

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL MEDICAL CORPS			D Employer identification number 95-3949646	
	Doing Business As			E Telephone number (310) 826-7800	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	12400 WILSHIRE BOULEVARD		1500		
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90025			G Gross receipts \$ 190,939,738.		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.INTERNATIONALMEDICALCORPS.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1984 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE THROUGH HEALTH INTERVENTIONS AND RELATED ACTIVITIES THAT STRENGTHEN UNDERSERVED COMMUNITIES WORLDWIDE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	206.
	6 Total number of volunteers (estimate if necessary)	6	260.
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	130,549,749.	190,521,703.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,537.	200,400.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-353,866.	-141,781.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,265,420.	190,580,322.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,487,879.	4,496,064.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	64,644,409.	79,667,432.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,101,043.	538,278.	285,159.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,569,491.	75,125,736.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,240,057.	159,574,391.
19 Revenue less expenses. Subtract line 18 from line 12	25,363.	31,005,931.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	37,394,811.	86,213,630.
	22 Net assets or fund balances. Subtract line 21 from line 20.	23,405,895.	40,536,009.
		13,988,916.	45,677,621.

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	05/04/2021	
	INGRID RENAUD	Date	
	Type or print name and title	VP, FINANCE & ADMIN.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TRAVIS L PATTON		
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 600 13TH ST NW WASHINGTON, DC 20005	Phone no. 202-414-1000	PTIN P00369623

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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 ORGANIZATION DEDICATED TO SAVING LIVES AND RELIEVING SUFFERING. OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE THROUGH HEALTH INTERVENTIONS AND RELATED ACTIVITIES THAT STRENGTHEN UNDERSERVED COMMUNITIES WORLDWIDE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the 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 \$ 72,174,183. including grants of \$ 398,280.) (Revenue \$ 0.) SUB-SAHARAN AFRICA: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4b (Code:) (Expenses \$ 39,495,057. including grants of \$ 0.) (Revenue \$ 0.) MIDDLE EAST AND NORTH AFRICA: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4c (Code:) (Expenses \$ 15,498,875. including grants of \$ 803,738.) (Revenue \$ 0.) DOMESTIC (US): SEE SCHEDULE O FOR PROGRAM DESCRIPTION

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,990,973. including grants of \$ 3,294,046.) (Revenue \$ 141,449.)

4e Total program service expenses 141,159,088.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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]

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A, 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.
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

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. See instructions for the order in which to list the persons above.

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 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) NANCY A. AOSSEY PRESIDENT / CEO	58.12 0.	X		X				517,062.	0.	64,853.
(2) CLYDE WILLIAM SUNDBLAD CHIEF KNOWLEDGE OFFICER	40.00 0.					X		423,405.	0.	33,132.
(3) KY THIEN LUU CHIEF OPERATING OFFICER	40.00 0.			X				399,127.	0.	40,307.
(4) REBECCA MILNER CHIEF ADVANCEMENT OFFICER	40.00 0.					X		269,193.	0.	45,446.
(5) KEVIN NOONE SR ADV., EMERG RESP. (THRU 8/19)	40.00 0.					X		263,124.	0.	42,545.
(6) INGRID RENAUD VP, FINANCE AND ADMIN	40.00 0.			X				245,079.	0.	59,799.
(7) C. DAVID ALARCON VP, CORPORATE FINANCE	40.00 0.					X		251,292.	0.	42,907.
(8) CORNELIS KLUMPER CHIEF AUDIT & COMPLIANCE OFF.	40.00 0.					X		237,694.	0.	43,081.
(9) STEPHEN TOMLIN SR. ADVISOR, COMP. & RISK MGMT	40.00 0.			X				145,275.	0.	49,113.
(10) ROBERT R. SIMON M.D., FAAEM FOUNDER AND CHAIRMAN	10.00 0.	X		X				0.	0.	0.
(11) LINDA N. CAPPELLO SECRETARY OF THE BOARD	7.00 0.	X		X				0.	0.	0.
(12) ANDREW F. BARTH BOARD MEMBER	5.00 0.	X						0.	0.	0.
(13) EDWARD J. CARPENTER BOARD MEMBER	7.00 0.	X						0.	0.	0.
(14) PAUL DEAN M.D., M.P.H. BOARD MEMBER	2.00 0.	X						0.	0.	0.

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) JAMES H. HART ----- BOARD MEMBER	5.00 ----- 0.	X					0.	0.	0.	
16) MARY E. MCCLYMONT ----- BOARD MEMBER	2.00 ----- 0.	X					0.	0.	0.	
17) WILLIAM ROBINSON M.D. ----- BOARD MEMBER	2.00 ----- 0.	X					0.	0.	0.	
18) CHRISTINE J. TORETTI ----- BOARD MEMBER	2.00 ----- 0.	X					0.	0.	0.	
19) DAVID J. ZUERCHER ----- BOARD MEMBER	7.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							2,751,251.	0.	421,183.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,751,251.	0.	421,183.	

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 ► 139

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 ► 19

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,030,216.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	127,832,185.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	61,659,302.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 3,987,751.				
	h	Total. Add lines 1a-1f ▶		190,521,703.				
	Program Service Revenue	2a	Business Code					
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). ▶		187,515.			187,515.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	56,761.	10,705.		
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b	54,581.				
	c	Gain or (loss)	7c	2,180.	10,705.			
	d	Net gain or (loss) ▶		12,885.			12,885.	
8a	Gross income from fundraising events (not including \$ 1,030,216. of contributions reported on line 1c). See Part IV, line 18	8a	21,605.					
b	Less: direct expenses	8b	304,835.					
c	Net income or (loss) from fundraising events. ▶		-283,230.			-283,230.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities. ▶		0.					
10a	Gross sales of inventory, less returns and allowances	10a		0.				
				0.				
				0.				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory. ▶		0.					
Miscellaneous Revenue	11a	GRANT EXPENSE RESIDUAL	Business Code	900099	100,257.	100,257.		
	b	REWARD POINTS	900099	10,588.	10,588.			
	c	INSURANCE REFUND	900099	35,801.	35,801.			
	d	All other revenue		-5,197.	-5,197.			
	e	Total. Add lines 11a-11d ▶		141,449.				
12	Total revenue. See instructions ▶		190,580,322.	141,449.		-82,830.		

