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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)

 \blacktriangleright 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

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year begir	nning 07/	01/2021	and endin	ıg		06/30	/2022	
R 0	,		C Name of organization					D Employer ide	entification	number	
G Cr	eck if ap		INTERNATIONAL MEDICAL	CORPS							
	Addre chang		Doing Business As					95-3949	646		
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addres	ss)	Room/suite		E Telephone nu	ımber		
	Initial	return	12400 WILSHIRE BOULEVA			1500		(310)82	26 – 780	0	
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code	е						
	Amen return	1	LOS ANGELES, CA 90025					G Gross receipt	s \$ 2	20,918	3 <u>,671.</u>
	Applio pendi		F Name and address of principal officer:	NANCY A AOSS	EY			H(a) Is this a grou subordinates?		Yes	X No
			12400 WILSHIRE BLVD,ST	E 1500, LOS ANG	ELES, C	A 90025		H(b) Are all subordi		Yes	No
Ι.	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	7	If "No," attac	h a list. (see	instructions)	
J	Websi	te: 🕨	WWW.INTERNATIONALMEDICA	ALCORPS.ORG				H(c) Group exemp	tion number	>	
K	Form o	of organ	ization: X Corporation Trust	Association Other	•	L Year of	formation	on: 1984 M	State of leg	gal domicile	: CA
Pa	art I	Sui	mmary								
	1	Briefly	describe the organization's mission o	r most significant activities	s: TO IM	IPROVE_TH	HE QU	ALITY OF	LIFE	THROUG	Ή
မွ		HEA	LTH INTERVENTIONS AND RE	ELATED ACTIVITI	ES THAT	STRENGT	HEN				
Governance		UNDI	ERSERVED COMMUNITIES WOR	RLDWIDE.							
/eri	2	Check	this box 🕨 🔃 if the organization d	iscontinued its operation	ns or dispose	ed of more that	ın 25% (of its net assets	 3.		
ô	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		12
<u>«</u> ة			er of independent voting members of t						4		11
Activities	5	Total	number of individuals employed in cale	endar year 2021 (Part V, I	ine 2a)				5		196
Ę.			number of volunteers (estimate if necess						6		9(
Α̈́	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		
			nrelated business taxable income from						7b		
					Prior Year		Current Y	'ear			
an l	8	Contri	butions and grants (Part VIII, line 1h)				1'	74,499,72	5. 2	18,073	3,307.
u l	9	Progra	am service revenue (Part VIII, line 2g)		COP	Y FOR			ONE		NONE
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	NSPECTION		154,19	1.	264	4,363.
~			revenue (Part VIII, column (A), lines 5,					-11,34			7,011.
			revenue - add lines 8 through 11 (must				1	74,642,57	_	18,290	
			s and similar amounts paid (Part IX, colu					5,411,05		11,322	
			its paid to or for members (Part IX, colu						ONE	•	NONE
s			es, other compensation, employee bene					85,521,44	5.	86,942	2,210.
Expenses			ssional fundraising fees (Part IX, column					447,77			7,775.
-be	b	Total	fundraising expenses (Part IX, column (I	D). line 25) ► 3, 6	54,058.			•			
ũ			expenses (Part IX, column (A), lines 11					90,370,77	7.	68,983	 3.550.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX. column (A). line	25)			81,751,05		67,696	
	19		nue less expenses. Subtract line 18 from					-7,108,48		50,594	
or								ing of Current Y		End of Ye	
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)					82,472,06	7. 1	37,818	3.794.
Ass I Ba	21		liabilities (Part X, line 26)					41,894,38		47,040	
Net Linc	22		ssets or fund balances. Subtract line 21					40,577,68		90,778	
	rt II		gnature Block								7000
Und	ler per	nalties o	of perjury, I declare that I have examined th	is return, including accomp	anying schedu	ules and statem	nents, an	d to the best of	my knowl	edge and l	belief, it is
true	, corre	ct, and	complete. Declaration of preparer (other than	n officer) is based on all infor	mation of whi	ch preparer has	s any kno	owledge.			
Sig			Signature of officer					Date			
Her	е		INGRID RENAUD		VP,	FINANCE	E & A	DMIN.			
			Type or print name and title		,			<u> </u>			
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paid		ALBI	ERT N ANTONELLI					self-employe		496650)
Prep			name PRICEWATERHOUSEC	OOPERS LLP		I		Firm's EIN	<u> </u>	008324	
Use	Only			SUITE 1800 PHILADELPH	HIA, PA 191	03		Phone no.		330-30	
May	the II		cuss this return with the preparer show								No
			Reduction Act Notice, see the separat				<u> </u>				0 (2021)

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
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.
	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
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
	If "Yes," describe these changes on Schedule O.
	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 \$64,803,988. including grants of \$1,207,291.) (Revenue \$NONE_)
	SUB-SAHARAN AFRICA: SEE SCHEDULE O FOR PROGRAM DESCRIPTION
4b	(Code:) (Expenses \$ 43,568,774. including grants of \$ 2,589,153.) (Revenue \$ NONE)
	MIDDLE EAST AND NORTH AFRICA: SEE SCHEDULE O FOR PROGRAM
	DESCRIPTION
<u>4c</u>	(Code:) (Expenses \$ 11,541,433. including grants of \$ 222,337.) (Revenue \$ NONE)
70	RUSSIA AND NEIGHBORING STATES: SEE SCHEDULE O FOR PROGRAM
	DESCRIPTION
4 . 1	Other pregram consises (Decesibe on Cabadula O.)
	Other program services (Describe on Schedule O.)
	(Expenses \$ 26,718,081. including grants of \$ 7,303,768.) (Revenue \$ 16,514.)
4e	Total program service expenses ► 146,632,276.

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.5
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	7.7	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	- 21	
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	· · · · · · · · · · · · · · · · · · ·			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
20		21		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		21
J-T		24	v	
25-	or IV, and Part V, line 1	34	X	
		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	٥		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			_ X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reperture gaining (gaineing) withings to prize withers:	10	77	

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 196			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	The original control of the control			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · ·	14b		-22
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
1 3	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	through 7b below, and for a "Ne
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on Schedule O. See instructions
	Check if Schedule O contains a response or note to any line in this Part VI	<u>x</u>

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		v
	one or more members of the governing body?	1 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
	with a taxable entity during the year?	IVa		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	「(sect	ion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,555,		- (-)
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy.
	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 record	s >		

