PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: INTERNATIONAL MEDICAL CORPS

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 12400 WILSHIRE BOULEVARD

Room/suite: 1500

City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90025

D Employer identification number: 95-3949646

E Telephone number: (310) 826-7800

G Gross receipts $ 165,630,078.

F Name and address of principal officer: NANCY A AOSSEY
12400 WILSHIRE BLVD,STE 1500 LOS ANGELES, CA 90025

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

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.INTERNATIONALMEDICALCORPS.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1984 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE THROUGH HEALTH INTERVENTIONS AND RELATED ACTIVITIES THAT BUILD LOCAL CAPACITY IN UNDERSERVED COMMUNITIES WORLDWIDE.

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	234.
	6 Total number of volunteers (estimate if necessary)	6	27.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	118,499,776.	165,118,202.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,857.	65,279.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-232,545.	-286,924.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,317,088.	164,896,557.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,745,458.	13,720,428.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,960,487.	54,926,385.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	28,000.	85,107.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,374,113.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,241,164.	94,358,864.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	121,975,109.	163,090,784.
	19 Revenue less expenses. Subtract line 18 from line 12	-3,658,021.	1,805,773.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	28,647,435.	34,087,053.
	21 Total liabilities (Part X, line 26)	20,864,117.	24,199,658.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,783,318.	9,887,395.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

Visnja Cipcic, VP Finance/CFO

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KATRINA D WALKER

Preparer's signature: Katrina D Walker

Date: MAY 08 2015

Check [ ] if self-employed

PTIN: P00997158

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP

Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 13TH STREET NW, SUITE 1000 WASHINGTON, DC 20005-3005

Phone no. 202-414-1000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

JSA
3E1010 1.000
03315R 1673 4/23/2015 8:42:29 AM V 13-7.15

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	INTERNATIONAL MEDICAL CORPS	**95-3949646**
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	12400 WILSHIRE BLVD., SUITE 1500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90025	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **VISNJA CIPCIC, VICE PRESIDENT FINANCE / CFO**

Telephone No. ▶ **310-826-7800** Fax No. ▶ **310-442-6622**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 _____ or

▶ ☑ tax year beginning **JULY 1**, 20 **13**, and ending **JUNE 30**, 20 **14**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☑

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	INTERNATIONAL MEDICAL CORPS	95-3949646
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	12400 WILSHIRE BLVD., SUITE 1500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90025	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• The books are in the care of ▶ VISNJA CIPCIC, VICE PRESIDENT FINANCE / CFO
Telephone No. ▶ 310-826-7800 Fax No. ▶ 310-442-6622

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 20 15.

5 For calendar year ____, or other tax year beginning JULY 1, 20 13, and ending JUNE 30, 20 14.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension WE ARE REQUESTING ADDITIONAL TIME TO FILE IN ORDER TO PROVIDE US WITH SUFFICIENT TIME TO GATHER ALL INFORMATION REQUIRED FOR PREPARATION OF A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Visnja Cipcic Title ▶ VICE PRESIDENT FINANCE / CFO Date ▶ 01/14/2015

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
INTERNATIONAL MEDICAL CORPS IS A GLOBAL, HUMANITARIAN, NONPROFIT ORGANIZATION DEDICATED TO SAVING LIVES AND RELIEVING SUFFERING THROUGH HEALTH CARE TRAINING AND RELIEF AND DEVELOPMENT PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 53,677,145. including grants of $ 6,539,107.) (Revenue $ 0)
EUROPE: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4b (Code:) (Expenses $ 48,929,272. including grants of $ 907,129.) (Revenue $ 21,813.)
SUB-SAHARAN AFRICA: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4c (Code:) (Expenses $ 34,187,479. including grants of $ 5,129,104.) (Revenue $ 0)
MIDDLE EAST AND NORTH AFRICA: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4d Other program services (Describe in Schedule O.)
(Expenses $ 10,710,615. including grants of $ 1,145,088.) (Revenue $ 0)

4e Total program service expenses ▶ 147,504,511.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V X

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	105		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	234		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VISNJA CIPCIC 12400 WILSHIRE BOULEVARD, SUITE 1500 LOS ANGELES, CA 90025 (310)826-7800

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT R SIMON MD FAAEM FOUNDER AND CHAIRMAN	10.00	X		X				0	0	0
(2) HENRY H HOOD JR MD ASSOCIATE CHAIRMAN	5.00	X		X				0	0	0
(3) MRS WILLIAM F RIORDAN SECRETARY OF THE BOARD	4.00	X		X				0	0	0
(4) LORI B BOOKSTEIN BOARD MEMBER	.50	X						0	0	0
(5) LINDA N CAPPELLO BOARD MEMBER	4.00	X						0	0	0
(6) EDWARD J CARPENTER BOARD MEMBER	4.00	X						0	0	0
(7) PAUL DEAN MD MPH BOARD MEMBER	2.00	X						0	0	0
(8) WILLIAM ROBINSON MD BOARD MEMBER	2.00	X						0	0	0
(9) NANCY E SHELMON (THRU 04/14) BOARD MEMBER	2.00	X						0	0	0
(10) CHRISTINE J TORETTI BOARD MEMBER	.50	X						0	0	0
(11) NANCY A AOSSEY PRESIDENT / CEO	62.00	X		X				389,617.	0	48,562.
(12) VISNJA CIPCIC VP FINANCE / CFO	40.00			X				233,989.	0	29,767.
(13) RABIH TORBAY VP INTERNATIONAL OPERATIONS	40.00			X				298,163.	0	38,057.
(14) STEPHEN TOMLIN VP PROGRAM POLICY & PLANNING	40.00			X				128,148.	0	44,830.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KEVIN NOONE VP GLOBAL STRATEGY	40.00					X		237,737.	0	36,826.
16) GERALD EVANS COUNTRY DIRECTOR	40.00					X		234,347.	0	39,142.
17) WILLIAM GARVELINK SENIOR ADVISOR GLOBAL STRATEGY	40.00					X		231,045.	0	23,395.
18) DAVID C ALARCON FINANCE DIRECTOR	40.00					X		214,514.	0	30,094.
19) DENNIS WALTO SR ADVSR INNOVATION & REVENUE	40.00					X		203,690.	0	28,452.
1b Sub-total ▶								1,049,917.	0	161,216.
c Total from continuation sheets to Part VII, Section A ▶								1,121,333.	0	157,909.
d Total (add lines 1b and 1c) ▶								2,171,250.	0	319,125.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 48

