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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.

2022
Open to Public Inspection

A Fo	or the	e 202	2 calendar year, or tax year begir	nning 07/01/20	22	and endi	ng		06	/30/20	123_		
R on	-1. :6	-0	C Name of organization					D Employe	er identifi	cation nun	ıber		
B Che			INTERNATIONAL MEDICAL	L CORPS									
	Addres change		Doing Business As							49646			
	Name	change	Number and street (or P.O. box if mail is		E Telepho	ne numbe	er						
	Initial	return	12400 WILSHIRE BOULEY	VARD			1500		(310)	826-78	300		
	Termin	nated	City or town, state or province, country, a	and ZIP or foreign postal code									
	Amend return		LOS ANGELES, CA 9002!	5				G Gross re	eceipts \$	220,70)3,5	66.	
	Applica pendin		F Name and address of principal officer:	NANCY A AOSSI	ΞY			H(a) Is this subordi	a group retu	ırn for	Yes	X No	
			12400 WILSHIRE BLVD,	STE 1500, LOS A	NGELES,	CA 9002	25	H(b) Are all s		included?	Yes	No.	
I T	ax-exe	empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	7	If "No,"	attach a lis	st. (see instru	ctions)		
J V	Vebsit	e: 🕨	WWW.INTERNATIONALMEDICA	ALCORPS.ORG				H(c) Group	exemption r	number 🕨			
K F	orm o	of organ	nization: X Corporation Trust	Association Other		L Year o	f format	tion: 1984	M State	of legal do	micile:	CA	
Pa	rt I	Sui	mmary			·							
	1	Briefly	y describe the organization's mission o	r most significant activities	: TO IN	MPROVE T	HE Q	UALITY	OF LI	FE THE	OUGI		
e l			LTH INTERVENTIONS AND RE										
au		UNDI	ERSERVED COMMUNITIES WOF	RLDWIDE.									
ler.	2	Check	this box	iscontinued its operation	s or dispose	ed of more that	 an 25%	of its net a	ssets.				
Governance	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3			12	
-∞ಶ			er of independent voting members of t									11	
ţį			number of individuals employed in cale									214	
Activities			number of volunteers (estimate if neces						- 1 1			148	
Ac			unrelated business revenue from Part V				• • •		7a				
			nrelated business taxable income from										
				·				Prior Yea		Curi	ent Ye	ar	
	8	Contri	ibutions and grants (Part VIII, line 1h)				2	218,073	,307.	218	, 353	,303.	
Ju e	9	Progra	am service revenue (Part VIII, line 2g)		СОР	Y FOR		•	NONE			NONE	
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3. 4. and 7d)	PUBLIC II	NSPECTION		264	,363.		790	,338.	
			revenue (Part VIII, column (A), lines 5,						,011.			,663.	
			revenue - add lines 8 through 11 (must					218,290		220		,304.	
-			s and similar amounts paid (Part IX, colu					11,322				,772.	
			its paid to or for members (Part IX, colu					, -	NONE				
1.			es, other compensation, employee bene					86,942	5,942,210. 105,430				
an I			ssional fundraising fees (Part IX, column									,108.	
be	ь .	Total	fundraising expenses (Part IX, column (D), line 25) > 4.7	50.553.			447,775. 381,10					
.			expenses (Part IX, column (A), lines 11					68,983	.550.	106	. 113	,418.	
	18	Total	expenses. Add lines 13-17 (must equal	Part IX column (A) line 2	25)		-	167,696				,999.	
			nue less expenses. Subtract line 18 fron					50,594				,695.	
or			.ac rece experience. Cabinaer into the tree.				Begin	ning of Curr			of Year		
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)				<u> </u>	137,818				,174.	
Ass			liabilities (Part X, line 26)					47,040				,477.	
Net Lind			ssets or fund balances. Subtract line 21	from line 20				90,778				,697.	
Par			gnature Block					20711	,			, , , , ,	
Unde	er pen	alties o	of perjury, I declare that I have examined th	is return, including accompa	anying sched	ules and stater	ments, a	and to the be	st of my	knowledge	and be	elief, it is	
true,	correc	ct, and	complete. Declaration of preparer (other than	n officer) is based on all inforr	mation of whi	ich preparer ha	as any ki	nowledge.					
			. James Denand	-				4,	/29/20)24			
Sigr	۱		Signature of officer					Date					
Here	₽	TNG	RID RENAUD		VP. F1	INANCE &	ADM	TN.					
			Type or print name and title		· · · · · · ·								
		Print/	Type preparer's name	Preparer's signature		Date		Check	if	PTIN			
Paid		AT.RI	ERT N ANTONELLI			04/23	1/202			P01496	5650		
Prepa	- 1		sname ► PWC US TAX LLP	l		101/23	, 202	Firm's EIN		2-0460			
Use (Only			SUITE 1800 PHILADELPH	IA, PA 191	.03		Phone no.		67-330			
May	the IF		ccuss this return with the preparer show		١						es	No	
<u> </u>			Reduction Act Notice, see the separat	`				<u></u>		_		(2022)	