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 domestic organizations and domestic governments. See Part IV, line 21	803,738.	803,738.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,692,326.	3,692,326.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,494,133.	458,645.	1,028,227.	7,261.
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	59,157,905.	49,653,494.	8,648,310.	856,101.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,410,166.	4,437,817.	886,243.	86,106.
9 Other employee benefits	12,072,676.	9,628,244.	2,269,048.	175,384.
10 Payroll taxes	1,532,552.	585,424.	868,709.	78,419.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	453,122.	344,764.	108,358.	
c Accounting	245,697.	33,241.	212,456.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	285,159.			285,159.
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.)	8,403,722.	6,541,074.	1,747,164.	115,484.
12 Advertising and promotion	395,014.	265,843.	25,367.	103,804.
13 Office expenses	3,158,915.	2,364,502.	555,969.	238,444.
14 Information technology	1,392,292.		1,392,292.	
15 Royalties	0.			
16 Occupancy	7,180,648.	6,528,330.	652,318.	
17 Travel	5,218,767.	5,016,335.	172,176.	30,256.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	571,677.	533,191.	35,628.	2,858.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	658,281.	2,077.	656,204.	
23 Insurance	1,248,132.	1,050,264.	182,154.	15,714.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	40,251,896.	40,251,896.		
b TRANSPORTATION AND SHIPPING	8,248,143.	8,244,487.	3,656.	
c OTHER	-2,300,570.	723,396.	-3,130,019.	106,053.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	159,574,391.	141,159,088.	16,314,260.	2,101,043.
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 <input type="checkbox"/> 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	16,809,579.	1	64,692,867.
	2 Savings and temporary cash investments	427,571.	2	429,127.
	3 Pledges and grants receivable, net	12,179,230.	3	9,006,902.
	4 Accounts receivable, net.	1,132,740.	4	586,492.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	226,929.	8	1,268,654.
	9 Prepaid expenses and deferred charges	2,223,913.	9	5,197,841.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,385,063.		
	b Less: accumulated depreciation	10b 9,008,882.	1,152,966.	10c 1,376,181.
	11 Investments - publicly traded securities.	3,022,675.	11	3,424,646.
	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	219,208.	15	230,920.
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,394,811.	16	86,213,630.	
Liabilities	17 Accounts payable and accrued expenses	18,185,608.	17	23,684,483.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	5,057,972.	19	4,461,763.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	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	162,315.	25	12,389,763.
	26 Total liabilities. Add lines 17 through 25.	23,405,895.	26	40,536,009.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,364,258.	27	12,917,451.
	28 Net assets with donor restrictions.	4,624,658.	28	32,760,170.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	13,988,916.	32	45,677,621.
33 Total liabilities and net assets/fund balances	37,394,811.	33	86,213,630.	

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	190,580,322.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,574,391.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,005,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,988,916.
5	Net unrealized gains (losses) on investments	5	359,081.
6	Donated services and use of facilities	6	323,693.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,677,621.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	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?	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 on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (99.20%), 15 Public support percentage from 2018 Schedule A, Part II, line 14 (99.81%), 16a 33 1/3% support test - 2019 (checked), 16b 33 1/3% support test - 2018, 17a 10%-facts-and-circumstances test - 2019, 17b 10%-facts-and-circumstances test - 2018, 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
GROSS INCOME FROM FUNDRAISING	73,278.	78,245.	51,050.	48,825.	21,605.	273,003.
INSURANCE REFUND	9,456.	101,166.			35,801.	146,423.
REWARD POINTS	49,946.			14,093.	10,588.	74,627.
OTHER	-27.		790.	8,074.	-5,197.	3,640.
CURRENCY EXCHANGE GAIN/LOSS		41,821.				41,821.
GRANT EXPENSE RESIDUAL	37,639.	26,713.	43,999.	18,977.	100,257.	227,585.
TOTALS	<u>170,292.</u>	<u>247,945.</u>	<u>95,839.</u>	<u>89,969.</u>	<u>163,054.</u>	<u>767,099.</u>

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INTERNATIONAL MEDICAL CORPS**

Employer identification number
95-3949646

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 99,885,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 26,069,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 20,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,249,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED FOOD DONATED ITEMS RECEIVED THROUGHOUT THE FISCAL YEAR BEGINNING 07/01/2019 AND ENDING 06/30/2020	\$ 314,189.	VAR

Name of organization INTERNATIONAL MEDICAL CORPS

Employer identification number
95-3949646

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

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

Name of organization INTERNATIONAL MEDICAL CORPS	Employer identification number 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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)				

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

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		367.													
c Total lobbying expenditures (add lines 1a and 1b)		367.													
d Other exempt purpose expenditures		159,574,024.													
e Total exempt purpose expenditures (add lines 1c and 1d)		159,574,391.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
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.												
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	1,613.	1,872.	3,316.	367.	7,168.
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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 2 main columns: Description and Amount. Rows include dues, section 162(e) expenditures, and aggregate amounts.

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

INTERNATIONAL MEDICAL CORPS

95-3949646

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2019

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 make 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 program
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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, 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.