(310)826-7800

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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 Average hours per week (list any per week (list any per week of the compensation from the substitution with the compensation from the organizations (W-2) 1099-NEC) (1) NANCY A. AOSSEY PRESIDENT / CEO NONE X X X S S S S S S S S S S S S S S S S					(0	C)					
Nours December D	(A)	(B)			Pos	ition			(D)	(E)	(F)
Per week (list any hours for related organizations who determined the list of related organizations below dotted line) Per set the list of related organizations below dotted line) Per set the list of related organizations below dotted line) Per set the list of related organizations below dotted line) Per set the list of related organizations below dotted line) Per set the list of related organizations below dotted line) Per set the list of related organizations below dotted line) Per set the list of related organizations Per s	Name and title		,							•	
Composition of the presentation of the prese									· ·	•	
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Composition			ndi or di	nsti	Offic	(ey	ᄬᅘ	mo-	,	,	
(1) NANCY A. AOSSEY 40.00 PRESIDENT / CEO NONE X X 510,491. NONE 71,082. (2) KY THIEN LUU 40.00 CHIEF OPERATING OFFICER NONE X 494,726. NONE 84,010. (3) CLYDE WILLIAM SUNDBLAD 40.00 CHIEF KNOWLEDGE OFFICER NONE X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 VP, CORPORATE FINANCE NONE X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034.			rect	tutio	èr	emp	est	ler	1099-NEC)	1099-NEC)	related organizations
(1) NANCY A. AOSSEY 40.00 PRESIDENT / CEO NONE X X 510,491. NONE 71,082. (2) KY THIEN LUU 40.00 CHIEF OPERATING OFFICER NONE X 494,726. NONE 84,010. (3) CLYDE WILLIAM SUNDBLAD 40.00 CHIEF KNOWLEDGE OFFICER NONE X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 VP, CORPORATE FINANCE NONE X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034.		"	or ta	nal		loye	⁶ 03				
(1) NANCY A. AOSSEY 40.00 PRESIDENT / CEO NONE X X 510,491. NONE 71,082. (2) KY THIEN LUU 40.00 CHIEF OPERATING OFFICER NONE X 494,726. NONE 84,010. (3) CLYDE WILLIAM SUNDBLAD 40.00 CHIEF KNOWLEDGE OFFICER NONE X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 VP, CORPORATE FINANCE NONE X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034.			stee	trust		Ф	pens				
Column C		,		ee			sate				
PRESIDENT / CEO							-				
(2) KY THIEN LUU 40.00 CHIEF OPERATING OFFICER NONE X 494,726. NONE 84,010. (3) CLYDE WILLIAM SUNDBLAD 40.00 X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 X 308,028. NONE 50,034. (7) MARY PACK 40.00 X 308,028. NONE 50,034.	(1) NANCY A. AOSSEY	40.00									
CHIEF OPERATING OFFICER NONE X 494,726. NONE 84,010. (3) CLYDE WILLIAM SUNDBLAD 40.00 CHIEF KNOWLEDGE OFFICER NONE X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 VP, CORPORATE FINANCE NONE X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034.	PRESIDENT / CEO	NONE	Х		Х				510,491.	NONE	71,082.
(3) CLYDE WILLIAM SUNDBLAD 40.00 CHIEF KNOWLEDGE OFFICER NONE X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 X 308,028. NONE 50,034. VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 X 308,028. NONE 50,034.	(2) KY THIEN LUU	40.00									
CHIEF KNOWLEDGE OFFICER NONE X 487,066. NONE 34,232. (4) C. DAVID ALARCON 40.00 X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 X 313,146. NONE 50,018. CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 X 308,028. NONE 50,034. VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 X 308,028. NONE 50,034.	CHIEF OPERATING OFFICER	NONE			Х				494,726.	NONE	84,010.
(4) C. DAVID ALARCON 40.00 VP, CORPORATE FINANCE NONE X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 X 313,146. NONE 50,018. CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 X 308,028. NONE 50,034. VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 X 308,028. NONE 50,034.	(3) CLYDE WILLIAM SUNDBLAD	40.00									
VP, CORPORATE FINANCE NONE X 304,221. NONE 59,798. (5) REBECCA MILNER 40.00 X 313,146. NONE 50,018. CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 X 308,028. NONE 50,034. VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 X 308,028. NONE 50,034.	CHIEF KNOWLEDGE OFFICER	NONE					X		487,066.	NONE	34,232.
(5) REBECCA MILNER 40.00 CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 X 308,028. NONE 50,034. VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 X 308,028. NONE 50,034.	(4) C. DAVID ALARCON	40.00									
CHIEF ADVANCEMENT OFFICER NONE X 313,146. NONE 50,018. (6) INGRID RENAUD 40.00 VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00	VP, CORPORATE FINANCE	NONE					Х		304,221.	NONE	59,798.
(6) INGRID RENAUD 40.00 VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 50,034.	(5) REBECCA MILNER	40.00									
VP, FINANCE AND ADMIN NONE X 308,028. NONE 50,034. (7) MARY PACK 40.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CHIEF ADVANCEMENT OFFICER	NONE					X		313,146.	NONE	50,018.
(7) MARY PACK 40.00	(6) INGRID RENAUD	40.00									
	VP, FINANCE AND ADMIN	NONE			Х				308,028.	NONE	50,034.
VD HIMANITADIAN I DCHD C DTN NONE V 260 046 NONE 45 052	(7) MARY PACK	40.00									
	VP, HUMANITARIAN LDSHP & PTN	NONE					X		269,046.	NONE	45,852.
(8) CORNELIS KLUMPER 40.00	(8) CORNELIS KLUMPER	40.00									
CHIEF AUDIT & COMPLIANCE OFF. NONE X 259,298. NONE 48,311.	CHIEF AUDIT & COMPLIANCE OFF.	NONE					X		259,298.	NONE	48,311.
(9) ROBERT R. SIMON M.D., FAAEM 10.00	(9) ROBERT R. SIMON M.D., FAAEM	10.00									
FOUNDER AND CHAIRMAN NONE X X NONE NONE NONE	FOUNDER AND CHAIRMAN	NONE	X		Х				NONE	NONE	NONE
(10) EDWARD J. CARPENTER 7.00	(10) EDWARD J. CARPENTER	7.00									
ASSOCIATE CHAIRMAN NONE X X NONE NONE NONE	ASSOCIATE CHAIRMAN	NONE	X		Х				NONE	NONE	NONE
(11) LINDA N. CAPPELLO 7.00	(11) LINDA N. CAPPELLO	7.00									
SECRETARY OF THE BOARD NONE X X NONE NONE NONE	SECRETARY OF THE BOARD	NONE	X		Х				NONE	NONE	NONE
(12) ANDREW F. BARTH 5.00	(12) ANDREW F. BARTH	5.00									
BOARD MEMBER NONE X NONE NONE NONE		NONE	X						NONE	NONE	NONE
(13) PAUL DEAN M.D., M.P.H. 3.00	(13) PAUL DEAN M.D., M.P.H.	3.00									
BOARD MEMBER NONE X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(14) ARDENA L. FLIPPIN, M.D., MBA 3.00	(14) ARDENA L. FLIPPIN, M.D., MBA	3.00									
BOARD MEMBER NONE X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	

Form 990 (2021)											Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(40			sition	. 44		Reportable	Reportab		Estimated
	hours per week (list any	,				e than o is both		compensation from	compensation		amount of other
	hours for	offic		d a c		or/trust		the	organizatio		compensation
	related	or o	Ins	Officer	₹ e	Hig em_	Former	organization	(W-2/1099-N		from the
	organizations below dotted	Individual or director	tituti	icer	em	hest	mer	(W-2/1099-MISC)			organization and related
	line)	Individual trustee or director	Institutional trustee		Key employee	ee					organizations
		uste	ŧ		ee	npe					· ·
		9	stee			Highest compensated employee					
						ied.					
15) JAMES H. HART	5.00										
BOARD MEMBER	NONE	X						NONE		NONE	NONE
16) MARY E. MCCLYMONT	3.00										
BOARD MEMBER	NONE	X						NONE	1	NONE	NONE
17) WILLIAM ROBINSON M.D.	5.00										
BOARD MEMBER	NONE	X						NONE		NONE	NONE
18) CHRISTINE J. TORETTI	3.00										
BOARD MEMBER	NONE	X						NONE		NONE	NONE
19) DAVID J. ZUERCHER	5.00										
BOARD MEMBER	NONE	X						NONE		NONE	NONE
		-									
		-									
		-									
-											
		1									
Alt Out total								2 046 022		NIONIE	112 227
1b Sub-total	Continu A				• •			2,946,022. NONE		NONE NONE	443,337.
c Total from continuation sheets to Part VII, \$	- -				• •			2,946,022.		NONE	NONE 443,337.
d Total (add lines 1b and 1c)											443,337.
reportable compensation from the organization		.11056	IISIE	ua		e) wiic 47	וכ	ceived more man	\$100,000 0	ı	
Toportable dempendation from the organization	211 P					4 /					Yes No
2 Did the consciention list and former offi					_			معاملا معاما		41	Tes NO
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3 X
											J A
4 For any individual listed on line 1a, is the organization and related organizations g	sum of representations	portat	ole d	com	per	satior	າ aı . "	nd other compens	sation from	the	
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? <i>If "</i> ?											5 X
Section B. Independent Contractors	,										
Complete this table for your five highest cor	npensated i	ndep	ende	ent	con	tracto	rs t	hat received more	than \$100.	000 o	f
compensation from the organization. Report year.											
							T	(R)			(C)
(A) SEE SCHEDULE O Name and business ac	ldress							(B) Description of se	ervices	С	(C) Compensation
								·			-
							t				
							$\overline{}$				

2 Total number of independent contractors (including but not limited to those listed above) who received

21

more than \$100,000 in compensation from the organization ▶

95-3949646

Form 990 (2021) INT Part VIII Statement of Revenue

- all		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/III 		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ڡۜٙڲ	С	Fundraising events 1c	1,211,116.				
r A	d	Related organizations 1d					
Ω≅	e	Government grants (contributions) 1e	123,471,543.				
ns,	f	All other contributions, gifts, grants,	. ,				
흕	'	and similar amounts not included above . 1f	93,390,648.				
ᅙ			23,320,010.				
<u></u>	g	Noncash contributions included in	f 10 200 F26				
20		lines 1a-1f		010 050 005			
	h	Total. Add lines 1a-1f		218,073,307.			
a)			Business Code				
<u>.ĕ</u>	2a						
ne je	b						
n en	С						
e a	d						
Program Service Revenue	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		90,344.			90,344
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	1,01,12			
	l la	Cross amount nom	(ii) Guioi				
			64,140.				
-	١.	other than inventory 7a 2,669,426.	04,140.				
evenue	b	Less: cost or other basis					
Ver		and sales expenses 7b 2,559,547.					
α	١.	Gain or (loss)	64,140.				
e	d	Net gain or (loss)	<u></u>	174,019.			174,019.
Other	8a	Gross income from fundraising					
•		events (not including \$1,211,116.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	4,940.				
	b	Less: direct expenses 8b	68,465.				
	С	Net income or (loss) from fundraising events	<u> </u>	-63,525.			-63,525.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities.	<u> </u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
·Ω			Business Code				
oü:	116	GRANT EXPENSE RESIDUAL	900099	2,354.	2,354.		
ne	11a	REWARD POINTS	900099	9,729.	9,729.		
e e	b	OTHER	900099	4,431.	4,431.		
Miscellaneous Revenue	C		,,,,,	4,431.	7,731.		
Ξ	d	All other revenue		16 514			
		Total Sylvania See instructions		16,514.	20 52 5		000 000
	12	Total revenue. See instructions	🗩 🛚	218,290,659.	16,514.		200,838