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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 \$116,770,606. including grants of \$7,822,879.) (Revenue \$NONE)
	EMERGENCY RESPONSE AND PREPAREDNESS: SEE SCHEDULE O FOR PROGRAM
	DESCRIPTION
4b	(Code:) (Expenses \$ 41,357,548. including grants of \$ 1,736,183.) (Revenue \$ NONE)
	BUILDING HEALTH CAPACITY: SEE SCHEDULE O FOR PROGRAM DESCRIPTION
4c	(Code:) (Expenses \$ 25,668,984. including grants of \$ 678,012.) (Revenue \$ NONE)
	WOMEN & CHILDREN'S HEALTH: SEE SCHEDULE O FOR PROGRAM DESCRIPTION
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 16,120,143. including grants of \$ 4,861,698.) (Revenue \$ 387,470.)
	Total program service expenses 199,917,281.
- U	10tal program continu experience 199,911,201.

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Form **990** (2022) 03315R 1673 V22-7.11

Form 990 (2022)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	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
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	- 21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
124	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	21	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174	- 1	
Б	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		
13	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	13	- 1	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
47	-	10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47	37	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,	**	
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ہر ا		
	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			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	Ь
2E1021		Form	990	(2022)
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Form 990 (2022)
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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Λ
28				
	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
54		34	Х	
25.0	or IV, and Part V, line 1			
		35a	X	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25.		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations 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	<u></u> .		_ 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			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

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Par	t V 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 214			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for 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
b	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	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	70	37	
	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	х	
	required to file Form 8282?	70		
		7e		X
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
,	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.			
	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	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 O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	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, or any disqualified or other person 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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95-3949646 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					[21
					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	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
_	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
-	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under					
-	the year by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ü				
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 t					
	rise to conflicts?		_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
	describe on Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	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 simila	r arra	ingement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on 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),		and 990-7	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	-				
	X Own website X Another's website X Upon request Other (explain on Sc	hedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents,	conflict o	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 LINGRID RENAUD 12400 WILSHIRE BLVD., STE. 1500 LOS ANGELES, CA 9002		and record	S		