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 Term endowment %

The percentages on 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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	69,872.
(3) OBLIGATION UNDER CAPITAL LEASES	16,545.
(4) FUNDS ON DEPOSIT FROM AFFILIATES	12,303,346.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 190,580,322.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 159,574,391.

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

Multiple horizontal lines provided for supplemental information input.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTERNATIONAL MEDICAL CORPS' ENDOWMENT CONSISTS OF TWO FUNDS 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 FINANCIAL 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:	\$ (304,835)
INTEREST AND DIVIDEND INCOME:	\$ 187,515
EXCHANGE RATE LOSS:	\$ (5,626)

TOTAL:	\$ (122,946)

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D

EVENTS EXPENSE: \$304,835

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	1.	3.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	3,471,447.
(2) EAST ASIA AND THE PACIFIC	2.	3.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	719,689.
(3) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		69,978.
(4) EUROPE	2.	124.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	1,751,209.
(5) EUROPE	0.	0.	GRANTMAKING		1,894,857.
(6) MIDDLE EAST AND NORTH AFRICA	28.	2,203.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	39,495,057.
(7) NORTH AMERICA	0.	0.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	5,082.
(8) NORTH AMERICA	0.	0.	GRANTMAKING		65,379.
(9) RUSSIA/INDEPENDENT STATES	2.	30.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	1,199,393.
(10) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		95,420.
(11) SOUTH AMERICA	1.	3.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	205,147.
(12) SOUTH ASIA	12.	490.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	4,468,372.
(13) SOUTH ASIA	0.	0.	GRANTMAKING		45,000.
(14) SUB-SAHARAN AFRICA	69.	3,301.	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	71,775,903.
(15) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		398,280.
(16)					
(17)					
3a Subtotal	117.	6,157.			125,660,213.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	117.	6,157.			125,660,213.

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

Schedule F (Form 990) 2019

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EMERGENCY HE	872,281.	INTERCOMPANY		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	EMERGENCY HE	226,131.	INTERCOMPANY		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	EMERGENCY HE	39,998.	WIRETRANSFER		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	EMERGENCY HE	1,075,244.	WIRETRANSFER		N/A	N/A
(5)			RUSSIA/NEWLY IND. STATES	EMERGENCY HE	95,420.	WIRETRANSFER		N/A	N/A
(6)			SOUTH ASIA	EMERGENCY HE	45,000.	WIRETRANSFER		N/A	N/A
(7)			SUB-SAHARAN AFRICA	EMERGENCY HE	36,415.	WIRETRANSFER		N/A	N/A
(8)			SUB-SAHARAN AFRICA	EMERGENCY HE	29,332.	WIRETRANSFER		N/A	N/A
(9)			SUB-SAHARAN AFRICA	EMERGENCY HE	220,709.	WIRETRANSFER		N/A	N/A
(10)			SUB-SAHARAN AFRICA	EMERGENCY HE	5,178.	WIRETRANSFER		N/A	N/A
(11)			SUB-SAHARAN AFRICA	EMERGENCY HE	79,155.	WIRETRANSFER		N/A	N/A
(12)			SUB-SAHARAN AFRICA	EMERGENCY HE	33,369.	WIRETRANSFER		N/A	N/A
(13)			SUB-SAHARAN AFRICA	EMERGENCY HE	63,757.	WIRETRANSFER		N/A	N/A
(14)			SUB-SAHARAN AFRICA	EMERGENCY HE	69,900.	WIRETRANSFER		N/A	N/A
(15)			EAST ASIA/PACIFIC	EMERGENCY HE	25,000.	WIRETRANSFER		N/A	N/A
(16)			EAST ASIA/PACIFIC	EMERGENCY HE	69,978.	WIRETRANSFER		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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EMERGENCY HE	779,615.	WIRETRANSFER		N/A	N/A
(2)			NORTH AMERICA	EMERGENCY HE	65,379.	WIRETRANSFER		N/A	N/A
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(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 **18.**

3 Enter total number of other organizations or entities

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 noncash assistance	(g) Description of noncash 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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

AWARD REQUIREMENTS ARE ATTACHED TO EACH AWARD DOCUMENT/AGREEMENT. EACH PROJECT HAS AN ESTABLISHED BUDGET WHICH DETAILS OUT ALLOWABLE EXPENDITURES.

EXPENSES INCURRED IN THE FIELD ARE REVIEWED, APPROVED AND CHARGED TO INTERNATIONAL MEDICAL CORPS PROJECTS AT THE COUNTRY LEVEL AND IN ACCORDANCE WITH INTERNATIONAL MEDICAL CORPS PROCEDURES. ALL EMPLOYEES WITH THE AUTHORITY TO APPROVE EXPENSE ON BEHALF OF INTERNATIONAL MEDICAL CORPS ARE RESPONSIBLE TO SEE TO IT THAT ONLY ALLOWABLE, ALLOCABLE COSTS AND REASONABLE COSTS ARE ALLOCATED TO THE PROJECTS.

ACTUAL PROJECT EXPENDITURES ARE COMPARED TO BUDGET ON A MONTHLY BASIS BY BOTH FIELD AND HQ. BUDGET VS ACTUAL REPORT WITH PLANNED, FUTURE COSTS IS PREPARED ON A MONTHLY BASIS FOR EACH PROJECT SEPARATELY. IT FLAGS ANY DEVIATION FROM PREVIOUSLY PLANNED EXPENDITURES. THE REPORT IS PREPARED, REVIEWED AND DISCUSSED AT THE FIELD LEVEL TO AGREE ON THE BALANCES REMAINING AND FUTURE PROGRAM PLANS. WHEN FINALIZED IN THE FIELD, THE REPORT IS REVIEWED BY THE HQ AS WELL.