95-3949646

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	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	1,141,082.	1,141,082.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	10,181,467.	10,181,467.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,441,288.	541,298.	896,038.	3,952
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	64,995,724.	53,582,015.	9,974,070.	1,439,639.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,642,824.	5,224,186.	1,271,541.	147,097
9	Other employee benefits	11,827,832.	8,727,042.	2,762,570.	338,220
10	Payroll taxes	2,034,542.	1,251,215.	705,170.	78,157
11	Fees for services (nonemployees):				
а	ı Management	NONE			
	Legal	434,544.	334,325.	98,199.	2,020
c	Accounting	347,000.	36,000.	311,000.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	447,775.			447,775
f	f Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	6,054,023.	4,712,431.	1,189,316.	152,276
	Advertising and promotion	455,731.	209,919.	47,922.	197,890
	Office expenses	4,039,812.	2,767,093.	553,189.	719,530
	Information technology	1,621,691.		1,621,691.	
	Royalties	NONE			
	Occupancy	6,266,225.	5,641,227.	593,856.	31,142
	Travel	4,733,684.	4,609,065.	90,950.	33,669
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE	000 000	00 111	1 205
	Conferences, conventions, and meetings	263,298.	239,882.	22,111.	1,305
	Interest	NONE			
	Payments to affiliates	NONE	20 011	F06 427	
	Depreciation, depletion, and amortization	625,438.	29,011. 1,172,319.	596,427. 211,346.	27,038
	Insurance	1,410,703.	1,1/2,319.	211,340.	27,030
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.)				
	PROGRAM SUPPLIES	39,246,475.	39,246,475.		
	TRANSPORTATION AND SHIPPING	6,642,626.	6,636,435.	338.	5,853
	OTHER	-3,157,700.	349,789.	-3,535,984.	28,495
d		5,157,700.	317,707.	3,333,301.	20,193
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	167,696,084.	146,632,276.	17,409,750.	3,654,058
	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	20.,000,001.	220,002,270	2.,100,700.	2,031,030
	following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Page **11**

Part X Balance Sheet

Part)	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	56,758,858.	1	103,058,352.
2	Savings and temporary cash investments	429,178.	2	429,226
3	Pledges and grants receivable, net	6,268,881.	3	5,841,436.
4	Accounts receivable, net	5,494,161.	4	14,771,586.
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	NONE	5	NON
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)	NONE	6	NON
Assets 8 8 8	Notes and loans receivable, net	NONE	7	NON
8 8	Inventories for sale or use	1,230,082.	8	443,692.
9	Prepaid expenses and deferred charges	4,676,524.	9	5,827,122.
10	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 11,667,507.			
l	Less: accumulated depreciation	2,305,561.		2,276,289.
11	Investments - publicly traded securities	5,059,919.	11	4,829,201.
12	Investments - other securities. See Part IV, line 11	NONE		NONE
13	Investments - program-related. See Part IV, line 11	NONE		NONE
14	Intangible assets	NONE	_	NONI
15	Other assets. See Part IV, line 11	248,903.		341,890.
16	Total assets. Add lines 1 through 15 (must equal line 33)	82,472,067.		137,818,794.
17	Accounts payable and accrued expenses	35,106,299.		39,543,954.
18	Grants payable	NONE	_	NONE
19	Deferred revenue	6,227,539.		3,950,878.
20	Tax-exempt bond liabilities	NONE		NONI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONI
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	37037		37037
	controlled entity or family member of any of these persons	NONE		NONE
23	Secured mortgages and notes payable to unrelated third parties	NONE		NONI
24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	NONE	24	NONE
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	560,548.	25	3,545,462.
26	Total liabilities. Add lines 17 through 25	41,894,386.		47,040,294.
	Organizations that follow FASB ASC 958, check here ► X	41,094,300.	20	47,040,294.
25	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	18,605,956.	27	22,489,021.
28	Net assets with donor restrictions.	21,971,725.	28	68,289,479.
2	Organizations that do not follow FASB ASC 958, check here ▶	21,571,725.		00,200,170.
ב	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	
Net Assets of Fund Balances 2 2 2 3 3 1 2 2 3 3 1 2 2 3 3 1 2 3 3 1 2 3 3 3 1 2 3 3 3 1 2 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds		31	
ਜ਼ ₃₂	Total net assets or fund balances	40,577,681.	32	90,778,500.
33	Total liabilities and net assets/fund balances	82,472,067.	33	137,818,794.
1		02,272,007.		Form 990 (202

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Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					\equiv
	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				<u>659</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	7,6	96,	<u>084</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	5	0,5	94,	<u> 575</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	0,5	77,	<u>681</u>
5	Net unrealized gains (losses) on investments	5		-3	93,	<u> 756</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	9	0,7	78,	<u>500</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	he [
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b	X	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

95-3949646

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	3
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectic	n 170(b))(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated to		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•					
7	X	An organization that norma	•	•	ipport fr	om a go	vernmental unit or fro	om the general public
_		described in section 170(b)		•	5			
8		A community trust describe						land mark callens
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	r the college or
10		university: An organization that norma	lly receives (1) me	are then 224/29/ of its	aupport	from oo	ntributions momborob	in food and arose
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt finent income and union after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (les Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	-			
12		An organization organized a	•	•				
		one or more publicly support						
	_	the box on lines 12a throug					•	=
а		Type I. A supporting orga	•				•	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.						
b	L	Type II. A supporting org	•					
		control or management of		=	the sam	e persor	ns that control or man	age the supported
	Г	organization(s). You must	-					
С	L	Type III functionally integ						lly integrated with,
الم	Г	its supported organization		•				tad arganization(a)
d	L	☐ Type III non-functionally			-			= ::
		that is not functionally into requirement (see instruct			-			an attentiveness
_	Г	Check this box if the orga	•	-				I. Typo III
е	_	functionally integrated, or					•••	і, туре ііі
f	Fn	ter the number of supported	7.1	, , ,		organiza	uon.	
a		ovide the following information	•					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	``	0		(described on lines 1-10	listed in yo	our governing	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
					1.00			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,544,667.	130,549,749.	190,521,703.	174,499,725.	218,073,307.	844,189,151.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	130,544,667.	130,549,749.	190,521,703.	174,499,725.	218,073,307.	844,189,151.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,112,177.
6	Public support. Subtract line 5 from line 4						841,076,974.
	tion B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	130,544,667.	130,549,749.	190,521,703.	174,499,725.	218,073,307.	844,189,151.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,924.	56,878.	187,515.	106,706.	90,344.	479,367.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	71,466.					71,466.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE .	95,839.	89,969.	163,054.	30,858.	21,454.	401,174.
11	Total support. Add lines 7 through 10						845,141,158.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		_				
14	Public support percentage for 2021 (li		=			14	99.52 %
15	Public support percentage from 2020						99.19 %
16a	331/3% support test - 2021. If the or	=					
	box and stop here. The organization q	-		-			
b	331/3% support test - 2020. If the org	=					
4	this box and stop here. The organization	-		_			
1 / a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	•
	Part VI how the organization meets			=	•	-	
	organization						
a	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization most					-	
	in Part VI how the organization meets			•			
40	organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

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.)

500	tion A Bublic Support				•		
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	•	•		•		```
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Supp					T T	
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 🔃

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			- 0 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
30011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.			
Sacti	on C. Type II Supporting Organizations	2		
) C C (1	on o. Type ii oupporting 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)? 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).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the constant of the c		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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r e
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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? 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.	2a		
h	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	I	1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
_	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
_		- 3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		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		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization

Schedule A (Form 990) 2021

(see instructions).

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Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ilons (continued)				
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed				
	organizations, in excess of income from activity	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	3					
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	Line 8 amount divided by line 9 amount					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021		
Sect	ion E - Distribution Allocations (see instructions) Distributable amount for 2021 from Section C, line 6	(i) Excess Distributions	Underdistributio	ns	Distributable		
	,	(i) Excess Distributions	Underdistributio	ns	Distributable		
1	Distributable amount for 2021 from Section C, line 6	(i) Excess Distributions	Underdistributio	ns	Distributable		
1	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021	(i) Excess Distributions	Underdistributio	ns	Distributable		
1	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See	(i) Excess Distributions	Underdistributio	ns	Distributable		
1 2	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021	(i) Excess Distributions	Underdistributio	ns	Distributable		
1 2	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016	(i) Excess Distributions	Underdistributio	ns	Distributable		
1 2 3 a	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016	(i) Excess Distributions	Underdistributio	ns	Distributable		
1 2 3 a b	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018	(i) Excess Distributions	Underdistributio	ns	Distributable		
1 2 3 a b c	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016	(i) Excess Distributions	Underdistributio	ns	Distributable		

Schedule A (Form 990) 2021

5

6

Applied to underdistributions of prior years
Applied to 2021 distributable amount

Applied to underdistributions of prior years

Applied to 2021 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2021. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

Distributions for 2021 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

Section D, line 7:

Carryover from 2016 not applied (see instructions)
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Schedule A (Form 990 or 990-EZ) 2021

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

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.)

SCHEDULE A, PART II - OTHER INC	COME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
GROSS INCOME FROM FUNDRAISING	51,050.	48,825.	21,605.	6,279.	4,940.	132,699.
INSURANCE REFUND			35,801.	15,540.		51,341.
REWARD POINTS		14,093.	10,588.	5,191.	9,729.	39,601.
OTHER	790.	8,074.	-5,197.	3,848.	4,431.	11,946.
GRANT EXPENSE RESIDUAL	43,999.	18,977.	100,257.		2,354.	165,587.
TOTALS	95,839.	89,969.	163,054.	30,858.	21,454.	401,174.
	==========	==========	==========	==========	==========	==========

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Employer identification number Name of the organization INTERNATIONAL MEDICAL CORPS 95-3949646 Organization type (check one): Filers of: Section: X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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 no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$107,524,071	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$14,867,228	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

INTERNATIONAL MEDICAL CORPS 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
	DONATED FOOD		
1_	DONATED ITEMS RECEIVED		
	THROUGHOUT THE FISCAL YEAR BEGINNING		
	07/01/2021 AND ENDING 06/30/2022	\$336,646.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		,	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	

INTERNATIONAL MEDICAL CORPS 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 (c) Use of gift (b) Purpose 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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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.

