (THE AUTHORITY) FOR THE PURPOSE OF (1) FINANCING IMPROVEMENTS AND OTHER RENOVATIONS TO SPACE LEASED AND OWNED BY THE ORGANIZATION IN PHILADELPHIA, PENNSYLVANIA, (2) FINANCING THE ACQUISITION OF COMPUTER EQUIPMENT AND SOFTWARE, AND (3) PAYING THE ISSUANCE COSTS OF THE 1998 BONDS THE 1998 BONDS AS OF DECEMBER 31, 2007 ARE SUMMARIZED AS FOLLOWS SERIES OF 1998 BONDS, DUE THROUGH JUNE 1, 2010, IN ANNUAL AMOUNTS RANGING FROM \$380,000 TO \$415,000, WITH INTEREST RANGING FROM 4.55% TO 4.7% \$1,555,000 SERIES OF 1998 TERM BONDS, DUE JUNE 1, 2011 THROUGH JUNE 1, 2021, IN AMOUNTS RANGING FROM \$895,000 TO \$2,055,000, WITH INTEREST RANGING FROM 4.9% TO 5.0% \$6,235,000 LESS UNAMORTIZED ORIGINAL ISSUE DISCOUNT (\$112,296) TOTAL SERIES OF 1998 REVENUE BONDS \$7,312,704 THE ORGANIZATION HAS PLEDGED, ASSIGNED, AND GRANTED TO THE AUTHORITY A LIEN ON AND A SECURITY INTEREST IN ITS UNRESTRICTED REVENUES THE 1998 SERIAL BONDS MATURING ON OR AFTER JUNE 1, 2009 ARE SUBJECT TO REDEMPTION PRIOR TO MATURITY BEGINNING ON JUNE 1, 2008, IN WHOLE OR IN PART, AT ANY TIME, AT THE OPTION OF THE ORGANIZATION ON BEHALF OF THE AUTHORITY, AT A REDEMPTION PRICE EQUAL TO 100% OF THE PRINCIPAL AMOUNT PLUS ACCRUED INTEREST THE 1998 TERM BONDS MATURING ON JUNE 1, 2012, JUNE 1, 2015, JUNE 1, 2018, AND JUNE 1, 2021 ARE SUBJECT TO MANDATORY SINKING FUND REDEMPTION IN PART BY LOT EACH JUNE 1, BEGINNING 2011 THROUGH 2021 IN AMOUNTS RANGING FROM \$435,000 TO \$720,000, AT A REDEMPTION PRICE EQUAL TO 100% OF THE PRINCIPAL AMOUNT PLUS ACCRUED INTEREST TO THE DATE OF REDEMPTION AS SET FORTH IN THE BOND INDENTURE, THE ORGANIZATION MUST COMPLY WITH VARIOUS FINANCIAL COVENANTS, THE MOST RESTRICTIVE OF WHICH REQUIRE THE ORGANIZATION TO MAINTAIN UNRESTRICTED ASSETS EQUAL TO 120% OF THE OUTSTANDING DEBT AS OF JUNE 30 AND DECEMBER 31 OF EACH YEAR, AND TO GENERATE UNRESTRICTED REVENUES NOT LESS THAN 10 TIMES MAXIMUM ANNUAL DEBT SERVICE REQUIREMENTS FOR SUCH YEAR THE ORGANIZATION WAS IN COMPLIANCE WITH THESE COVENANTS AT DECEMBER 31, 2007 THERE WERE NO UNEXPENDED BOND PROCEEDS OR THIRD PARTY USAGE AT YEAR-END</p>



**TY 2007 Investments - Other Schedule**

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Description	Book Value	Cost/FMV
INTEREST IN FAIMER	42,942,973	

## TY 2007 Other Assets Schedule

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Description	Beginning of Year Amount	End of Year Amount
DEFERRED FINANCING COSTS		271,103
DUE FROM FAIMER		4,005,093
DUE FROM NBME		1,015,616
INTEREST RECEIVABLE		18,223

**TY 2007 Other Changes in Net Assets Schedule**

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Description	Amount
NET UNREALIZED GAINS ON INVESTMENT	2,116,574
INCREASE IN INTEREST IN FAIMER	16,670,538
EQUITY TRANSFER TO FAIMER	16,309,968

**TY 2007 Other Expenses Included Schedule**

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

<b>Description</b>	<b>Amount</b>
EQUITY TRANSFER TO FAIMER	16,309,968

## TY 2007 Other Liabilities Schedule

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Description	Beginning of Year Amount	End of Year Amount
EXEC SUPP RETIREMENT FUND		223,445
LEASEHOLD INCENTIVE OBLIGATIONS		1,882,454

**TY 2007 Other Revenues Included Schedule**

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

<b>Description</b>	<b>Amount</b>
CHANGE IN INTEREST IN FAIMER	16,670,538

## TY 2007 Tax-Exempt Bond Liabilities Schedule

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	PHILADELPHIA 1998 SERIES BONDS
<b>Amount Outstanding</b>	7312704
<b>Unexpended Bond Proceeds</b>	0
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

**TY 2007 Self Dealing Statement**

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Line Number	Explanation
2d	FORM 990, PART V-A



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2007 Supplemental Support Schedule

**Name:** Educational Commission for  
Foreign Medical Graduates

**EIN:** 36-2367980

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2007			49,504,556	2,066,783					51,571,339
2004			45,378,456	1,691,830					47,070,286
2003	100,000		34,107,880	862,710					35,070,590
2002			27,815,298	750,041					28,565,339

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning \_\_\_\_\_, 2007, and ending \_\_\_\_\_, 20

# 2007

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

**EDUCATIONAL COMMISSION FOR FOREIGN MEDIC**

**36-2367980**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	53335309.
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

*Dawn M. Doherty*  
Signature of officer

Date

10/3/08

Title

SR VP

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	<i>Angela M. Moore</i>	Date	10/10/08	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	PO0244342
	Firm's name (or yours if self-employed), address, and ZIP code	ERNST & YOUNG U.S. LLP 5451 LAKEVIEW PARKWAY SOUTH DRIVE INDIANAPOLIS IN 46268							EIN	34-6565596
									Phone no	317-280-3400

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature		Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN		
	Firm's name (or yours if self-employed), address, and ZIP code							EIN	
								Phone no	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.