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 14

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,857,073.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	127,623,547.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,637,582.			
	g	Noncash contributions included in lines 1a-1f: $ 23,715,812.					
	h	**Total.** Add lines 1a-1f		165,118,202.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,293.			19,293.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	222,926. / 36,183.				
	b	Less: cost or other basis and sales expenses	213,123.				
	c	Gain or (loss)	9,803. / 36,183.				
	d	Net gain or (loss)		45,986.			45,986.
	8a	Gross income from fundraising events (not including $ 1,857,073. of contributions reported on line 1c). See Part IV, line 18	a 95,326.				
	b	Less: direct expenses	b 520,232.				
	c	Net income or (loss) from fundraising events		-424,906.			-424,906.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 646.				
	b	Less: cost of goods sold	b 166.				
	c	Net income or (loss) from sales of inventory		480.			480.
		Miscellaneous Revenue	**Business Code**				
	11a	GRANT EXPENSE RESIDUAL	900099	98,463.	98,463.		
	b	CURRENCY EXCHANGE GAIN	900099	11,856.	11,856.		
	c	CONTRACT FIXED FEE	900099	21,813.	21,813.		
	d	All other revenue	900099	5,370.	5,370.		
	e	**Total.** Add lines 11a-11d		137,502.			
	12	**Total revenue.** See instructions		164,896,557.	137,502.		-359,147.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	803,337.	803,337.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	12,917,091.	12,917,091.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,262,771.	531,498.	722,250.	9,023.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	40,120,506.	32,546,294.	7,070,678.	503,534.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,378,960.	1,755,531.	581,123.	42,306.
9 Other employee benefits	9,815,413.	8,070,042.	1,642,375.	102,996.
10 Payroll taxes	1,348,735.	710,199.	598,129.	40,407.
11 Fees for services (non-employees):				
a Management	0			
b Legal	427,572.	316,344.	111,228.	
c Accounting	218,577.	75,227.	143,350.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	85,107.			85,107.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,986,341.	2,063,118.	1,612,773.	310,450.
12 Advertising and promotion	126,165.	126,165.		
13 Office expenses	2,809,658.	2,006,929.	557,590.	245,139.
14 Information technology	1,668,114.		1,668,114.	
15 Royalties	0			
16 Occupancy	6,420,483.	5,727,430.	690,639.	2,414.
17 Travel	4,079,196.	3,525,471.	533,012.	20,713.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	823,938.	675,802.	146,898.	1,238.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,153,908.		1,153,908.	
23 Insurance	466,164.	344,706.	112,945.	8,513.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	71,457,163.	71,457,163.		
b TRANSPORTATION & OTHER	643,154.	3,773,733.	-3,132,852.	2,273.
c MONITORING & EVALUATION	78,431.	78,431.		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	163,090,784.	147,504,511.	14,212,160.	1,374,113.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		8,132,719.	1	4,631,906.
	2	Savings and temporary cash investments		424,558.	2	424,573.
	3	Pledges and grants receivable, net		11,253,432.	3	12,849,880.
	4	Accounts receivable, net		2,921,404.	4	7,887,765.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		328,848.	8	494,473.
	9	Prepaid expenses and deferred charges		1,813,783.	9	2,287,621.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,096,475.			
	b	Less: accumulated depreciation	10b 4,356,824.	2,541,352.	10c	3,739,651.
	11	Investments - publicly traded securities		1,062,617.	11	1,513,219.
	12	Investments - other securities. See Part IV, line 11		0	12	0
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		168,722.	15	257,965.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		28,647,435.	16	34,087,053.
Liabilities	17	Accounts payable and accrued expenses		12,168,761.	17	17,387,271.
	18	Grants payable		0	18	0
	19	Deferred revenue		8,146,098.	19	5,403,614.
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		250,910.	23	378,444.
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		298,348.	25	1,030,329.
	26	**Total liabilities.** Add lines 17 through 25		20,864,117.	26	24,199,658.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,056,962.	27	5,745,051.
	28	Temporarily restricted net assets		4,426,356.	28	3,842,344.
	29	Permanently restricted net assets		300,000.	29	300,000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,783,318.	33	9,887,395.
	34	Total liabilities and net assets/fund balances		28,647,435.	34	34,087,053.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	164,896,557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	163,090,784.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,805,773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,783,318.
5	Net unrealized gains (losses) on investments	5	298,304.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,887,395.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL MEDICAL CORPS

Employer identification number
95-3949646

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,690,478.	133,707,880.	106,137,634.	118,499,476.	165,118,202.	654,153,670.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	130,690,478.	133,707,880.	106,137,634.	118,499,476.	165,118,202.	654,153,670.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4.						654,153,670.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	130,690,478.	133,707,880.	106,137,634.	118,499,476.	165,118,202.	654,153,670.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,990.	8,828.	12,081.	16,237.	19,293.	62,429.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH. 1	343,347.	195,197.	579,235.	107,477.	233,474.	1,458,730.
11 **Total support.** Add lines 7 through 10						655,674,829.