Open to Public Inspection

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

-	(See separate instructions), their				
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Fmmlavan ida	maidia aatia muumban
	e of organization				ntification number
	TERNATIONAL MEDICAL (CORPS organization is exempt under	costion FO1/c) or		949646
		he organization's direct and indi			
1	·	-	rect political camp	aign activities in Part	iv. See instructions to
•	definition of "political campa	_		▶ ♠	
2		xpenditures. See instructions			
3 Par	rt I-B Complete if the c	campaign activities. See instruction organization is exempt under s	ection 501(c)(3)		
1		cise tax incurred by the organization		5 C	
2		cise tax incurred by the organization m			
3		a section 4955 tax, did it file Form			Yes No
-		a section 4900 tax, did it file i offil			
	If "Yes," describe in Part IV.				L les L No
	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1	•	expended by the filing organization	• • • • • • • • • • • • • • • • • • • •		<i>r</i> -
•					
2		ng organization's funds contributed		-	
_		ies			
3		enditures. Add lines 1 and 2. Ent			
•					
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiz	ations to which the filing
		ts. For each organization listed, en			
	the amount of political cont	tributions received that were prom	iptly and directly de	livered to a separate po	olitical organization, such
		nd or a political action committee (F			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization.
					If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)			-		
(C)					
(6)			-		
		I.	I .	1	1

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

Schedule C (Form 990) 2021

Sche	edule C (Form 990) 2021	INTERNATIONAL	MEDICAL CORPS		95-	-3949646 Page 2
Pa	rt II-A Complete if the org section 501(h)).		•	. , , ,	•	
Α		ation belongs to an enses, and share of			h affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation checked box A	and "limited contro	l" provisions apply		
	Limits (The term "expendit	on Lobbying Expendures" means amour)	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to in Total lobbying expenditures to in	nfluence a legislative	e body (direct lobbyii	ng)		
d e	Total lobbying expenditures (ad Other exempt purpose expenditures) Total exempt purpose expenditures appeared to the purpose expenditure	ures ures (add lines 1c an	d 1d)		167,696,084. 167,696,084.	
'	Lobbying nontaxable amount. columns.	Enter the amount i	form the following	table in both	1,000,000.	
	If the amount on line 1e, column (a	or (b) is: The lobbyin	g nontaxable amount i	s:	1700070001	
	Not over \$500,000		amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000 \$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000	000,000 \$225,000 pl	us 5% of the excess o	ver \$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-				
	Subtract line 1f from line 1c. If z					
j	If there is an amount other th	an zero on either I	ine 1h or line 1i, c	lid the organization	on file Form 4720	
	reporting section 4911 tax for the					Yes No
	(Some organizations tha	t made a section 50	aging Period Under 1(h) election do no e instructions for li	t have to complet		ns below.
		Lobbying Exper	ditures During 4-Ye	ear Averaging Perio	od	<u> </u>
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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.
С	Total lobbying expenditures		2.55			2 500

367.

250,000.

250,000.

3,316.

250,000.

Schedule C (Form 990) 2021

250,000.

3,683.

1,000,000.

1,500,000.

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

For	(election under section 501(h)). each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	ription of the lobbying activity.	Yes	No		Amo	unt	
a b c d e f g h i j	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection)		
	331(3)(3).					Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?				1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members		-			3, is	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).						
	Current year			2a			
	Carryover from last year			2b 2c			
	Total			3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?		-	4			
5	Lavable amount of labbunes and natitional averandifuses. Can instructions			5			

Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements
► 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.

Open to Public ► Attach to Form 990. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

IN	TERNATIONAL MEDICAL CORPS	95-3949646
Pa	rt 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.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	Int Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	inated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	ial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public nese items
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
~	art, historical treasures, or other similar assets held for public exhibition, education, or resi	
	provide the following amounts relating to these items:	·
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
h	Assets included in Form 990 Part X	▶ \$

che	dule D (Form 990) 2021 INTI	ERNATIONAL ME	DICAL CORPS		95-3	3949646	Page 2
Pa	rt Organizations Maintainir				<u>'</u>		
3	Using the organization's acquisition		other records, chec	k any of the follow	wing that make sig	nificant use	e of its
	collection items (check all that apply	/):					
а	Public exhibition		——	or exchange progra	am		
b	Scholarly research		e Other				
С	Preservation for future gener						
4	Provide a description of the organ	ization's collections	s and explain how	they further the o	rganization's exemp	t purpose	in Part
_	XIII.	P. 9	da a a Cara a Cara Chia		a tha an a bas tha a		
5	During the year, did the organization					Yes	No
Da	assets to be sold to raise funds rather it IV Escrow and Custodial Ar		ained as part of the	organization's colle	cuon?	res	NO
Га	Complete if the organizate 990, Part X, line 21.		es" on Form 990, F	Part IV, line 9, or	reported an amou	nt on Forn	n
1 a	Is the organization an agent, trust	ee, custodian or c	ther intermediary for	or contributions or	other assets not		
	included on Form 990, Part X?				[Yes	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the following tal	ole:			
					Amount	<u> </u>	
	Beginning balance						
	Additions during the year						
	Distributions during the year						
f	Ending balance						
	Did the organization include an amo					Yes	No
	If "Yes," explain the arrangement in rt V Endowment Funds.	Part XIII. Check h	ere if the explanation	nas been provided	on Part XIII	<u></u>	
Га	rt V Endowment Funds. Complete if the organizar	tion answered "Y	es" on Form 990 F	Part IV line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ars back
4 -	Deginning of year belones	750,000.	650,000.	400,000.	300,000.		0,000.
	Beginning of year balance	750,000.	100,000.	250,000.	100,000.	- 30.	3,000.
	Net investment earnings, gains,				200,0000		
C	and losses						
Ч	Grants or scholarships						-
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	750,000.	750,000.	650,000.	400,000.	300	0,000.
2 a	Provide the estimated percentage of Board designated or quasi-endowm		end balance (line 1g.	, column (a)) held a	s:		
b	Permanent endowment ▶ 100.00	000 %	_				
С	Term endowment ▶	%					
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
3а	Are there endowment funds not in t	he possession of t	he organization that	are held and admi	nistered for the	_	
	organization by:					Ye	s No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	_	-			3b	
4	Describe in Part XIII the intended u		ation's endowment fu	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment. ition answered "Y	es" on Form 990.	Part IV, line 11a.	See Form 990. Pa	art X, line	10.
	Description of property	1 () 0 (1	N D 1 1	

Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value **1a** Land...... 366,891 c Leasehold improvements 366,891 NONE d Equipment..... 2,207,826. 1,597,169. 610,657. 9,092,790. 7,427,158 1,665,632. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,276,289.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.	_ MEDICAL CORPS	95	-3949646 Page
rait vii	Complete if the organization answer	ed "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 valuati Cost or end-of-year mark	
(1) Financi	ial derivatives			
` '	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related. Complete if the organization answer	ed "Ves" on Form 990	Part IV line 11c See Form 990	Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(I) (Fig. 200 B (V) (P) (Fig. 40) N			
	on (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.			
Part IX	Complete if the organization answer	ed "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		Description	, 1 41117, 11110 114. 300 1 3111 300,	(b) Book value
(1)	(4)	Bootifuon		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (E	3) line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answer line 25.	ed "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
		ologica of the little .		(h) Daalaaalaa
1. (1) Fodo	• •	ription of liability		(b) Book value
	ral income taxes			2 402 100
	ON DEPOSIT FROM AFFILIATES			3,483,188.
	RED RENT			62,274
<u>(4)</u> (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 . X

3,545,462.

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	220,724,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,565,651.
3	Subtract line 2e from line 1	3	218,158,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 109,879.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	131,758.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	218,290,659.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı	
1	Total expenses and losses per audited financial statements	1	170,330,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses. 2c Other (Describe in Part XIII.) 2d 68,465.		
d		2e	2 624 116
e	Add lines 2a through 2d	3	2,634,116. 167,696,084.
3	Subtract line 2e from line 1		107,000,004.
4	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	167,696,084.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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 FINANCAL STATEMENT IMPACT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE TAX ASSETS OR LIABILITIES TO BE RECORDED IN ACCORDANCE WITH ACCOUNTING GUIDANCE.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

EVENTS EXPENSE: \$ (68,465)

INTEREST AND DIVIDEND INCOME: \$ 90,344

TOTAL: \$ 21,879

SCHEDULE D, PART XII, LINE 2D

EVENTS EXPENSE: \$68,465

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

INTERNATIONAL MEDICAL CORPS 95-3949646 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14b	Э.		, , , , , , , , , , , , , , , , , , ,	3				
1	For grantmakers. Does the orgother assistance, the grantees'	eligibility for t			tion criteria used to				
	award the grants or assistance?				<u> </u> 2	Yes No			
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistant outside the United States.								
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace 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	13	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	2,367,628.			
(2)	EAST ASIA AND THE PACIFIC	3	36	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	440,693.			
(3)	EUROPE	3	134	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	1,044,450.			
(4)	EUROPE			GRANTMAKING		2,592,386.			
(5)	MIDDLE EAST AND NORTH AFRICA	23	2,020	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	40,979,621.			
(6)	MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		2,589,153.			
(7)	NORTH AMERICA			PROGRAM SERVICES	EMGY. MEDICAL SERVICE	3,445.			
(8)	NORTH AMERICA			GRANTMAKING		36,461.			
(9)	RUSSIA/INDEPENDENT STATES	7	151	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	11,319,096.			
10)	RUSSIA/INDEPENDENT STATES			GRANTMAKING		222,337.			
11)	SOUTH AMERICA	3	19	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	857,062.			
12)	SOUTH AMERICA			GRANTMAKING		991,336.			
13)	SOUTH ASIA	16	1,204	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	8,414,734.			
14)	SOUTH ASIA			GRANTMAKING		2,542,504.			
15)	SUB-SAHARAN AFRICA	67	3,597	PROGRAM SERVICES	EMGY. MEDICAL SERVICE	63,596,697.			
16)	SUB-SAHARAN AFRICA			GRANTMAKING		1,207,291.			
17)									
	Subtotal	123	7,174.			139,204,894.			
b	Total from continuation sheets to Part I								
С	: Totals (add lines 3a and 3b)	123.	7,174.			139,204,894.			