IN ADDITION TO BUDGET VS ACTUAL REPORT, THE SUMMARY COUNTRY FUNDING ANALYSIS IS AVAILABLE VIA ONLINE DASHBOARD ON A MONTHLY BASIS. THE ANALYSIS INCLUDES A NARRATIVE SUMMARY AND TOTAL AMOUNTS SPENT PER PROJECT AND IS AVAILABLE TO FIELD AND HQ STAFF.

Part V Supplemental Information

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).

PROJECT-RELATED PROCUREMENTS ARE INITIATED IN THE FIELD, REVIEWED AND APPROVED BY AUTHORIZED PERSONNEL IN ACCORDANCE WITH INTERNATIONAL MEDICAL CORPS PROCUREMENT PROCEDURES. AUTHORIZED SIGNATORY LIST IS MAINTAINED; IT DEFINES AUTHORIZATION TRANSACTION THRESHOLDS. INTERNAL CONTROL PROCESSES ARE REFLECTED THROUGH: APPROVAL/SIGNATORY LIST, SEGREGATION OF DUTIES, WRITTEN POLICIES AND PROCEDURES, USE OF STANDARDIZED FORMS, REGULAR AND TIMELY REPORTING, COMPUTERIZED ACCOUNTING SYSTEMS, STAFF TRAINING - CAPACITY BUILDING AND COMPLIANCE WITH APPLICABLE LOCAL LAWS.

PRIOR ENTERING INTO A SUB-AWARD WITH A NEW PARTNER, INTERNATIONAL MEDICAL CORPS CONDUCTS A RISK ASSESSMENT TO DETERMINE THE SELECTED SUB-RECIPIENT ABILITY TO IMPLEMENT ACTIVITIES (I.E. ACHIEVE RESULTS), MANAGE FUNDS IN ACCORDANCE WITH SUB-AWARD TERMS AND DONOR REGULATIONS, AND COMPLY WITH RELEVANT INTERNATIONAL MEDICAL CORPS AND GOVERNMENT REGULATIONS. RISK ASSESSMENT REVIEWS A VARIETY OF SUB AWARD CAPACITY. AS PART OF THE PRE-AWARD ORGANIZATION ASSESSMENT, SUB-RECIPIENTS MAY BE ASKED TO PROVIDE COPY OF PREVIOUS EXTERNAL AUDITS.

THE SUB-AWARD IS PREPARED AT THE HQ LEVEL BY THE GRANTS AND CONTRACT MANAGEMENT AND COORDINATED WITH OTHER RELEVANT DEPARTMENTS. THE AGREEMENT FOLLOWS DONOR REQUIREMENTS AND REGULATIONS, AS APPLICABLE. DONOR REQUIREMENTS ARE REFERENCED/ATTACHED TO THE AGREEMENT AND GIVEN TO THE SUB-RECIPIENT.

Part V Supplemental Information

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).

SUB-RECIPIENT'S FINANCIAL REPORTS ARE REVIEWED BY FIELD TEAM AND/OR HQ FINANCE DESK OFFICER, AND APPROVED BY THE REGIONAL FINANCE COORDINATOR WHILE PROGRAMMATIC REPORTS RECEIVED FROM THE SUB RECIPIENTS ARE REVIEWED BY RESPONSIBLE STAFF IN PROGRAMS DEPARTMENT SUCH AS PROGRAM OFFICER, PROGRAM MANAGER, ETC. IN CASE WHEN CHANGE IN REGULATION REQUIRES AMENDMENT TO A SUB AWARD AGREEMENT; A SUB-AWARD MODIFICATION IS ISSUED.

SUB-AWARDS SPECIFIES THE TYPE AND FREQUENCY OF REPORTING REQUIRED AND THE SUBRECIPIENT MUST ADHERE TO THE REPORTING REQUIREMENTS AND SCHEDULE IN ORDER TO RECEIVE FUNDS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g 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? Yes No
- b If "Yes," list the 10 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?		(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
		Yes	No			
1 PMX AGENCY, LLC	SEE PART IV		X		285,159.	-285,159.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					285,159.	-285,159.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATION	LUNCHEON	(total number)	(add col. (a) through col. (c))
	(event type)	(event type)			
Revenue	1 Gross receipts	945,878.	105,943.		1,051,821.
	2 Less: Contributions	924,273.	105,943.		1,030,216.
	3 Gross income (line 1 minus line 2)	21,605.			21,605.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,932.	10,153.		25,085.
	7 Food and beverages	131,657.			131,657.
	8 Entertainment	4,000.			4,000.
	9 Other direct expenses	141,178.	2,915.		144,093.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				304,835.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-283,230.	

Part III Gaming. Complete if the organization answered "Yes" on 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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a 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 conduct 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 conducted 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 provide any additional information (see instructions).

PART I, LINE 2B

PMX AGENCY LLC, ONE WORLD TRADE CTR, 63RD FLOOR, NEW YORK, NY 10007

AMOUNT PAID TO PMX AGENCY LLC FOR PRINTING, POSTAGE, AND MAILING LIST

RENTALS WAS \$268,783.

THE AGREED UPON RETAINER AMOUNT COMPENSATES THE FIRM FOR ITS STRATEGIC

FUNDRAISING COUNSEL. DIRECT EXPENSES FOR PRINTING, POSTAGE, AND MAILING

- 11 Does the organization conduct 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 conducted 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 provide any additional information (see instructions).