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 12,782.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14** 99.77%

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . **15** 99.79%

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
GROSS INCOME FROM FUNDRAISING	9,434.	43,420.	66,950.	29,934.	95,326.	245,064.
GROSS SALES OF INVENTORY	13,491.	-755.	-846.	245.	646.	12,781.
CONTRACT FIXED FEE	309,974.	23,272.	435,413.	74,179.	21,813.	864,651.
INSURANCE REFUND	10,448.	81,944.	10,422.			102,814.
AWARD POINTS		47,253.	2,844.	986.	2,709.	53,792.
CONSIG INVENTORY LOSS SETTLMNT			64,452.			64,452.
OTHER REFUND		63.		2,133.	2,661.	4,857.
CURRENCY EXCHANGE GAIN/LOSS					11,856.	11,856.
GRANT EXPENSE RESIDUAL					98,463.	98,463.
TOTALS	343,347.	195,197.	579,235.	107,477.	233,474.	1,458,730.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

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2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	21,688.	
c Total lobbying expenditures (add lines 1a and 1b)	21,688.	
d Other exempt purpose expenditures	163,069,096.	
e Total exempt purpose expenditures (add lines 1c and 1d)	163,090,784.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	848.	1,352.	4,727.	21,688.	28,615.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	300,000.	300,000.	300,000.	300,000.	300,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	300,000.	300,000.	300,000.	300,000.	300,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.0000 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,140,916.	845,208.	295,708.
d Equipment		2,699,624.	1,377,977.	1,321,647.
e Other		4,255,935.	2,133,639.	2,122,296.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,739,651.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	217,877.
(3) OBLIGATION UNDER CAPITAL LEASE	812,452.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,030,329.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	165,901,705.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	298,304.		
b	Donated services and use of facilities	2b	186,446.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	484,750.
3	Subtract line 2e from line 1			3	165,416,955.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-520,398.		
c	Add lines 4a and 4b			4c	-520,398.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	164,896,557.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	163,797,628.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	186,446.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	520,398.		
e	Add lines 2a through 2d			2e	706,844.
3	Subtract line 2e from line 1			3	163,090,784.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	163,090,784.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

INTERNATIONAL MEDICAL CORPS' ENDOWMENT CONSISTS OF ONE INDIVIDUAL FUND ESTABLISHED FOR DISASTER RELIEF.

SCHEDULE D, PART X, LINE 2

INTERNATIONAL MEDICAL CORPS HAS ADOPTED THE FASB ASC SUBTOPIC 740, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE INTERPRETATION REQUIRES THAT THE ENTITY ACCOUNT FOR AND DISCLOSE IN THE FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. INTERNATIONAL MEDICAL CORPS HAS EVALUATED THE FINANCAL STATEMENT IMPACT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE TAX ASSETS OR LIABILITIES TO BE RECORDED IN ACCORDANCE WITH ACCOUNTING GUIDANCE.