Schedule F (Form 990) 2021 INTERNATIONAL MEDICAL CORPS 95-3949646 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (f) Manner of 1 (c) Region (e) Amount of (g) Amount of (h) Description (i) Method of section and EIN (if applicable) of noncash valuation (book, FMV, organization grant cash grant cash disbursement noncash assistance assistance appraisal, other) (1) EUROPE/ICELAND/GREENLAND EMERGENCY HE 2,290,916. INTERCOMPANY N/A N/A (2) EUROPE/ICELAND/GREENLAND EMERGENCY HE 55,219 INTERCOMPANY N/A N/A 246,251. (3) EUROPE/ICELAND/GREENLAND EMERGENCY HE WIRETRANSFER N/A N/A (4) EMERGENCY HE 675,893 WIRETRANSFER MIDDLE EAST/NORTH AFRICA N/A N/A (5) 35,000. MIDDLE EAST/NORTH AFRICA EMERGENCY HE WIRETRANSFER N/A N/A (6) MIDDLE EAST/NORTH AFRICA EMERGENCY HE 34,300. WIRETRANSFER N/A (7) MIDDLE EAST/NORTH AFRICA EMERGENCY HE 71,000. WIRETRANSFER N/A N/A (8) MIDDLE EAST/NORTH AFRICA EMERGENCY HE 137,057. WIRETRANSFER N/A N/A (9) MIDDLE EAST/NORTH AFRICA EMERGENCY HE 35,000. WIRETRANSFER N/A N/A (10)MIDDLE EAST/NORTH AFRICA EMERGENCY HE 35,000. WIRETRANSFER N/A (11)381,269 MIDDLE EAST/NORTH AFRICA EMERGENCY HE WIRETRANSFER N/A (12)35,000. MIDDLE EAST/NORTH AFRICA EMERGENCY HE WIRETRANSFER N/A N/A (13)MIDDLE EAST/NORTH AFRICA EMERGENCY HE 271,305. WIRETRANSFER N/A N/A (14)MIDDLE EAST/NORTH AFRICA 207.393. WIRETRANSFER EMERGENCY HE N/A N/A (15)35,000. MIDDLE EAST/NORTH AFRICA EMERGENCY HE WIRETRANSFER N/A N/A (16)35,000. MIDDLE EAST/NORTH AFRICA EMERGENCY HE 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 a tax	(
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter >	► <u>4</u> .	2
3	Enter total number of other organizations or entities		

	Form 990) 2021NTERNATIONAL ME		95-3949646	1 (1 11 %	1.01.1			1 1137 11	Page 2
Part II			ations or Entities Outsicities of Entities Outsicities of Entities of Entitle Entitle of Entities of Entities of Entities of Entities of Entitle Entitle of Entities of Entities of Entities of Entitle Entitle of Entitle of Entitle Entitle of Entitle Entitle of Entitle of Entitle Entit Entitle Entit E					ered "Yes" on	Form 990,
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)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	51,970.	WIRETRANSFER		N/A	N/A
(2)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	35,000.	WIRETRANSFER		N/A	N/A
(3)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	35,000.	WIRETRANSFER		N/A	N/A
(4)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	250,930.	WIRETRANSFER		N/A	N/A
(5)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	154,755.	WIRETRANSFER		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	35,000.	WIRETRANSFER		N/A	N/A
(7)			MIDDLE EAST/NORTH AFRICA	EMERGENCY HE	35,000.	WIRETRANSFER		N/A	N/A
(8)			NORTH AMERICA	EMERGENCY HE	36,461.	WIRETRANSFER		N/A	N/A
(9)			RUSSIA/NEWLY IND. STATES	EMERGENCY HE	108,630.	WIRETRANSFER		N/A	N/A
(10)			RUSSIA/NEWLY IND. STATES	EMERGENCY HE	31,368.	WIRETRANSFER		N/A	N/A
(11)			RUSSIA/NEWLY IND. STATES	EMERGENCY HE	9,839.	WIRETRANSFER		N/A	N/A
(12)			RUSSIA/NEWLY IND. STATES	EMERGENCY HE	49,000.	WIRETRANSFER		N/A	N/A
(13)			RUSSIA/NEWLY IND. STATES	EMERGENCY HE	23,500.	WIRETRANSFER		N/A	N/A
(14)			SOUTH AMERICA	EMERGENCY HE	991,336.	WIRETRANSFER		N/A	N/A
(15)			SOUTH ASIA	EMERGENCY HE	1,608,267.	WIRETRANSFER		N/A	N/A
(16)			SOUTH ASIA	EMERGENCY HE	148,021.	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 a ta	Χ
	exempt 501(c)(3) organization 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 IV, line 15, for any								1
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)			SOUTH ASIA	EMERGENCY HE	202,331.	WIRETRANSFER		N/A	N/A
(2)			SOUTH ASIA	EMERGENCY HE	304,483.	WIRETRANSFER		N/A	N/A
(3)			SOUTH ASIA	EMERGENCY HE	277,002.	WIRETRANSFER		N/A	N/A
(4)			SUB-SAHARAN AFRICA	EMERGENCY HE	79,150.	WIRETRANSFER		N/A	N/A
(5)			SUB-SAHARAN AFRICA	EMERGENCY HE	201,887.	WIRETRANSFER		N/A	N/A
(6)			SUB-SAHARAN AFRICA	EMERGENCY HE	479,143.	WIRETRANSFER		N/A	N/A
(7)			SUB-SAHARAN AFRICA	EMERGENCY HE	36,637.	WIRETRANSFER		N/A	N/A
(8)			SUB-SAHARAN AFRICA	EMERGENCY HE	45,612.	WIRETRANSFER		N/A	N/A
(9)			SUB-SAHARAN AFRICA	EMERGENCY HE	288,956.	WIRETRANSFER		N/A	N/A
(10)			SUB-SAHARAN AFRICA	EMERGENCY HE	73,635.	WIRETRANSFER		N/A	N/A
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

5

6

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	X 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	X 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	X 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	X No

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

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)

Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2021

No

X No

Yes

X Yes

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 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 COUNTRY AND HQ. BUDGET VS ACTUAL REPORT WITH PLANNED, FUTURE COSTS IS PREPARED ON A MONTHLY BASIS FOR EACH PROJECT SEPARATELY. THE REPORT FLAGS ANY DEVIATION FROM PREVIOUSLY PLANNED EXPENDITURES. THE REPORT IS PREPARED, REVIEWED AND DISCUSSED AT THE COUNTRY LEVEL TO AGREE ON THE

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).

BALANCES REMAINING AND FUTURE PROGRAM PLANS. WHEN FINALIZED IN THE FIELD, THE REPORT IS REVIEWED BY THE HQ.

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.

PROJECT-RELATED PROCUREMENTS ARE INITIATED IN THE COUNTRY OFFICE,
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.

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).

PRIOR TO 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.

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

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).

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 SPECIFY THE TYPE AND FREQUENCY OF REPORTING REQUIRED AND THE SUBRECIPIENT MUST ADHERE TO THE REPORTING REQUIREMENTS AND SCHEDULE IN ORDER TO RECEIVE FUNDS.

INTERNATIONAL MEDICAL CORPS HAS AN ESTABLISHED PROCESS, SET IN THE

INTERNATIONAL FINANCE MANUAL, PROCUREMENT MANUAL AND/OR SUB-AWARD MANUAL,

AS APPLICABLE. MANUALS ARE DESIGNED TO ENSURE COMPLIANCE WITH ABOVE

POINTS AND REGULATORY REQUIREMENTS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL MEDICAL CORPS 95-3949646 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations | X | Solicitation of non-government grants а Χ Internet and email solicitations f X Solicitation of government grants X Special fundraising events Phone solicitations C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes SEE SUPPLEMENT INFORMATION No 2 3 6 8 9 10 Total 447,775. -447,775. 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,

Sche	edule	e G (Form 990) 2021 INTERNA	ATIONAL MEDICAL (CORPS	9	95-3949646 Page 2
Pa	rt I		e if the organization are	nswered "Yes" on Form		
<u>е</u>			(a) Event #1 CELEBRATION (event type)	(b) Event #2 LUNCHEON (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,118,844.	97,212.		1,216,056.
ď	2	Less: Contributions Gross income (line 1 minus	1,113,904.			1,211,116.
		line 2)	4,940.			4,940
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,401.	14,887.		16,288
Direc	8	Entertainment	1,500.			1,500
	9	Other direct expenses	37,045.	13,632.		50,677
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	ımn (d) umn (d)		68,465. -63,525
Pa			anization answered "			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
:xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				

	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 b	Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Yes No
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

Yes

No

Yes

No

Yes

No

6 Volunteer labor

Sched	ule G (Form 990 or 990-EZ) 2021 INTERNATIONAL MEDICAL CORPS	95-3949646	Page 3
11	Does the organization conduct gaming activities with nonmembers?		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?		No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	3a	%
b		3b	%
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 ga	ıming	
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar	nd the	
	amount of gaming revenue retained by the third party ▶ \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming process		
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ	izations	
	or spent in the organization's own exempt activities during the tax year \$\bigs\\$	""\ 1 () 1	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).		
PAR'	T I, LINE 2B		
	AGENCY LLC, ONE WORLD TRADE CTR, 63RD FLOOR, NEW YORK, NY 10007		
AMO	UNT PAID TO PMX AGENCY LLC FOR PRINTING, POSTAGE, AND MAILING LIST		
REN'	TALS WAS \$451,466.		
mire	ACREED LIDON DEMAINED AMOUNT COMPENSATES THE STRA FOR THE CHRAMESTS		
	AGREED UPON RETAINER AMOUNT COMPENSATES THE FIRM FOR ITS STRATEGIC		
	DRAISING COUNSEL. DIRECT EXPENSES FOR PRINTING, POSTAGE, AND MAILING		
	T RENTALS WERE ITEMIZED AND INVOICES SUBMITTED BY THE FIRM TO		
INT:	ERNATIONAL MEDICAL CORPS.		