LIST RENTALS WERE ITEMIZED AND INVOICES SUBMITTED BY THE FIRM TO

INTERNATIONAL MEDICAL CORPS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) CONCERN WORLDWIDE US, INC 355 LEXINGTON AVE, NEW YORK, NY 10017	13-3712030	501(C)(3)	179,418.				CAPACITY BUILDING/TR
(2) ACTION AGAINST HUNGER USA 1 WHITEHALL ST, 2ND FL, NEW YORK, NY 10004	13-3327220	501(C)(3)	40,233.				CAPACITY BUILDING/TR
(3) OCRACOKE HEALTH CENTER, INC P.O. BOX 543 OCRACOKE, NC 27960	56-1273237	501(C)(3)	65,000.				MENTAL HEALTH SERVIC
(4) COMMWELL HEALTH P.O. BOX 227 NEWTON GROVE, NC 28366-0227	58-1319204	501(C)(3)	30,000.				FACILITY REHABILIATI
(5) FLORIDA ASSOC. OF COMM. HEALTH CENTERS 2340 HANSEN LN TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	24,990.				DISASTER PREPAREDNES
(6) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	348,002.				CAPACITY BUILDING/TR
(7) LA ASSOCIATION DE SALUD PRIMARIA DE PUERTO AVE. AMERICO MIRANDA #400 SAN JUAN, PR	66-0419912	501(C)(3)	105,992.				EMERGENCY RELIEF EFF
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.

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

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. 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. 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

Name of the organization

INTERNATIONAL MEDICAL CORPS

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

95-3949646

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY A. AOSSEY PRESIDENT / CEO	(i)	458,908.	0.	58,154.	29,400.	35,453.	581,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KY THIEN LUU CHIEF OPERATING OFFICER	(i)	397,027.	0.	2,100.	29,400.	10,907.	439,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 INGRID RENAUD VP, FINANCE AND ADMIN	(i)	242,979.	0.	2,100.	27,092.	32,707.	304,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 STEPHEN TOMLIN SR. ADVISOR, COMP. & RISK MGMT	(i)	144,562.	0.	713.	15,003.	34,110.	194,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CLYDE WILLIAM SUNDBLAD CHIEF KNOWLEDGE OFFICER	(i)	421,305.	0.	2,100.	29,400.	3,732.	456,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 REBECCA MILNER CHIEF ADVANCEMENT OFFICER	(i)	258,616.	0.	10,577.	28,216.	17,230.	314,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CORNELIS KLUMPER CHIEF AUDIT & COMPLIANCE OFF.	(i)	237,694.	0.	0.	25,547.	17,534.	280,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 C. DAVID ALARCON VP, CORPORATE FINANCE	(i)	251,292.	0.	0.	26,310.	16,597.	294,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 KEVIN NOONE SR ADV., EMERG RESP. (THRU 8/19)	(i)	155,271.	0.	107,853.	27,265.	15,280.	305,669.	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

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 J, PART I, LINE 4A

IN CALENDER YEAR 2019, KEVIN NOONE RECIEVED A SEVERANCE PAYMENT IN THE
AMOUNT OF \$70,000.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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		182,735.	FAIR MARKET VALUE
6 Cars and other vehicles.	X	1.	25,300.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14.	81,425.	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	31.	1,380,187.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	67.	2,283,203.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (COMPUTERS/EQUIP)	X	1.	33,780.	FAIR MARKET VALUE
26 Other ▶ (GENERATOR)	X	1.	1,121.	FAIR MARKET VALUE
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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000
03315R 1673

V 19-8.3F

Part II **Supplemental Information.** 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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Supplemental Information to Form 990 or 990-EZ

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

95-3949646

PART III, LINE 4A

SUB-SAHARAN AFRICA: IN SUB-SAHARAN AFRICA, INTERNATIONAL MEDICAL CORPS PROVIDED TRAINING AND DELIVERED EMERGENCY HEALTHCARE AND RELATED SERVICES TO THOSE AFFECTED BY CONFLICT, NATURAL DISASTER AND DISEASE. INTERNATIONAL MEDICAL CORPS PROVIDED RANGE OF HEALTHCARE AND HEALTH RELATED SERVICES AND SUPPORT FOR TRAINING AND HEALTH SYSTEM STRENGTHENING. THESE SERVICES INCLUDED EMERGENCY RESPONSE AND PREPAREDNESS; HEALTH SERVICES SUPPORT AS DISEASE PREVENTION AND SURVEILLANCE FOR DISEASES OF PUBLIC HEALTH CONCERN INCLUDING EBOLA VIRUS DISEASE (EVD) AND COVID-19; PRIMARY AND SECONDARY HEALTH CARE, WITH A FOCUS ON WOMEN AND CHILDREN; NUTRITION AND FOOD SECURITY; WATER, SANITATION, AND HYGIENE (WASH); GENDER-BASED VIOLENCE (GBV) PREVENTION AND TREATMENT; AND MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT SERVICES (MHPSS).

INTERNATIONAL MEDICAL CORPS SUPPORTS LOCAL HEALTH AUTHORITIES TO PROVIDE PRIMARY AND SECONDARY HEALTHCARE SERVICES, INCLUDING REFERRAL SERVICES FROM RURAL COMMUNITY-LEVEL CLINICS TO LARGE REGIONAL AND NATIONAL LEVEL HOSPITALS. INTERNATIONAL MEDICAL CORPS HAS IMPLEMENTED VARIOUS TRAINING PROGRAMS TO INCREASE LONG-TERM HEALTH CAPACITY IN THE COUNTRIES WHERE WE WORK, INCLUDING BY TRAINING LOCAL HEALTHCARE PROVIDERS. INTERNATIONAL MEDICAL CORPS' WASH PROGRAMS INCREASED ACCESS TO EQUITABLE, RELIABLE AND CLEAN WATER; PROVIDED AND IMPROVED SANITATION FACILITIES; AND PROMOTED SAFE HYGIENE PRACTICES. INTERNATIONAL MEDICAL CORPS INCORPORATED BEST

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

PRACTICES FOR THE PREVENTION OF AND RESPONSE TO GBV INTO PROGRAMS THAT INCLUDE PRIMARY HEALTHCARE SCREENING AND COUNSELING FOR SURVIVORS AND INCOME-CREATION INITIATIVES THAT BOOST SOCIAL STATUS AND PROTECTION OF SURVIVORS. INTERNATIONAL MEDICAL CORPS PROVIDED COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) PROGRAMS THAT HELP REDUCE STRESS ON HEALTH SYSTEMS WHILE REACHING A GREATER NUMBER OF THOSE IN NEED.