(310)826-7800

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KY THIEN LUU	40.00									
CHIEF OPERATING OFFICER	NONE			Х				581,576.	NONE	90,232.
(2) NANCY A. AOSSEY	40.00									
PRESIDENT / CEO	NONE	Х		Х				532,882.	NONE	76,011.
(3) CLYDE WILLIAM SUNDBLAD	40.00									
CHIEF KNOWLEDGE OFFICER	NONE					Х		530,055.	NONE	36,009.
(4) REBECCA MILNER	40.00									
CHIEF ADVANCEMENT OFFICER	NONE					Х		329,457.	NONE	53,185.
(5) C. DAVID ALARCON	40.00									
VP, CORPORATE FINANCE	NONE					Х		303,686.	NONE	52,330.
(6) DAVID GIRON	40.00									
DIRECTOR, IT	NONE					Х		272,138.	NONE	66,360.
(7) INGRID RENAUD	40.00									
VP, FINANCE AND ADMIN	NONE			Х				282,409.	NONE	51,395.
(8) CORNELIS KLUMPER	40.00									
CHIEF AUDIT & COMPLIANCE OFF.	NONE					Х		272,930.	NONE	53,156.
(9) ROBERT R. SIMON, M.D.	10.00									
FOUNDER AND CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(10) EDWARD J. CARPENTER	7.00									
ASSOCIATE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(11) LINDA N. CAPPELLO	7.00									
SECRETARY OF THE BOARD	NONE	Х		Х				NONE	NONE	NONE
(12) ANDREW F. BARTH	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) PAUL DEAN, M.D., M.P.H.	3.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) ARDENA L. FLIPPIN, M.D., MBA	3.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
										Form 990 (2022)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (co	ontinue	ed)	
(A) Name and title	(B) Average hours per	(do i	not c	Pos	C) sition more	e than o	ne	(D) Reportable compensation	(E) Reportable compensation from		(F) stimated nount o	
	week (list any hours for related organizations below dotted line)	1				both struck Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	other pensat om the anizatio d relate anizatio	ion e on
15) JAMES H. HART	5.00											
BOARD MEMBER	NONE	X						NONE	NONE			NON
16) MARY E. MCCLYMONT	3.00	-										
BOARD MEMBER	NONE	X						NONE	NONE			NON:
17) WILLIAM ROBINSON M.D. BOARD MEMBER	5.00 NONE	X						NONE	NONE			NIONT
18) CHRISTINE J. TORETTI	3.00	^						NONE	NONE			NON
BOARD MEMBER	NONE	X						NONE	NONE			NON
19) DAVID J. ZUERCHER	5.00							1,01,1	110112			
BOARD MEMBER	NONE	Х						NONE	NONE			NON
1b Sub-total							\blacktriangleright	3,105,133.	NONE		478,	678
c Total from continuation sheets to Part VII, S	Section A							NONE	 			NON
d Total (add lines 1b and 1c)							re	3,105,133. eceived more than	**NONE *********************************		478,	678
reportable compensation from the organizatio	n >				1	78					Yes	No
3 Did the organization list any former office											163	
employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	? It	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5	25	X
Section B. Independent Contractors	oo, comple	.0 001	iout	110 0	, 101	Juli	PUI	00//				^
Complete this table for your five highest component compensation from the organization. Report of year.												
							\top					

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 15 15

95-3949646

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	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,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
פַ בַּ	С	Fundraising events 1c	867,178.				
fts, r A	d	Related organizations 1d					
≘ق	е	Government grants (contributions) 1e	167,417,547.				
ns, Sin	f	All other contributions, gifts, grants,					
er (-	and similar amounts not included above . 1f	50,068,578.				
ğĚ	g	Noncash contributions included in					
d t	9		\$ 4,068,199.				
ခ္မ င	h	Total. Add lines 1a-1f		218,353,303.			
			Business Code				
ဗ	2a						
Program Service Revenue	b						
Su	c						
ameve	d						
P.S	e						
P Z	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		1,631,450.			1,631,450.
	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					
	С	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 284,006	. 39,652.				
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 164,770	-				
₹ev	С	Gain or (loss) 7c 119,236	. 39,652.				
	d	Net gain or (loss)		158,888.			158,888.
Other	8a	Gross income from fundraising					
O		events (not including \$867,178.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	7,685.				
	b	Less: direct expenses	267,492.				
	С	Net income or (loss) from fundraising events	<u> </u>	-259,807.			-259,807.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold	-				
	С	Net income or (loss) from sales of inventory.	1	NONE			
sno		GD1175 EVED 145	Business Code				
nec	11a	GRANT EXPENSE RESIDUAL	900099	12,741.	12,741.		
iscellaneous Revenue	b	REWARD POINTS	900099	11,653.	11,653.		
sce Re	C	INSURANCE REFUND	900099	359,786.	359,786.		
Ĕ	d	All other revenue		3,290.	3,290.		
	e	Total Add lines 11a-11d		387,470.	25		. 505
	12	Total revenue. See instructions		220,271,304.	387,470.		1,530,531.