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES ______

NAME:

PMX AGENCY, LLC

ACTIVITY :

SEE PART IV

CUSTODY OR CONTROL OF CONTRIBUTION?

447,775. AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER:

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -447,775.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization						Employer identificat	ion number
INTERNATIONAL MEDICAL CORPS						95-3949646	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part IV, line 21, for any recipient to		_					es" on Form 990,
(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) ACTION AGAINST HUNGER USA							
1 WHITEHALL ST, 2ND FL, NEW YORK, NY 10004	13-3327220	501(C)(3)	9,254.				CAPACITY BUILDING/TF
(2) ARCARE							
P.O. BOX 497 AUGUSTA, AR 72006	58-1666179	501(C)(3)	98,726.				EMERGENCY RESPONSE
(3) CONCERN WORLDWIDE US, INC							
355 LEXINGTON AVE, NEW YORK, NY 10017	13-3712030	501(C)(3)	407,301.				CAPACITY BUILDING/TF
(4) PRESIDENT AND FELLOWS OF HARVARD COLLEGE							
1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	618,852.				CAPACITY BUILDING/TR
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	•	•					4

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 (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance

(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.

Page 2

SCHEDULE J (Form 990)

Compensation InformationFor 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INTERNATIONAL MEDICAL CORPS 95-3949646 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the house on the Asian should all the constants follows a section of the second section of			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The results and street and process and process and approcase amounts to easily normal managements.			
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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.	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
9	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X

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

Schedule J (Form 990) 2021

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 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NANCY A. AOSSEY	(i)	498,491.	12,000.		30,450.	40,632.	581,573.	
1 PRESIDENT / CEO	(ii)							
KY THIEN LUU	(i)	448,900.	25,000.	20,826.	30,450.	53,560.	578,736.	
2 CHIEF OPERATING OFFIC	(ii)							
INGRID RENAUD	(i)	269,788.	10,000.	28,240.	30,450.	19,584.	358,062.	
3 VP, FINANCE AND ADMIN	(ii)							
CLYDE WILLIAM SUNDBLAD	(i)	484,966.		2,100.	30,450.	3,782.	521,298.	
4 CHIEF KNOWLEDGE OFFIC	(ii)							
REBECCA MILNER	(i)	288,146.	25,000.		30,450.	19,568.	363,164.	
5 CHIEF ADVANCEMENT OFF	(ii)							
CORNELIS KLUMPER	(i)	259,298.			27,866.	20,445.	307,609.	
6 CHIEF AUDIT & COMPLIA	(ii)							
C. DAVID ALARCON	(i)	253,951.	25,000.	25,270.	30,450.	29,348.	364,019.	
7 VP, CORPORATE FINANCE	(ii)							
MARY PACK	(i)	254,046.	15,000.		27,212.	18,640.	314,898.	
8 VP, HUMANITARIAN LDSH	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

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.

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INT	ERNATIONAL MEDICAL CORPS				95-39	949646		
Par	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)	(d) Method of det cash contribut		_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		340,804	1. FAII	R MARKET	VALU:	E
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	48	2,722,585	5. FAII	R MARKET	VALU	E
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	49	1,958,353		R MARKET		
20	Drugs and medical supplies	X	106	5,086,019). FAII	R MARKET	VALU:	E
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(CRYPTOCURRENCY)	X	134	192,765	o. FAII	R MARKET	VALU	E
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received		•					
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			Na
	Desire the comment of the comment of		h (29) (2	ata a sa sa da da da Danida.	P 4 0		Yes	No
30a	During the year, did the organizat					-		
	28, that it must hold for at least the	-				-		3.7
	to be used for exempt purposes for		olding period?			308	1	X
	If "Yes," describe the arrangement i		tongo noliny that many in-	a the marrian of	ou	andard		
31	Does the organization have a						v	
22-	contributions?						X	
3∠a	Does the organization hire or use	•	-	•			, v	
	contributions?					328	a X	
	If "Yes," describe in Part II.	amount in a	polumn (a) for a tuna of are	norty for which column	n (a) ia ah	nockod		
33	If the organization didn't report an describe in Part II.	aiiiouiil iii (olumn (c) for a type of pro	perty for which column	ı (a) is ch	leckeu,		

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

Schedule M (Form 990) 2021

Part II Su

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 M, PART I, LINE 32A

INTERNATIONAL MEDICAL CORPS USES A THIRD PARTY SERVICE CALLED THE GIVING BLOCK TO PROCESS DONATIONS OF CRYPTOCURRENCY. THE INTERNATIONAL MEDICAL CORPS WEBSITE UTILIZES A WIDGET DESIGNED BY THE GIVING BLOCK TO FACILITATE CRYPTOCURRENCY DONATION TRANSFERS. THE GIVING BLOCK HAS ALSO CONFIGURED INTERNATIONAL MEDICAL CORPS' ACCOUNT ON A CRYPTOCURRENCY EXCHANGE TO INITIATE THE SELLING OF CRYPTOCURRENCY DONATIONS IMMEDIATELY WHEN RECEIVED.

Department of the Treasury

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

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

95-3949646

INTERNATIONAL MEDICAL CORPS

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 A RANGE OF HEALTHCARE AND

HEALTH-RELATED SERVICES, AS WELL AS SUPPORT FOR TRAINING AND HEALTH

SYSTEM STRENGTHENING. THESE SERVICES INCLUDED EMERGENCY RESPONSE AND

PREPAREDNESS; HEALTH SERVICES SUPPORT, SUCH AS DISEASE PREVENTION AND

SURVEILLANCE FOR DISEASES OF PUBLIC HEALTH CONCERN, INCLUDING EBOLA VIRUS

DISEASE (EVD), POLIO AND COVID-19; PRIMARY AND SECONDARY HEALTHCARE, WITH

A FOCUS ON WOMEN AND CHILDREN; NUTRITION AND FOOD SECURITY; WATER,

SANITATION AND HYGIENE (WASH); GENDER-BASED VIOLENCE (GBV) PREVENTION AND

TREATMENT; CHILD PROTECTION; AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

(MHPSS) SERVICES.

INTERNATIONAL MEDICAL CORPS HELPS LOCAL HEALTH AUTHORITIES TO PROVIDE PRIMARY AND SECONDARY HEALTHCARE SERVICES, INCLUDING REFERRAL SERVICES FROM RURAL COMMUNITY-LEVEL CLINICS TO LARGE REGIONAL AND NATIONAL 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 EQUITABLE ACCESS TO RELIABLE AND CLEAN WATER, PROVIDED AND IMPROVED SANITATION FACILITIES AND PROMOTED SAFE HYGIENE PRACTICES. INTERNATIONAL MEDICAL CORPS INCORPORATED BEST PRACTICES FOR THE PREVENTION OF AND RESPONSE TO GBV INTO PROGRAMS THAT

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INCLUDE PRIMARY HEALTHCARE SCREENING AND COUNSELING FOR SURVIVORS, AND INCOME-GENERATING INITIATIVES THAT EMPOWER VULNERABLE WOMEN AND GIRLS AND ENSURE THE PROTECTION OF SURVIVORS. INTERNATIONAL MEDICAL CORPS PROVIDED COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) AND INFANT AND YOUNG-CHILD FEEDING (IYCF) PROGRAMS TO TREAT AND PREVENT MALNUTRITION 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. INTERNATIONAL MEDICAL CORPS DISTRIBUTED CASH TO VULNERABLE HOUSEHOLDS SO THEY COULD AFFORD HEALTH AND NUTRITION SERVICES AND FOOD. ADDITIONALLY, IN RESPONSE TO THE COVID-19 PANDEMIC, INTERNATIONAL MEDICAL CORPS SUPPORTED HEALTHCARE FACILITIES BY PROCURING AND DISTRIBUTING ESSENTIAL EQUIPMENT AND SUPPLIES-INCLUDING PERSONAL PROTECTIVE EQUIPMENT (PPE) AND COLD-CHAIN EQUIPMENT, SUCH AS REFRIGERATORS AND COLD STORAGE BOXES-TO PREVENT COVID-19 TRANSMISSION AND SUPPORT VACCINATION EFFORTS. INTERNATIONAL MEDICAL CORPS ALSO SUPPORTS COMMUNITY MOBILIZATION EFFORTS TO INCREASE VACCINE UPTAKE, PARTICULARLY AMONG THE MOST VULNERABLE POPULATIONS. 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 EMERGENCY HEALTHCARE, PROTECTION,
NUTRITION, WASH AND LIVELIHOODS ACTIVITIES AND RELATED SERVICES TO THOSE

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AFFECTED BY CONFICT, 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 HEALTHCARE, WITH A FOCUS ON WOMEN AND CHILDREN; MENTAL HEALTH; NUTRITION AND FOOD SECURITY; WASH; AND GBV PREVENTION AND TREATMENT.