SCHEDULE D, PART XI, LINE 4B

EVENTS EXPENSE: -520,232; COST OF GOODS SOLD: -166

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D

EVENTS EXPENSE: 520,232; COST OF GOODS SOLD: 166

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	7.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	303,430.
(2) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		16,486.
(3) EAST ASIA AND THE PACIFIC	4.	28.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	4,564,606.
(4) EAST ASIA AND THE PACIFIC			GRANTMAKING		193,829.
(5) EUROPE	6.	403.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	47,138,038.
(6) EUROPE			GRANTMAKING		6,539,107.
(7) MIDDLE EAST AND NORTH AFRICA	24.	498.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	29,058,375.
(8) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		5,129,104.
(9) RUSSIA/INDEPENDENT STATES	2.	22.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	573,890.
(10) RUSSIA/INDEPENDENT STATES			GRANTMAKING		24,000.
(11) SOUTH ASIA	12.	218.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	3,598,961.
(12) SOUTH ASIA			GRANTMAKING		107,436.
(13) SUB-SAHARAN AFRICA	72.	1,161.	PROGRAM SERVICES	HEALTH CARE - VARIOUS	48,022,143.
(14) SUB-SAHARAN AFRICA			GRANTMAKING		907,129.
(15)					
(16)					
(17)					
3a Sub-total.	122.	2,337.			146,176,534.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	122.	2,337.			146,176,534.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HEALTH CARE	16,486.	WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	HEALTH CARE	29,874.	WIRE		N/A	N/A
(3)			EAST ASIA/PACIFIC	HEALTH CARE	56,188.	WIRE		N/A	N/A
(4)			EAST ASIA/PACIFIC	HEALTH CARE	90,750.	WIRE		N/A	N/A
(5)			EAST ASIA/PACIFIC	HEALTH CARE	17,017.	WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	974,695.	WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	63,915.	WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	529,405.	WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	1,341,952.	WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	1,999,596.	WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	1,562,059.	WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	HEALTH CARE	67,485.	WIRE		N/A	N/A
(13)			MIDDLE EAST/NORTH AFRICA	HEALTH CARE	409,316.	WIRE		N/A	N/A
(14)			MIDDLE EAST/NORTH AFRICA	HEALTH CARE	35,788.	WIRE		N/A	N/A
(15)			MIDDLE EAST/NORTH AFRICA	HEALTH CARE	4,531,141.	WIRE		N/A	N/A
(16)			MIDDLE EAST/NORTH AFRICA	HEALTH CARE	152,859.	WIRE		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA/NEWLY IND. STATES	HEALTH CARE	9,000.	WIRE		N/A	N/A
(2)			RUSSIA/NEWLY IND. STATES	HEALTH CARE	9,000.	WIRE		N/A	N/A
(3)			RUSSIA/NEWLY IND. STATES	HEALTH CARE	6,000.	WIRE		N/A	N/A
(4)			SOUTH ASIA	HEALTH CARE	11,696.	WIRE		N/A	N/A
(5)			SOUTH ASIA	HEALTH CARE	8,013.	WIRE		N/A	N/A
(6)			SOUTH ASIA	HEALTH CARE	43,010.	WIRE		N/A	N/A
(7)			SOUTH ASIA	HEALTH CARE	16,114.	WIRE		N/A	N/A
(8)			SOUTH ASIA	HEALTH CARE	28,603.	WIRE		N/A	N/A
(9)			SUB-SAHARAN AFRICA	HEALTH CARE	103,095.	WIRE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	HEALTH CARE	332,396.	WIRE		N/A	N/A
(11)			SUB-SAHARAN AFRICA	HEALTH CARE	117,849.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	HEALTH CARE	150,949.	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	HEALTH CARE	202,840.	WIRE		N/A	N/A
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ 26.

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☒ Yes	☐ No

Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PRIOR TO AWARDING ANY GRANT MONEY TO SUB-RECIPIENTS, INTERNATIONAL MEDICAL CORPS REQUESTS A PRE-AWARD QUESTIONNAIRE TO BE COMPLETED ALONG WITH PREVIOUS AUDIT REPORTS ISSUED, IF ANY, IN ORDER TO EVALUATE THE RISK AND BE ABLE TO IMPOSE APPROPRIATE REQUIREMENTS TO SUB-RECIPIENTS. THE PRE-AWARD SURVEY VIEWS THE PROSPECTIVE AWARDEE'S FINANCIAL CAPACITY AND THE ADEQUACY OF ITS ACCOUNTING AND TIMEKEEPING SYSTEMS. THE QUESTIONNAIRE IS STANDARD WITH ALL SUB-GRANTEES.

THE SUB-RECIPIENT AGREEMENT IS PREPARED AT THE HQ LEVEL BY THE GRANTS AND CONTRACTS MANAGEMENT UNIT IN COLLABORATION WITH OPERATIONS, FINANCE AND LEGAL DEPARTMENTS. THE AGREEMENT FOLLOWS DONOR REQUIREMENTS AND REGULATIONS, AS APPLICABLE. OMB CIRCULARS FOR SUB-RECIPIENTS UNDER FEDERAL AWARDS ARE ATTACHED TO THE AGREEMENT, AS REQUIRED. SUB-RECIPIENTS ARE RESPONSIBLE FOR THE GRANT MONEY AND ACTIVITIES IN ACCORDANCE WITH GRANT PROVISIONS.

INTERNATIONAL MEDICAL CORPS ONLY GRANTS MONEY TO APPROVED SUB-RECIPIENTS. ADDITIONALLY, SUB-RECIPIENTS ARE SUBJECT TO REGULAR MONITORING AND INTERNAL AUDIT REVIEW. FINANCIAL REPORTS (AS OUTLINED IN THE SUB-GRANT AGREEMENT) ARE SUBMITTED TO INTERNATIONAL MEDICAL CORPS. REPORTS ARE REVIEWED BY FINANCE/ADMIN DIRECTOR IN THE FIELD OFFICE AND/OR FINANCE DESK OFFICER/REGIONAL FINANCE COORDINATOR IN THE HQ. DURING THE LIFE OF THE SUB-GRANT, INTERNATIONAL MEDICAL CORPS' FINANCE OFFICER HAS TO REGULARLY CONDUCT AND DOCUMENT FIELD VISITS TO THE SUB-RECIPIENT'S

Part V **Supplemental Information**
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

OFFICE.

INTERNATIONAL MEDICAL CORPS' PROGRAM STAFF (PROGRAM MANAGER, COORDINATOR, COUNTRY DIRECTOR) IN THE FIELD MONITOR THE PROGRAMMATIC PERFORMANCE AND ACHIEVEMENTS OF THE SUB-RECIPIENT, INCLUDING EVALUATION OF NARRATIVE REPORTS AND ANY OTHER PROGRAMMATIC INTERVENTIONS OR INQUIRIES. THE REPORTS ARE ALSO REVIEWED BY THE DESK OFFICER AND REGIONAL COORDINATOR IN THE HQ.