INTERNATIONAL MEDICAL CORPS' COMPREHENSIVE, COMMUNITY-BASED MENTAL HEALTH PROGRAMS HELP IDENTIFY, SUPPORT AND PROTECT PEOPLE IN NEED OF CARE WHILE HELPING PROMOTE THEIR LONGER-TERM STABILITY AND RECOVERY. AND GIVEN THE SIGNIFICANT IMPACT OF EMERGENCIES ON WOMEN AND CHILDREN, MATERNAL AND NEWBORN HEALTH PROGRAMS REMAIN A CORNERSTONE OF INTERNATIONAL MEDICAL CORPS' EMERGENCY RESPONSE AND DEVELOPMENT PROGRAMS.

PART III, LINE 4B

MIDDLE EAST AND NORTH AFRICA: IN THE MIDDLE EAST AND NORTH AFRICA REGION, INTERNATIONAL MEDICAL CORPS PROVIDED TRAINING AND DELIVERED EMERGENCY HEALTHCARE AND RELATED SERVICES TO THOSE AFFECTED BY CONFLICT, NATURAL DISASTER AND DISEASE. INTERNATIONAL MEDICAL CORPS PROVIDED RANGE OF HEALTHCARE AND HEALTH RELATED SERVICES AND SUPPORT FOR TRAINING AND HEALTH SYSTEM STRENGTHENING. THESE SERVICES INCLUDED EMERGENCY RESPONSE AND PREPAREDNESS; HEALTH SERVICES SUPPORT; PRIMARY AND SECONDARY HEALTH CARE, WITH A FOCUS ON WOMEN AND CHILDREN; MENTAL HEALTH; NUTRITION AND FOOD SECURITY; WATER, SANITATION, AND HYGIENE (WASH); AND GENDER-BASED VIOLENCE (GBV) PREVENTION AND TREATMENT.

INTERNATIONAL MEDICAL CORPS MAINTAINS A FLEXIBLE APPROACH IN THE MIDDLE

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

EAST TO BETTER RESPOND TO THE CHANGING CONTEXT. INTERNATIONAL MEDICAL CORPS PROVIDES VITAL HEALTHCARE SERVICES THROUGH BOTH STATIC FACILITIES AND MOBILE MEDICAL UNITS, WHICH HELPS ENSURE THAT LIFESAVING ASSISTANCE REACHES THOSE IN NEED. THROUGH ITS PROGRAMS, INTERNATIONAL MEDICAL CORPS HAS HELPED STRENGTHEN PRIMARY HEALTHCARE SERVICES BY PROVIDING MEDICAL EQUIPMENT, SUPPLIES, ESSENTIAL MEDICINES AND OTHER CRITICAL SUPPLIES FOR MEDICAL FACILITIES, AND INTEGRATING SERVICES FOR MATERNAL AND NEWBORN HEALTH; MANAGEMENT OF CHRONIC DISEASES; WATER, SANITATION AND HYGIENE PROMOTION; NUTRITION AND FOOD SECURITY PROGRAMS; PREVENTION AND TREATMENT OF GENDER-BASED VIOLENCE; AND MENTAL HEALTH SERVICES. INTERNATIONAL MEDICAL CORPS' COMPREHENSIVE, COMMUNITY-BASED MENTAL HEALTH PROGRAMS HELP IDENTIFY, SUPPORT AND PROTECT PEOPLE IN NEED OF CARE WHILE HELPING PROMOTE THEIR LONGER-TERM STABILITY AND RECOVERY.

PART III, LINE 4C

DOMESTIC: IN THE UNITED STATES AND ITS TERRITORIES, INTERNATIONAL MEDICAL CORPS IS FOCUSED ON PROVIDING TRAINING, EQUIPMENT AND SUPPLIES, SURGE STAFFING AND INFRASTRUCTURE TO SUPPORT OVERBURDENED HEALTHCARE FACILITIES, ENSURE CONTINUITY OF CARE FOR THOSE AFFECTED, AND SAFEGUARD HEALTHCARE WORKERS IN RESPONSE TO COVID-19. INTERNATIONAL MEDICAL CORPS IS SUPPORTING A NETWORK OF MORE THAN 56 HOSPITALS, LONG-TERM ELDERCARE FACILITIES AND FEDERALLY-HEALTHCARE CENTERS (FQHCS) IN BOSTON, CHICAGO, DETROIT, LOS ANGELES AND THE CENTRAL VALLEY, NEW YORK, TEXAS, SOUTH CAROLINA, ALABAMA AND PUERTO RICO. WE HAVE DELIVERED MORE THAN 2.1 MILLION PERSONAL PROTECTIVE EQUIPMENT AND INFECTION PREVENTION AND CONTROL (IPC) ITEMS TO THESE FACILITIES; DEPLOYED MORE THAN 75

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

VOLUNTEERS, WHO PROVIDED MORE THAN 5,000 HOURS OF SERVICE; AND, MOBILIZED AND CONFIGURED 33 EMERGENCY MEDICAL FIELD UNITS TO ENHANCE SURGE CAPACITY AT HEALTHCARE FACILITIES ACROSS THE COUNTRY.