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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 or note to any line 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	1,733,489.	1,733,489.								
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	13,365,283.	13,365,283.								
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	1,555,980.	580,886.	975,094.							
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	78,090,655.	64,813,259.	11,403,000.	1,874,396.						
8	Pension plan accruals and contributions (include	8,365,906.	6,833,245.	1,351,958.	180,703						
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	14,497,104.	11,020,050.	3,016,275.	460,779						
10	Payroll taxes	2,921,056.	2,004,521.	812,887.	103,648						
11	Fees for services (nonemployees):										
а	Management	NONE									
b	Legal	736,387.	471,689.	247,468.	17,230						
C	Accounting	250,236.	34,436.	215,800.							
d	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17.	381,108.			381,108						
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.)	5,938,077.	4,106,067.	1,590,267.	241,743.						
	Advertising and promotion	806,821.	351,856.	96,362.	358,603.						
13	Office expenses	4,780,583.	3,240,410.	748,078.	792,095						
	Information technology	2,961,233.		2,961,233.							
	Royalties	NONE									
	Occupancy	7,743,695.	7,012,271.	680,750.	50,674						
	Travel	7,435,880.	7,016,654.	305,542.	113,684						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	NONE									
	Conferences, conventions, and meetings	1,250,787.	1,152,948.	77,903.	19,936						
	Interest	NONE									
21		NONE	20 220	F0F 40F							
22		746,833.	39,338.	707,495.	22 615						
	Insurance	1,744,953.	1,497,698.	213,638.	33,617						
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.)										
		64 200 170	64 200 170								
	PROGRAM SUPPLIES	64,209,170.	64,209,170.	2 700	21 270						
	TRANSPORTATION AND SHIPPING	10,272,444.	10,237,266.	3,799.	31,379						
	OTHER	-2,763,681.	196,745.	-3,051,384.	90,958						
d											
	All other expenses	227 022 000	100 017 201	22 256 165	/ 7EO EE2						
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	227,023,999.	199,917,281.	22,356,165.	4,750,553.						
_,	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here										
	following SOP 98-2 (ASC 958-720)										

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Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	103,058,352.	1	14,257,122.
	2	Savings and temporary cash investments	429,226.	2	94,693,745.
	3	Pledges and grants receivable, net	5,841,436.	3	11,442,343.
	4	Accounts receivable, net	14,771,586.	4	2,396,304.
	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	NONE
	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	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	443,692.	8	979,161.
Ä	9	Prepaid expenses and deferred charges	5,827,122.	9	5,628,022.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,310,013.			
	b	Less: accumulated depreciation	2,276,289.	10c	1,940,950.
	11	Investments - publicly traded securities	4,829,201.	11	5,665,238.
	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		NONE
	15	Other assets. See Part IV, line 11	341,890.	15	2,686,289.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	137,818,794.	16	139,689,174.
	17	Accounts payable and accrued expenses	39,543,954.	17	45,625,256.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	3,950,878.	19	5,060,752.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
w	22	Loans and other payables to any current or former officer, director,	NONE	Z 1	IVOIVE
tie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	27	110111
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,545,462.	25	4,148,469.
	26	Total liabilities. Add lines 17 through 25	47,040,294.	26	54,834,477.
Se	20	Organizations that follow FASB ASC 958, check here	17,010,251.	20	31,031,477.
ŭ		and complete lines 27, 28, 32, and 33.			
sals	27	Net assets without donor restrictions	22,489,021.	27	26,673,563.
d B	28	Net assets with donor restrictions	68,289,479.	28	58,181,134.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	90,778,500.	32	84,854,697.
ž	33	Total liabilities and net assets/fund balances	137,818,794.	33	139,689,174.
					Form 990 (2022)