AS SECURITY MEASURES ALLOW, INTERNAL AUDITORS ARE SCHEDULED TO VISIT THE FIELD/SUB-RECIPIENT OFFICE FOR COMPLIANCE REVIEW AND TRAINING. DETAILED AUDIT REVIEW IS PERFORMED FOR THE ORGANIZATIONS THAT ARE NOT REQUIRED TO SUBMIT A-133 REPORTS.

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL MEDICAL CORPS

Employer identification number
95-3949646

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a [X] Mail solicitations
b [X] Internet and email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 MAL WARWICK & ASSOC., INC.	SEE PART IV		X		71,107.	-71,107.
2 DOT ORG POWER	SEE PART IV		X		9,000.	-9,000.
3 FAIRCOM NEW YORK	SEE PART IV		X		5,000.	-5,000.
4						
5						
6						
7						
8						
9						
10						
Total ▶					85,107.	-85,107.

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CELEBRATION (event type)	(b) Event #2 LUNCHEON-BREN (event type)	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,696,686.	134,193.	121,520.	1,952,399.
	2 Less: Contributions	1,604,206.	132,680.	120,187.	1,857,073.
	3 Gross income (line 1 minus line 2)	92,480.	1,513.	1,333.	95,326.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,405.	27,605.	3,555.	40,565.
	7 Food and beverages	247,717.	12,574.	15,160.	275,451.
	8 Entertainment				
	9 Other direct expenses	180,679.	13,025.	10,512.	204,216.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				520,232.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-424,906.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2B

MAL WARWICK & ASSOC., INC.

2550 NINTH STREET, SUITE 103, BERKELEY, CA 94710

AMOUNT PAID TO MAL WARWICK & ASSOCIATES, INC. FOR PRINTING, POSTAGE AND

MAILING LIST RENTALS WAS $112,203. THE AGREED UPON RETAINER AMOUNT

COMPENSATES THE FIRM FOR ITS STRATEGIC FUNDRAISING COUNSEL. DIRECT

EXPENSES FOR PRINTING, POSTAGE AND MAILING LIST RENTALS WERE ITEMIZED IN

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

INVOICES SUBMITTED BY THE FIRM TO INTERNATIONAL MEDICAL CORPS.

DOT ORG POWER

609 S ORANGE, ORANGE, CA 92866

THE AGREED UPON RETAINER AMOUNT COMPENSATES THE FIRM FOR ITS STRATEGIC

FUNDRAISING COUNSEL.

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FAIRCOM NEW YORK

12 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001

AMOUNT PAID TO FAIRCOM NEW YORK FOR PRINTING, POSTAGE AND MAILING LIST RENTALS WAS $52,380. THE AGREED UPON RETAINER AMOUNT COMPENSATES THE FIRM FOR ITS STRATEGIC FUNDRAISING COUNSEL. DIRECT EXPENSES FOR PRINTING, POSTAGE AND MAILING LIST RENTALS WERE ITEMIZED IN INVOICES SUBMITTED BY THE FIRM TO INTERNATIONAL MEDICAL CORPS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CONCERN WORLDWIDE US 355 LEXINGTON AVE NEW YORK, NY 10017	13-3712030	501(C)(3)	239,061.				HEALTH CARE
(2) HARVARD HUMANITARIAN INITIATIVE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)(3)	551,226.				HEALTH CARE
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 1

INTERNATIONAL MEDICAL CORPS' PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE UNITED STATES ARE THE SAME AS THOSE FOR GRANTS OUTSIDE THE UNITED STATES. FOR A DETAILED EXPLANATION OF THESE PROCEDURES, SEE SCHEDULE F, PART V.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERNATIONAL MEDICAL CORPS

Employer identification number
95-3949646

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	NANCY A AOSSEY PRESIDENT / CEO	(i)	374,617.	15,000.	0	26,775.	21,787.	438,179.	0
		(ii)	0	0	0	0	0	0	0
2	VISNJA CIPCIC VP FINANCE / CFO	(i)	213,989.	20,000.	0	22,469.	7,298.	263,756.	0
		(ii)	0	0	0	0	0	0	0
3	RABIH TORBAY VP INTERNATIONAL OPERATIONS	(i)	273,163.	25,000.	0	26,775.	11,282.	336,220.	0
		(ii)	0	0	0	0	0	0	0
4	STEPHEN TOMLIN VP PROGRAM POLICY & PLANNING	(i)	128,148.	0	0	13,456.	31,374.	172,978.	0
		(ii)	0	0	0	0	0	0	0
5	KEVIN NOONE VP GLOBAL STRATEGY	(i)	237,737.	0	0	24,962.	11,864.	274,563.	0
		(ii)	0	0	0	0	0	0	0
6	GERALD EVANS COUNTRY DIRECTOR	(i)	234,347.	0	0	24,606.	14,536.	273,489.	0
		(ii)	0	0	0	0	0	0	0
7	WILLIAM GARVELINK SENIOR ADVISOR GLOBAL STRATEGY	(i)	223,545.	7,500.	0	22,378.	1,017.	254,440.	0
		(ii)	0	0	0	0	0	0	0
8	DAVID C ALARCON FINANCE DIRECTOR	(i)	199,514.	15,000.	0	20,949.	9,145.	244,608.	0
		(ii)	0	0	0	0	0	0	0
9	DENNIS WALTO SR ADVSR INNOVATION & REVENUE	(i)	188,690.	15,000.	0	19,812.	8,640.	232,142.	0
		(ii)	0	0	0	0	0	0	0
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization
INTERNATIONAL MEDICAL CORPS