IN ADDITION, AS COVID-19 CASES CONTINUED TO SURGE ACROSS THE UNITED STATES, INTERNATIONAL MEDICAL CORPS TRAINED MORE THAN 500 FRONTLINE HEALTHCARE WORKERS ON PROPER IPC PROCEDURES AND DEVELOPED A VARIETY OF WEBINARS AND TRAININGS VIA E-LEARNING PLATFORMS TO SUPPORT HEALTHCARE ADMINISTRATORS, CLINICIANS AND PUBLIC HEALTH DEPARTMENTS. IN EARLY SPRING, INTERNATIONAL MEDICAL CORPS LAUNCHED A COVID-19 LEARNING SERIES, WHICH INCLUDED FIVE WEBINARS FOCUSED ON COVID-19 TRANSMISSION, IPC PROCEDURES, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) AND CLINICAL SURGE OPERATIONS. AS OF JUNE 30, MORE THAN 79 PARTICIPANTS HAVE JOINED THESE SESSIONS. IN TEXAS, INTERNATIONAL MEDICAL CORPS LED 3 EMERGING INFECTIOUS DISEASE VIRTUAL TRAINING MODULES; AND, IN FLORIDA, THE TEAM FACILITATED A SERIES OF WEBINARS FOCUSED ON HEALTH CENTER PREPAREDNESS FOR FLORIDA ASSOCIATION COMMUNITY HEALTH CENTER MEMBERS. INTERNATIONAL MEDICAL CORPS HAS REACHED NEARLY 3,000 HEALTHCARE PERSONNEL THROUGH OUR VIRTUAL TRAININGS THIS YEAR.

INTERNATIONAL MEDICAL CORPS IS CONTINUING TO SUPPORT EFFORTS TO STRENGTHEN EMERGENCY PREPAREDNESS AND RESPONSE WITH OUR STATE PARTNERS IN FLORIDA AND NORTH CAROLINA. AS PART OF A CLIMATE CHANGE PROJECT, INTERNATIONAL MEDICAL CORPS IS WORKING WITH COMMUNITIES IN OCRACOE ISLAND, NORTH CAROLINA AND THE FLORIDA KEYS TO DEVELOP A CLIMATE READY

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

HAZARD PLANNING TOOL THAT WILL INCLUDE THREE ELEMENTS: HAZARD PROJECTIONS FOR THE JURISDICTIONS, HEALTHCARE FACILITY IMPACT ANALYSIS, AND MITIGATION STRATEGIES COMPENDIUM. THE TOOL, WHICH WILL BE FINALIZED IN EARLY 2021, WILL SUPPORT HEALTH FACILITIES IN DEVELOPING MORE-PRECISE HAZARD MITIGATION PLANS.

IN ADDITION, INTERNATIONAL MEDICAL CORPS PROVIDED A VARIETY OF WORKSHOPS AND TRAINING PROGRAMS TO ENABLE NGO WORKERS AND OTHER HUMANITARIAN ACTORS TO BETTER ENGAGE WITH THE INTERNATIONAL HUMANITARIAN COORDINATION SYSTEM AND STRENGTHEN THE CAPACITY OF NGOS IN RESPONDING TO EMERGENCIES.

PART III, LINE 4D

ALL OTHER: IN OTHER REGIONS AROUND THE WORLD, INTERNATIONAL MEDICAL CORPS PROVIDED TRAINING AND DELIVERED EMERGENCY HEALTHCARE AND RELATED SERVICES TO THOSE AFFECTED BY CONFLICT, NATURAL DISASTER AND DISEASE.

INTERNATIONAL MEDICAL CORPS PROVIDED RANGE OF HEALTHCARE AND HEALTH RELATED SERVICES AND SUPPORT FOR TRAINING AND HEALTH SYSTEM STRENGTHENING. THESE SERVICES INCLUDED EMERGENCY RESPONSE AND PREPAREDNESS; HEALTH SERVICES SUPPORT AS DISEASE PREVENTION AND SURVEILLANCE FOR DISEASES OF PUBLIC HEALTH CONCERN INCLUDING COVID-19; PRIMARY AND SECONDARY HEALTH CARE, WITH A FOCUS ON WOMEN AND CHILDREN; NUTRITION AND FOOD SECURITY; WATER, SANITATION, AND HYGIENE (WASH); GENDER-BASED VIOLENCE (GBV) PREVENTION AND TREATMENT; AND MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT SERVICES (MHPSS).

INTERNATIONAL MEDICAL CORPS HELPS LOCAL HEALTH AUTHORITIES PROVIDE

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

PRIMARY AND SECONDARY HEALTHCARE SERVICES, INCLUDING REFERRAL SERVICES FROM RURAL COMMUNITY-LEVEL CLINICS TO LARGE REGIONAL AND NATIONAL-LEVEL HOSPITALS. INTERNATIONAL MEDICAL CORPS DELIVERED WASH SERVICES IN A VARIETY OF CONTEXTS TO ENSURE ACCESS TO RELIABLE AND CLEAN WATER, PROVIDE AND IMPROVE SANITATION FACILITIES AND PROMOTE SAFE HYGIENE PRACTICES. INTERNATIONAL MEDICAL CORPS SUPPORTED THE INTEGRATION OF GBV PREVENTION AND RESPONSE INTO BROADER PROGRAMS AND PROVIDED STANDALONE PROGRAMS TO HELP PREVENT AND RESPOND TO GBV. INTERNATIONAL MEDICAL CORPS ENGAGED LOCAL HEALTHCARE WORKERS, COMMUNITY OUTREACH WORKERS AND EMERGING LEADERS BY PROVIDING TRAINING THAT INCLUDED SEMINARS, INDIVIDUAL MENTORING AND HANDS-ON EXPERIENCE.