INTERNATIONAL MEDICAL CORPS MAINTAINS A FLEXIBLE APPROACH IN THE REGION, 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 BY INTEGRATING SERVICES FOR MATERNAL AND NEWBORN HEALTH, MANAGEMENT OF CHRONIC DISEASES, WASH PROMOTION, NUTRITION AND FOOD SECURITY PROGRAMS, PREVENTION AND TREATMENT OF GBV, AND MENTAL HEALTH. THESE PROGRAMS ALSO ENABLED INTERNATIONAL MEDICAL CORPS TO DIRECTLY SUPPORT COVID-19 VACCINATION EFFORTS: OUR TEAMS ADMINISTERED MORE THAN 1 MILLION VACCINE DOSES IN THE REGION AND PROVIDED MEDICAL CONSUMABLES AND SUPPLIES TO HELP HEALTHCARE FACILITIES ADMINISTER THE VACCINE. INTERNATIONAL MEDICAL CORPS WORKS WITH LOCAL AUTHORITIES AND COMMUNITIES TO BUILD RESILIENCE; TRAINING AND CAPACITY BUILDING ARE MAJOR ELEMENTS OF INTERNATIONAL MEDICAL CORPS' WORK IN THE MIDDLE EAST AND

Supplemental Information to Form 990 or 990-EZ

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NORTH AFRICA. IN ADDITION, 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

RUSSIA AND NEIGHBORING STATES: FOLLOWING THE INVASION OF UKRAINE BY
RUSSIA IN FEBRUARY 2022, INTERNATIONAL MEDICAL CORPS-WHICH HAD BEEN
PROVIDING MEDICAL AND MENTAL HEALTH SERVICES IN THE SOUTHEAST OF UKRAINE
SINCE 2014, FOLLOWING THE ANNEXATION OF CRIMEA BY RUSSIA-EXPANDED ITS
HUMANITARIAN ACTIVITIES THROUGHOUT THE COUNTRY. INTERNATIONAL MEDICAL
CORPS CURRENTLY HAS PROGRAMMATIC ACTIVITIES IN CHERNIHIV, DNIPRO,
KHARKIV, KYIV, LVIV, ODESA, STRYI AND VINNYTSIA.

IN LIBERATED ZONES IN THE NORTHERN PART OF THE COUNTRY-INCLUDING KYIV,
CHERNIHIV AND SUMY OBLASTS-COMMUNITIES HAVE EXPERIENCED WIDESPREAD AND
SIGNIFICANT DEVASTATION, LEAVING HEALTH FACILITIES AND LIFESAVING MEDICAL
EQUIPMENT DAMAGED OR DESTROYED. INTERNATIONAL MEDICAL CORPS HAS
ESTABLISHED PROGRAMMATIC HUBS IN KYIV AND CHERNIHIV TO ADDRESS THESE
NEEDS, AND HAS LAUNCHED AN INTEGRATED MULTI-SECTORAL RESPONSE FOCUSING ON
HEALTH, WASH, NUTRITION, PROTECTION, DISTRIBUTION OF FOOD AND NON-FOOD
ITEMS (NFIS), AND CASH ASSISTANCE. IN ACTIVE CONFLICT ZONES IN THE
EASTERN PARTS OF THE COUNTRY-INCLUDING DONETSK, LUHANSK AND PARTS OF
KHARKIV OBLASTS-INTERNATIONAL MEDICAL CORPS HAS ADOPTED A DYNAMIC
PROGRAMMING STRATEGY FOCUSING LARGELY ON CRITICAL LIFESAVING ACTIVITIES.
THIS INCLUDES SUPPORTING FRONTLINE HOSPITALS WITH ESSENTIAL MEDICINES,

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MEDICAL EQUIPMENT AND SUPPLIES, AND DISTRIBUTING FOOD, NFIS AND WATER TO IMPACTED COMMUNITIES IN THE REGION. THESE SERVICES ARE SUPPORTED BY A PROGRAMMATIC HUB IN DNIPRO THAT COORDINATES AND EXTENDS PROGRAMS AND ACTIVITIES THROUGHOUT THE REGION. IN THE SOUTHERN PART OF THE COUNTRY, WHERE THERE IS A HIGH RISK FOR FURTHER ESCALATION OF CONFLICT-INCLUDING ODESA AND MYKOLAIV OBLASTS-INTERNATIONAL MEDICAL CORPS OPERATES A PROGRAMMATIC HUB IN ODESA THAT FOCUSES ON THE NEEDS OF INTERNALLY DISPLACED PERSONS (IDPS), WITH AN INTEGRATED APPROACH THAT INCLUDES MHPSS, WASH, FOOD AND NFIS. THE ORGANIZATION ALSO IS HELPING HEALTH FACILITIES PREPARE FOR AND BECOME MORE RESISTANT TO POTENTIAL ATTACKS AND MASS-CASUALTY EVENTS. IN THE WESTERN PART OF THE COUNTRY-INCLUDING CHERNIVTSI, LVIV AND OTHER OBLASTS-WHERE THERE ARE NO ACTIVE CONFLICT ZONES AND WHERE IDPS ARE SEEKING REFUGE FROM FIGHTING IN THE EASTERN AND SOUTHERN PARTS OF THE COUNTRY, INTERNATIONAL MEDICAL CORPS IS DELIVERING COMPREHENSIVE, INTEGRATED PROGRAMS TO HELP IDPS DIRECTLY, TO REDUCE INCREASING SOCIAL TENSION BETWEEN HOST COMMUNITIES AND IDPS, AND TO PROMOTE SOCIAL COHESION.

IN POLAND AND MOLDOVA, INTERNATIONAL MEDICAL CORPS IS FOCUSING ON THE NEEDS OF UKRAINIAN REFUGEES, PROVIDING BOTH SERVICES AND TRAINING IN THE AREAS OF HEALTH, MHPSS AND GBV.

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 CONFICT, NATURAL DISASTER AND DISEASE. INTERNATIONAL

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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,

DISEASE PREVENTION AND SURVEILLANCE FOR DISEASES OF PUBLIC HEALTH

CONCERN, INCLUDING COVID-19; PRIMARY AND SECONDARY HEALTHCARE, WITH A

FOCUS ON WOMEN AND CHILDREN; NUTRITION AND FOOD SECURITY; WASH; GBV

PREVENTION AND TREATMENT; AND MHPSS SERVICES.

INTERNATIONAL MEDICAL CORPS HELPS LOCAL HEALTH AUTHORITIES PROVIDE

PRIMARY AND SECONDARY HEALTHCARE SERVICES, INCLUDING REFERRAL SERVICES

FROM RURAL COMMUNITY-LEVEL CLINICS TO LARGE REGIONAL AND NATIONAL

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 SERVICES 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.

IN RESPONSE TO THE COVID-19 PANDEMIC, INTERNATIONAL MEDICAL CORPS

PARTNERED WITH MINISTRIES OF HEALTH AND PUBLIC HEALTH AUTHORITIES TO CURB

DISEASE TRANSMISSION, SAFEGUARD HEALTHCARE WORKERS AND STRENGTHEN

VACCINATION EFFORTS. OUR TEAMS FOCUSED ON TRAINING AND CAPACITY BUILDING;

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PROCURING AND DISTRIBUTING MEDICINES, EQUIPMENT AND SUPPLIES;

ESTABLISHING SCREENING AND TRIAGE STATIONS AND SUPPORTING ACTIVE CASE

MANAGEMENT; AND STRENGTHENING COMMUNITY MOBILIZATION EFFORTS TO INCREASE

VACCINE UPTAKE.

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 ALSO PROVIDES IMMEDIATE ASSISTANCE IN THE WAKE OF A CRISIS. DURING 2022, INTERNATIONAL MEDICAL CORPS PROVIDED PPE, AND CLINICAL AND LABORATORY EQUIPMENT TO SUPPORT HEALTHCARE CENTERS THAT PROVIDE ESSENTIAL MEDICAL SERVICES IN THE WAKE OF NATURAL DISASTERS. THESE ITEMS ENSURED CONTINUITY OF OPERATIONS AT THE CLINICS AND ENABLED HEALTHCARE PROVIDERS TO QUICKLY RAMP UP SERVICES TO MEET THE NEEDS OF DISASTER-AFFECTED POPULATIONS. ADDITIONALLY, OUR TEAMS PROVIDED CRITICALLY NEEDED SUPPLIES-INCLUDING PHARMACEUTICALS AND WASH ITEMS-AND EMERGENCY MEDICAL FIELD UNITS TO FURNISH IMMEDIATE SHELTER TO MEDICAL VOLUNTEERS PROVIDING FIRST-AID SERVICES IN THE AFTERMATH OF HURRICANES AND TORNADOES. 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.

IN ADDITION, INTERNATIONAL MEDICAL CORPS PROVIDED A VARIETY OF WORKSHOPS
AND TRAINING PROGRAMS TO ENABLE NGO WORKERS AND OTHER HUMANITARIAN ACTORS

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TO BETTER ENGAGE WITH THE INTERNATIONAL HUMANITARIAN COORDINATION SYSTEM AND TO STRENGTHEN THE CAPACITY OF NGOS RESPONDING TO EMERGENCIES.