Employer identification number
95-3949646

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		302,700.	FAIR MARKET VALUE
6	Cars and other vehicles	X	1.	72,900.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	20.	365,402.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	35.	6,716,617.	FAIR MARKET VALUE
20	Drugs and medical supplies	X	40.	14,670,976.	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		14.	1,587,217.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I

THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS, NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
TENTS, BLANKETS	X	12.	1,557,021.	FAIR MARKET VALUE
PLAYGROUND EQUIPMENT	X	1.	28,747.	FAIR MARKET VALUE
SATELLITE PHONE	X	1.	1,449.	FAIR MARKET VALUE
TOTALS		14.	1,587,217.	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2013 Open to Public Inspection

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

PART III, LINE 4A

EUROPE:

INTERNATIONAL MEDICAL CORPS PROVIDED HEALTH SERVICES AS PART OF A COMPREHENSIVE REFUGEE RESPONSE, FOCUSING ON PRIMARY HEALTH CARE, GENDER-BASED VIOLENCE, MENTAL HEALTH, PHYSICAL REHABILITATION AND NUTRITION SUPPORT. IN THE EUROPE REGION, INTERNATIONAL MEDICAL CORPS IMPROVED ACCESS TO ESSENTIAL HEALTH CARE SERVICES FOR REFUGEES AND STRENGTHENED PRIMARY HEALTH CARE SERVICES THROUGH THE PROVISION OF MEDICAL EQUIPMENT, ESSENTIAL MEDICINES AND CLEAN DELIVERY KITS. IN ADDITION, WE EXPANDED SERVICES TO INCLUDE MATERNAL AND NEWBORN HEALTH, MANAGEMENT OF CHRONIC DISEASES, AND HYGIENE EDUCATION. WE CONTINUED TO ESTABLISH COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SERVICES, WHICH IS AN ACCESSIBLE, NON-STIGMATIZING WAY TO PROVIDE ASSISTANCE FOR MENTAL DISORDERS WITHOUT OVERTLY SINGLING OUT THOSE WHO REQUIRE SUBSEQUENT TREATMENT. TRUE TO OUR MISSION, INTERNATIONAL MEDICAL CORPS ALSO PROVIDED TRAINING FOR LOCAL HEALTH PERSONNEL ON PRIMARY HEALTH CARE DELIVERY IN ORDER TO BUILD SELF-RELIANCE.

PART III, LINE 4B

SUB-SAHARAN AFRICA:

IN SUB-SAHARAN AFRICA, INTERNATIONAL MEDICAL CORPS DELIVERED SERVICES IN HIV/AIDS PREVENTION AND TREATMENT, WATER, SANITATION AND HYGIENE (WASH), GENDER-BASED VIOLENCE (GBV), TRAINING AND HEALTH SYSTEM STRENGTHENING, NUTRITION AND FOOD SECURITY AND MATERNAL HEALTH. OUR WORK STRENGTHENED

Name of the organization: INTERNATIONAL MEDICAL CORPS

Employer identification number: 95-3949646

THE CAPACITY OF LOCAL HEALTH WORKERS AND PRIMARY HEALTH CARE PROVIDERS TO PROVIDE QUALITY HIV/AIDS CARE AND TREATMENT SERVICES, INCLUDING PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV. OUR WASH SERVICES INCREASED ACCESS TO EQUITABLE, RELIABLE AND CLEAN WATER; PROVISION AND IMPROVEMENT OF SANITATION FACILITIES; AND PROMOTION OF SAFE HYGIENE PRACTICES. WE ADDRESSED GBV IN SUB-SAHARAN AFRICA WITHIN EXISTING PROGRAMS RANGING FROM PRIMARY HEALTH CARE SCREENING AND COUNSELING FOR SURVIVORS TO INCOME-CREATION INITIATIVES THAT BOOST SOCIAL STATUS - AND PROTECTION - OF SURVIVORS. INTERNATIONAL MEDICAL CORPS HAS IMPLEMENTED VARIOUS TRAINING PROGRAMS TO INCREASE LOCAL HEALTH CAPACITY LONG-TERM AND TRAIN MEDICAL PROFESSIONALS. WE HAVE PROVIDED COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) TO TREAT MALNUTRITION, TO REDUCE STRESS ON HEALTH SYSTEMS, TO INCREASE PROGRAM COVERAGE TO REACH A GREATER NUMBER OF BENEFICIARIES AND TO STRENGTHEN OVERALL PROGRAM IMPACT. WE HAVE PLACED MATERNAL HEALTH AT THE CENTER OF OUR EMERGENCY RESPONSES AS WELL AS IN OUR DEVELOPMENT PROGRAMS, RESPONDING TO THE SIGNIFICANT IMPACT OF EMERGENCIES ON WOMEN AND CHILDREN.