INTERNATIONAL MEDICAL CORPS WORKED WITH COMMUNITIES TO REDUCE THEIR RISK TO NATURAL HAZARDS, SUCH AS AVALANCHES AND LANDSLIDES, AND HELPED THEM DESIGN EMERGENCY RESPONSE SYSTEMS THAT CAN BE IMPLEMENTED IF AND WHEN A DISASTER STRIKES. INTERNATIONAL MEDICAL CORPS PRIORITIZED MENTAL HEALTH AND PSYCHOSOCIAL SERVICES FOR THOSE IN NEED, AND CONTINUED TO SUPPORT MATERNAL AND NEWBORN HEALTH BY PROVIDING MEDICAL CARE AND BY INCREASING LOCAL HEALTHCARE CAPACITY.

PART V, LINE 4B

COUNTRIES WITH BANK ACCOUNTS: AFGHANISTAN, BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CROATIA, DR CONGO, ETHIOPIA, GREECE, INDONESIA, IRAQ, JAPAN, JORDAN, KENYA, LEBANON, LIBYA, MALI, NIGERIA, PAKISTAN, PALESTINIAN TERRITORIES, PHILIPPINES, REPUBLIC OF GUINEA, SERBIA, SOMALIA, SOUTH SUDAN, SUDAN, SYRIA, TUNISIA, UKRAINE, YEMEN, ZIMBABWE.

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

PART VI, LINE 11B

INTERNATIONAL MEDICAL CORPS PROVIDES A COMPLETE COPY OF THE FORM 990 TO ALL MEMBERS OF ITS BOARD OF DIRECTORS BEFORE FILING THE FORM WITH THE INTERNAL REVENUE SERVICE.

THE FORM IS PREPARED BY INTERNATIONAL MEDICAL CORPS' ACCOUNTING-FINANCE STAFF, AND IS REVIEWED BY ITS SENIOR MANAGEMENT, AS WELL AS BY ITS EXTERNAL 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 REGULATIONS.

EMPLOYEES ARE REQUIRED TO, AND DO, REPORT ANY SUSPECTED OR ACTUAL 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. CONFLICT OF INTEREST FORMS ARE REVIEWED BY REPRESENTATIVES OF THE HR DEPARTMENT AND PROPOSED MITIGATING MEASURES ARE PUT IN PLACE IN CONSULTATION WITH THE RELEVANT SUPERVISOR. THE ETHICS & COMPLIANCE AND LEGAL DEPARTMENT ARE CONSULTED, AS NECESSARY.

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

PART VI, LINE 15A

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES PRESIDENT/CEO COMPENSATION. THE EXECUTIVE COMMITTEE MAKES ITS DETERMINATION THROUGH A PERIODIC COMPARISON OF COMPENSATION PAID BY OTHER ORGANIZATIONS ENGAGED IN INTERNATIONAL RELIEF AND DEVELOPMENT WORK, AND TAKES INTO CONSIDERATION COMPENSATION SURVEY DATA, PERFORMANCE, MARKET CONDITIONS, AND GEOGRAPHICAL INDICATORS.

PART VI, LINE 15B

INTERNATIONAL MEDICAL CORPS DETERMINES COMPENSATION FOR ITS CHIEF OPERATING OFFICER, AND ITS VP, FINANCE AND ADMINISTRATION, THROUGH A PERIODIC COMPARISON OF COMPENSATION PAID BY OTHER ORGANIZATIONS ENGAGED IN INTERNATIONAL RELIEF AND DEVELOPMENT WORK, AND TAKES INTO CONSIDERATION COMPENSATION SURVEY DATA, PERFORMANCE, MARKET CONDITIONS, AND GEOGRAPHICAL INDICATORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PERIODICALLY REVIEWS AND APPROVES THE COMPENSATION FOR ITS VP, FINANCE AND ADMINISTRATION, AND PERIODICALLY REVIEWS THE COMPENSATION FOR ITS CHIEF OPERATING OFFICER.

PART VI, LINE 19

INTERNATIONAL MEDICAL CORPS FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON ITS WEBSITE AND ALSO UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DELTEK, INC. 2291 WOOD OAK DRIVE HERNDON, VA 20171-2823	SOFTWARE MAINTENANCE	679,465.
NEXUS DIRECT, LLC 101 WEST MAIN STREET, SUITE 400 NORFOLK, VA 23510	CONSULTING	242,813.
KPMG, LLP DEPT 0922 PO BOX 120922 DALLAS, TX 75312-0922	AUDIT SERVICES	268,400.
GONRING, SPAHN & ASSOCIATES, INC. PO BOX 66280 LOS ANGELES, CA 90066	CONSULTING	240,000.
PMX AGENCY LLC (FORWARDPMX) ONE WORLD TRADE CENTER, 63RD FLOOR NEW YORK, NY 10007	CONSULTING	188,472.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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 VILLA GRACIA, OFF RAPHA ROAD WESTLANDS, NAIROBI KE	HEALTH SRVCS	KE	501(C)(3)	FOREIGN NPR	IMC	X	
(2) INTERNATIONAL MEDICAL CORPS HELLAS HBPO PC 317 KIFISIAS AVE, 14561 KIFISIA, ATHENS GR	HEALTH SRVCS	GR	501(C)(3)	FOREIGN NPR	IMC	X	
(3) INTERNATIONAL MEDICAL CORPS JAPAN ISH KBC A-1 45 AKAGI-SHITAMACHI SHINJUKU-KU, TOKYO JA 162-	HEALTH SRVCS	JA	501(C)(3)	FOREIGN NPR	IMC	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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	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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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	17,188.	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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