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						9 -
Part .	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	0,2	71,	<u> 304</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>999</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>695</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9			<u>500</u>
5	Net unrealized gains (losses) on investments	5				<u> 198</u>
6	Donated services and use of facilities	6		1	<u>85,</u>	<u>694</u>
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	8	4,8	<u>54,</u>	<u>697</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX 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	piled	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	n 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	•		_		
	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	kplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits -		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.

t. OMB No. 1545-0047

2022

Open to Public Inspection

95-3949646

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

Pai	τι	Reason for Public Uni	arity Status. (All	organizations must	Comple	ete mis p	bart.) See instruction	is.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative		•	•		(1)(A)(iii).	
4		A medical research organiz	-	-				(iii). Enter the
•		hospital's name, city, and st	=					,(). =oo
5		An organization operated to		a college or universit	v owner	d or one	erated by a governme	ental unit described in
·		section 170(b)(1)(A)(iv). (C		a conego or arrivoron	., 011110	а от оро	rated by a governme	mar anne accomboa n
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)	
7	X	An organization that norma				-		om the general nublic
•		described in section 170(b)	-	•	pport iii	om a go	vorminorital arm or m	om the general pash
8		A community trust describe		•	Dart II \			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
3		or university or a non-land-	=			-		-
		university:	grant conege or ag	griculture (see iristruct	.юпа). с	inter the i	name, dity, and state o	i the college of
10		An organization that norma	Ily receives (1) me	oro than 331/2% of ite	cupport	from cor	atributions momborsh	in face and grace
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	i09(a)(1) or sect	ion 509(a)(2). See se d	ction 509(a)(3). Check
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		oxdot Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
		_ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		oxdot Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the number of supported	l organizations					
g	Pro	ovide the following information		orted organization(s).	1			T
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

Schedule A (Form 990) 2022 Page **2**

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,549,749.	190,521,703.	174,499,725.	218,073,307.	218,353,303.	931,997,787.
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	130,549,749.	190,521,703.	174,499,725.	218,073,307.	218,353,303.	931,997,787.
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)						1,314,577.
6	Public support. Subtract line 5 from line 4						930,683,210.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	130,549,749. 56,878.	190,521,703. 187,515.	174,499,725. 106,706.	218,073,307. 90,344.	218,353,303. 1,631,450.	931,997,787.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	89,969.	163,054.	30,858.	21,454.	395,155.	700,490.
11	Total support. Add lines 7 through 10						934,771,170.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Supp						
14	Public support percentage for 2022 (lin		-			14	99.56 %
15	Public support percentage from 2021					15	99.52 %
16a	331/3% support test - 2022. If the org						
L	box and stop here. The organization qu	•		•			
D	331/3% support test - 2021. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			_			
114	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			_	-		
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets						•
	organization			•	•		• •
18	Private foundation. If the organization						
_	instructions						

Schedule A (Form 990) 2022 Page 3

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.)

Sec	tion A. Public Support			,,	<u> </u>	,	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2, and 3						
/a	received from disqualified persons						
h	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						
С 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 20 . 0	(2) 20:0	(0, 2020	(4) 2021	(0) 2022	(.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
	Net income from unrelated business						
11							
	activities not included on 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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	4ha ' ''	anla fit	 	- fifth '		F04/-\/0\
14	First 5 years. If the Form 990 is for	_					
	organization, check this box and stop here.						
<u>Sec</u>	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,			ımn (f))		15	%
16							
$\overline{}$	Public support percentage from 2021 Sche tion D. Computation of Investment					16	70
	Investment income percentage for 2022 (lin			13 column (f))		17	%
17 18	Investment income percentage for 2022 (III					18	
	331/3% support tests - 2022. If the org						
ıJd	17 is not more than 331/3%, check this	-					
L	331/3% support tests - 2021. If the orga						
D	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•		• • • • • • • • • • • • • • • • • • • •	
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Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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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Schedul	e A (Fo	orm 990) 2022