INTERNATIONAL MEDICAL CORPS IMPLEMENTED GLOBAL PROGRAMS TO PROVIDE TRAINING, DISASTER PREPAREDNESS PLANNING AND SKILLS-BUILDING FOR NGO STAFF WHO RESPOND TO HUMANITARIAN CRISIS. UTILIZING LEARNING TOOLS INCLUDING IN-PERSON WORKSHOPS AND E-LEARNING COURSES, INTERNATIONAL MEDICAL CORPS TOGETHER WITH OUR PARTNERS WORKED TO STRENGTHEN THE CAPACITY OF NGOS TO BETTER ENGAGE WITH OTHER AGENCIES AND ORGANIZATIONS INVOLVED IN INTERNATIONAL HUMANITARIAN EFFORTS. THE OVERALL GOAL WAS TO

IMPROVE COORDINATION AND RESPONSE TO THE NEEDS OF COMMUNITIES AFFECTED BY DISASTERS. AS A MEMBER OF COALITIONS INCLUDING INTERACTION, INTERNATIONAL MEDICAL CORPS ALSO WORKED COLLABORATIVELY WITH PARTNER NGOS AND AGENCIES ON ADVOCACY, ISSUES OF PUBLIC POLICY, EFFECTIVE RESPONSE TO HUMANITARIAN EMERGENCIES AND PROMOTING SOUND DEVELOPMENT PRACTICES.

PART III, LINE 4C

MIDDLE EAST AND NORTH AFRICA:

IN THE MIDDLE EAST AND NORTH AFRICA REGION, INTERNATIONAL MEDICAL CORPS WORKED TO ENSURE THE PROVISION OF HEALTH CARE FOR CONFLICT-AFFECTED AND REFUGEE POPULATIONS. OUR WORK INCLUDED RAPID EMERGENCY RESPONSE, HEALTH SYSTEMS STRENGTHENING AND SERVICE PROVISION, MENTAL HEALTH AND PSYCHOSOCIAL ASSISTANCE, MATERNAL AND CHILD HEALTH, PROTECTION, AND WATER, SANITATION AND HYGIENE (WASH). INTERNATIONAL MEDICAL CORPS ALSO PRIORITIZED STRENGTHENING THE ABILITY OF LOCAL HEALTH CARE WORKERS TO IDENTIFY AND TREAT SURVIVORS OF GENDER-BASED VIOLENCE (GBV), WORK WITH LOCAL LEADERS TO RAISE COMMUNITY AWARENESS OF GBV AND MODIFY BELIEFS AND PRACTICES THAT PERPETUATE GBV. INTERNATIONAL MEDICAL CORPS PROVIDED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES WITHIN REFUGEE CAMPS AND CONFLICT CONTEXTS, STRENGTHENED MENTAL HEALTH SYSTEMS AND INFORMED NATIONAL POLICIES IN THE LONGER-TERM DEVELOPMENT CONTEXT. WE ALSO DELIVERED SERVICES TO PEOPLE WITH DISABILITIES WHICH SUPPORTED PRE-EXISTING AND RECENT DISABILITY SUPPORT, WORKING TOWARD AN INCLUSIVE SOCIETY AND POSITIVE HEALTH OUTCOMES FOR INDIVIDUALS.

INTERNATIONAL MEDICAL CORPS IMPLEMENTED GLOBAL PROGRAMS TO PROVIDE

TRAINING, DISASTER PREPAREDNESS PLANNING AND SKILLS-BUILDING FOR NGO STAFF WHO RESPOND TO HUMANITARIAN CRISIS. UTILIZING LEARNING TOOLS INCLUDING IN-PERSON WORKSHOPS AND E-LEARNING COURSES, INTERNATIONAL MEDICAL CORPS TOGETHER WITH OUR PARTNERS WORKED TO STRENGTHEN THE CAPACITY OF NGOS TO BETTER ENGAGE WITH OTHER AGENCIES AND ORGANIZATIONS INVOLVED IN INTERNATIONAL HUMANITARIAN EFFORTS. THE OVERALL GOAL WAS TO IMPROVE COORDINATION AND RESPONSE TO THE NEEDS OF COMMUNITIES AFFECTED BY DISASTERS. AS A MEMBER OF COALITIONS INCLUDING INTERACTION, INTERNATIONAL MEDICAL CORPS ALSO WORKED COLLABORATIVELY WITH PARTNER NGOS AND AGENCIES ON ADVOCACY, ISSUES OF PUBLIC POLICY, EFFECTIVE RESPONSE TO HUMANITARIAN EMERGENCIES AND PROMOTING SOUND DEVELOPMENT PRACTICES.

PART III, LINE 4D

OTHER:

IN OTHER REGIONS AROUND THE WORLD INTERNATIONAL MEDICAL CORPS PROVIDED SERVICES IN WATER, SANITATION AND HYGIENE (WASH), GENDER-BASED VIOLENCE (GBV), TRAINING AND HEALTH SYSTEM STRENGTHENING, MATERNAL HEALTH, PROTECTION, EMERGENCY MEDICINE AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT. WE DELIVERED WASH SERVICES IN A VARIETY OF SETTINGS TO ENSURE ACCESS TO EQUITABLE, RELIABLE AND CLEAN WATER; PROVISION AND IMPROVEMENT OF SANITATION FACILITIES; AND PROMOTION OF SAFE HYGIENE PRACTICES. INTERNATIONAL MEDICAL CORPS SUPPORTED GBV INTEGRATION WITHIN EXISTING SERVICES AND DELIVERED SUCCESSFUL PROGRAMS TO PREVENT AND RESPOND TO GBV. INTERNATIONAL MEDICAL CORPS ENGAGED LOCAL HEALTH CARE WORKERS, COMMUNITY OUTREACH WORKERS, AND EMERGING LEADERS AND TRAINED THEM THROUGH A COMBINATION OF CLASSES, SEMINARS, INDIVIDUAL MENTORING, AND HANDS-ON

Name of the organization: INTERNATIONAL MEDICAL CORPS

Employer identification number: 95-3949646

EXPERIENCE. WE ALSO PLACED MATERNAL NEWBORN HEALTH AT THE CENTER OF OUR EMERGENCY RESPONSES AS WELL AS OUR DEVELOPMENT PROGRAMS. AS A CORNERSTONE OF OUR WORK, WE PRIORITIZED MENTAL HEALTH AND PSYCHOSOCIAL SERVICES, IN OTHER AREAS OF THE WORLD, FOR DISASTER-AFFECTED COMMUNITIES.