PART V, LINE 4B

COUNTRIES WITH BANK ACCOUNTS: AFGHANISTAN, BURUNDI, CAMEROON, CENTRAL

AFRICAN REPUBLIC, CHAD, CROATIA, DEMOCRATIC REPUBLIC OF THE CONGO,

ETHIOPIA, GREECE, IRAQ, JAPAN, JORDAN, KENYA, LEBANON, LIBYA, MALI,

NIGERIA, PAKISTAN, PALESTINIAN TERRITORIES, PHILIPPINES, SERBIA, SOMALIA,

SOUTH SUDAN, SUDAN, SYRIA, TUNISIA, UKRAINE, VENEZUELA, YEMEN, ZIMBABWE.

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' CONFLICTS OF INTEREST POLICY IS MAINTAINED BY THE ETHICS AND COMPLIANCE DEPARTMENT AND REVIEWED REGULARLY WITH THE HUMAN RESOURCE AND LEGAL DEPARTMENTS. THE CONFLICTS OF INTEREST POLICY REQUIRES STAFF MEMBERS TO AVOID SITUATIONS IN WHICH THEIR PERSONAL FINANCIAL INTERESTS OR LOYALTIES COULD CONFLICT WITH THE BEST INTERESTS OF INTERNATIONAL MEDICAL CORPS AND PROVIDES AN EXTENSIVE LIST OF POTENTIAL CONFLICTS OF INTEREST. THE CONFLICTS OF INTEREST POLICY APPLIES TO EMPLOYEES, BOARD MEMBERS, CONSULTANTS, AND VOLUNTEERS WHO, AS PART OF THEIR ENGAGEMENT WITH INTERNATIONAL MEDICAL CORPS, ARE RESPONSIBLE FOR CONDUCTING BUSINESS FAIRLY, IMPARTIALLY, AND IN FULL COMPLIANCE WITH

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INTERNATIONAL MEDICAL CORPS' CONFLICTS OF INTEREST POLICY. STAFF MEMBERS'
DEALINGS WITH OUTSIDE PARTIES ARE EXPECTED TO BE, AND 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. NON-COMPLIANCE WITH INTERNATIONAL

MEDICAL CORPS' CONFLICTS OF INTEREST POLICY IS SUBJECT TO DISCIPLINE, UP

TO AND INCLUDING TERMINATION OF THE INDIVIDUAL'S OR ENTITIES' ENGAGEMENT

WITH THE ORGANIZATION. INTERNATIONAL MEDICAL CORPS MAINTAINS A DEDICATED

EMAIL FOR ANY STAFF MEMBER TO USE AT ANY TIME THROUGHOUT THE YEAR TO

DISCLOSE CONFLICTS, ASK QUESTIONS, AND ADDRESS CONCERNS.

INTERNATIONAL MEDICAL CORPS REQUIRES ALL STAFF MEMBERS TO DISCLOSE ANY ACTUAL, POTENTIAL, OR SUSPECTED CONFLICT OF INTEREST AT THE POINT OF THEIR INITIAL ENGAGEMENT WITH THE ORGANIZATION (E.G., DATE OF HIRE, CONTRACT/ASSIGNMENT START DATE) USING OUR CONFLICT OF INTEREST DISCLOSURE FORM, WHICH IS AVAILABLE IN ENGLISH, FRENCH, AND ARABIC. THEREAFTER, INTERNATIONAL MEDICAL CORPS REQUIRES ALL STAFF MEMBERS TO SUBMIT AN UPDATED DISCLOSURE EACH DECEMBER. IN ADDITION, INTERNATIONAL MEDICAL CORPS' STAFF MEMBERS MUST, AND DO, DISCLOSE (POTENTIAL) CONFLICTS AT ANY OTHER TIME DURING THE YEAR AS THEY BECOME AWARE OF THE (POTENTIAL)

CONFLICT. INTERNATIONAL MEDICAL CORPS HAS ASSIGNED A HUMAN RESOURCES SPECIALIST TO ENSURE THAT EACH STAFF MEMBER (EMPLOYEE, BOARD MEMBER, CONSULTANT, AND VOLUNTEER) HAS COMPLETED THEIR INITIAL AND ANNUAL DISCLOSURE. CONFLICT OF INTEREST DISCLOSURE FORMS ARE CAREFULLY REVIEWED

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BY HR REPRESENTATIVES. THE ASSIGNED HR REPRESENTATIVE WORKS WITH THE STAFF MEMBER'S SUPERVISOR AND STAFF MEMBER AND, WHERE NECESSARY, WITH THE ETHICS & COMPLIANCE DEPARTMENT, TO IMPLEMENT MITIGATING MEASURES. HR REPRESENTATIVES COORDINATE CLOSELY WITH THE ETHICS & COMPLIANCE DEPARTMENT IN IMPLEMENTING THE ONGOING REVIEWS AND TRACKING OF DISCLOSURES TO ENSURE DISCLOSURES ARE COMPLETED, REVIEWED, AND ADDRESSED.

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 DATA OF NGOS

OF A SIMILAR COMPLEXITY AND SIZE, AND TAKES INTO CONSIDERATION

PERFORMANCE, MARKET CONDITIONS, AND GEOGRAPHIC INDICATORS.

PART VI, LINE 15B

INTERNATIONAL MEDICAL CORPS DETERMINES COMPENSATION FOR THE VP, FINANCE
AND ADMINISTRATION AND CHIEF OPERATING OFFICER, THROUGH A PERIODIC
COMPARISON OF COMPENSATION DATA OF NGOS OF A SIMILAR COMPLEXITY AND SIZE
AND TAKE INTO CONSIDERATION PERFORMANCE, MARKET CONDITIONS AND
GEOGRAPHICAL INDICATORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS PERIODICALLY REVIEWS AND APPROVES THE COMPENSATION FOR THE VP,
FINANCE AND ADMINISTRATION, AND PERIODICALLY REVIEWS THE COMPENSATION FOR
THE CHIEF OPERATING OFFICER.

PART VI, LINE 19

INTERNATIONAL MEDICAL CORPS FINANCIAL STATEMENTS, FORM 990 AND CONFLICT OF INTEREST POLICY ARE AVAILABLE THROUGH ITS WEBSITE AND/OR ALSO UPON REQUEST.

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

FORM 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,

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number
95-3949646

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS						
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION				
DELTEK, INC.						
2291 WOOD OAK DRIVE						
HERNDON, VA 20171-2823	SOFTWARE MAINT/CONS	2,164,317.				
PMX AGENCY LLC (FORWARDPMX)						
ONE WORLD TRADE CENTER, 63RD FLOOR						
NEW YORK, NY 10007	CONSULTING	899,241.				
GONRING, SPAHN & ASSOCIATES, INC.						
7080 HOLLYWOOD BLVD.						
LOS ANGELES, CA 90028	CONSULTING	260,000.				
KPMG LLP						
DEPT 0922 PO BOX 120922						
DALLAS, TX 75312-0922	AUDIT SERVICES	249,000.				
I.K. KARDISI CO. GENERAL TRADING LTD						
MRF 4 TOWERS, FIRST FLOOR OFFICES #12-13						
ERBIL						
IRAQ	CASH FACILITATOR SRV	226,624.				

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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.

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INTERNATIONAL MEDICAL CORPS

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 or foreign country)	End-of-year assets	Direct controlling entity

(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	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) INTERNATIONAL MEDICAL CORPS								
THE CRESCENT 04	OFF PARKLANDS RD, NAIROBI	HUM. AID SVCS	KE	501(C)(3)	FOREIGN NFP	INT. MED. CO	Х	
(2) INTERNATIONAL MEDICAL CORPS	HELLAS							
HBPO PC 317B KIFISIAS AVE	14561 KIFISIA, ATHENS GR	HUM. AID SVCS	GR	501(C)(3)	FOREIGN NFP	INT. MED. CO	Х	
(3) INTERNATIONAL MEDICAL CORPS	JAPAN ISH							
ABC, 2-21-5 AKASAKA, MINATO-	KU RM B-7, TOKYO JA 107-0052	HUM. AID SVCS	JA	501(C)(3)	FOREIGN NFP	INT. MED. CO	Х	
(4) INTERNATIONAL MEDICAL CORPS	POLAND FOUND							
NOWOGRODZKA 68	WARSAW, PL	HUM. AID SVCS	PL	501(C)(3)	FOREIGN NFP	INT. MED. CO	Х	
(5)								
(6)								
(7)								

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

	because it had one of 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)					(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?	(k) Percentage ownership
			oouy,		,			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	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021	INTERNATIONAL MEDICAL CORPS	95-3949646		Pa	ge 3
Part V Transactions With R	elated Organizations. Complete if the organization answered "Ye	es" 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 o	ganization engage in any of the following transactions with one or more r	related organizations listed in Parts II-IV?			
	itities, (iii) royalties, or (iv) rent from a controlled entity	_	1a		Х
b Gift, grant, or capital contribu	tion to related organization(s)		1b		Х
	tion from related organization(s)		1c		X
	or for related organization(s)		1d		Х
e I oans or loan guarantees by			1e	.	Χ

е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		_
g	Dividends from related organization(s) Sale of assets to related organization(s)	1g		_
	Purchase of assets from related organization(s)			
i	Exchange of assets with related organization(s)	1i		
	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k 1l		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q		
-				

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

Transaction

type (a-s)

Amount involved

Method of determining amount involved

amount involved

s Other transfer of cash or property from related organization(s).

	type (a-s)	amount involved
(1)		
(2)		
(3)		
(4)		
(5)		

Χ

Χ

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)	income (related, unrelated, excluded from tax under	(d) Predominant income (related, recluded from tax under (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 managin partner?		ng ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
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(16)														