PART V, LINE 4B

COUNTRIES WITH BANK ACCOUNTS:

AFGHANISTAN, BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CROATIA, DR CONGO, ETHIOPIA, HAITI, INDONESIA, IRAQ, JAPAN, JORDAN, KENYA, LEBANON, LIBYA, MALI, NIGERIA, PAKISTAN, PALESTINIAN TERRITORIES, RUSSIAN FEDERATION, RWANDA, SIERRA LEONE, SOMALIA, SOUTH SUDAN, SUDAN, SYRIA, TUNISIA, TURKEY, YEMEN, ZIMBABWE

PART VI, LINE 11B

THE FORM IS PREPARED BY INTERNATIONAL MEDICAL CORPS ACCOUNTING-FINANCE STAFF, AND THE FOLLOWING FOUR CONDUCT REVIEWS BEFORE FILING: INDEPENDENT CPA CONSULTANT, SENIOR MANAGEMENT (VP OF FINANCE, DIR OF FINANCE, VP OF INTERNATIONAL OPERATIONS AND VP FOR PROGRAM POLICY AND PLANNING), PRESIDENT AND CEO, BOARD OF DIRECTORS, AND PAID TAX PREPARER.

PART VI, LINE 12C

INTERNATIONAL MEDICAL CORPS EMPLOYEES' DEALINGS WITH SUPPLIERS, CONSULTANTS AND CONTRACTING PARTIES ARE CONDUCTED ACCORDING TO THE MORAL AND ETHICAL VALUES AND PRACTICES COMMON TO RESPONSIBLE CORPORATIONS AND NON-GOVERNMENTAL ORGANIZATIONS AND IN THE SPIRIT OF PUBLIC ACCOUNTABILITY AND TRANSPARENCY, IN CONFORMITY WITH APPLICABLE LAWS, RULES AND

Name of the organization: INTERNATIONAL MEDICAL CORPS

Employer identification number: 95-3949646

REGULATIONS.

EMPLOYEES ARE REQUIRED TO REPORT ANY VIOLATIONS OF THE ABOVE. EVERY INTERNATIONAL MEDICAL CORPS EMPLOYEE WITH A RESPONSIBILITY OF ENGAGING, PAYING OR SUPERVISING ANY SUPPLIER, CONSULTANT OR CONTRACTING PARTNER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. IN ADDITION EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. DETERMINATIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS ARE MADE BY REPRESENTATIVES OF HR AND FINANCE DEPARTMENTS IN CONJUNCTION WITH THE RELEVANT SUPERVISOR.

PART VI, LINE 15A

COMPENSATION FOR CEO AND CFO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND IS DETERMINED BASED ON VARIOUS COMPENSATION SURVEYS. THIS IS DONE ANNUALLY, USUALLY AT THE SPRING BOARD MEETING.

PART VI, LINE 15B

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED IN CONSULTATION BETWEEN THE IMMEDIATE SUPERVISOR, HR GENERALIST, AND VP OR DIRECTOR OF FINANCE. VARIOUS COMPENSATION SURVEY DATA IS USED TO DETERMINE APPROPRIATE COMPENSATION LEVELS.

PART VI, LINE 19

INTERNATIONAL MEDICAL CORPS FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE. FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST. INTERNATIONAL MEDICAL CORPS GOVERNING DOCUMENTS CAN BE REQUESTED FROM

Name of the organization: INTERNATIONAL MEDICAL CORPS

Employer identification number: 95-3949646

CALIFORNIA'S SECRETARY OF STATE. THE CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,

FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,

MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

RI,SC,TN,UT,VA,WA,WV,WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
C WILLIAM SUNDBLAD CONSULTING 2435 6TH STREET SANTA MONICA, CA 90405	CONSULTING	379,773.
B. W. HOTEL LLC D/B/A BEVERLY WILSHIRE 9500 WILSHIRE BOULEVARD BEVERLY HILLS, CA 90212	EVENT SERVICES	241,307.
ANDY SPAHN & ASSOCIATES, INC. P.O. BOX 66280 LOS ANGELES, CA 90066	CONSULTING	241,000.
PROSUM INC. 2321 ROSECRANS AVE. SUITE 425 EL SEGUNDO, CA 90245	STAFFING SERVICES	236,275.
DELTEK, INC. 13880 DULLES CORNER LANE HERNDON, VA 20171-4600	SOFT MAINT & CONSULT	163,556.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERNATIONAL MEDICAL CORPS JAPAN ISH SADOHARA-CHO, SHINJUKU-KU TOKYO, JA	HEALTH SRVCS	JA	501(C)(3)		IMC	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	INTERNATIONAL MEDICAL CORPS JAPAN ISH	P	148,499.	ACTUAL
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).