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Page 5 Schedule A (Form 990) 2022

Part	Supporting Organizations (continued)			- 5 -
			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		
3001.	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.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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 constitution was ide to each of its commented array to the least day of the fifth wearth of the		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 ins	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 (see	e instr		r
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		
J.	•			
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. <i>Answer lines 3a and 3b below.</i>			
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 .

Schedule A (Form 990) 2022 Page **6**

Pa	art 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			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection 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		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				

Schedule A (Form 990) 2022

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a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

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

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER IN	COME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
GROSS INCOME FROM FUNDRAISING	48,825.	21,605.	6,279.	4,940.	7,685.	89,334.
INSURANCE REFUND		35,801.	15,540.		359,786.	411,127.
REWARD POINTS	14,093.	10,588.	5,191.	9,729.	11,653.	51,254.
OTHER	8,074.	-5,197.	3,848.	4,431.	3,290.	14,446.
GRANT EXPENSE RESIDUAL	18,977.	100,257.		2,354.	12,741.	134,329.
TOTALS	89,969.	163,054.	30,858.	21,454.	395,155.	700,490.
	==========	==========	==========	==========	==========	=========

Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

Name of organization

Employer identification number

	INTERNATIONAL MEDICAL CORPS		95-3949646
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$\$	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	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$.	Person X 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 CORDS

95_3949646

	INTERNATIONAL MEDICAL CORPS	95=3949646
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	space is needed.

(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
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** 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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

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.

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	· ·	2022		' '	
	TERNATIONAL MEDICAL (costion FO1(s) or		949646
	•	organization is exempt under			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
_	definition of "political campa	•		•	
2		xpenditures. See instructions			
	Volunteer hours for political	campaign activities. See instruction	ns		
		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		
					Yes _ No
	If "Yes," describe in Part IV.		(' 504()	504/ \/0	`
Pai		organization is exempt under).
1		xpended by the filing organization			
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. Ent			
	line 17b				
4 5	Enter the names addresses	e Form 1120-POL for this year? and employer identification numb	or (FIN) of all soction	on 527 political organize	Yes No
J		s. For each organization listed, en			
		tributions received that were prom			
		nd or a political action committee (I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-)	(3) 123 22	(0) =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
					,
(1)					
(2)					
(3)					
(4)					
					
(5)					
(6)					
		I .	l .	I	l .

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

Schedule C (Form 990) 2022

Part II-A Complete if the organizati	ATIONAL MEDICAL CORPS on is exempt under section 501(c)(3) and		-3949646 Page 2 ction under
section 501(h)).			
• •	longs to an affiliated group (and list in Part IV early of excess lobbying expenditures).	ach affiliated group mem	ber's name, address,
B Check if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures	(a) Filing	(b) Affiliated
· · · · · · · · · · · · · · · · · · ·	eans amounts paid or incurred.)	organization's totals	group totals
	public opinion (grassroots lobbying)		
, ,	a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1	a and 1b)		
d Other exempt purpose expenditures		227,023,999.	
e Total exempt purpose expenditures (ad	d lines 1c and 1d)	227,023,999.	
f Lobbying nontaxable amount. Enter the	e amount from the following table in both		
columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.	
	ess, enter -0		
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
reporting section 4911 tax for this year?			Yes No
	4-Year Averaging Period Under Section 501(h)		
(Some organizations that made a	a section 501(h) election do not have to compl	ete all of the five colum	nns below.
See	the separate instructions for lines 2a through	2f.)	
Lobi	pying Expenditures During 4-Year Averaging Pe	riod	

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	367.				367.				
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f	Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

03315R 1673

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

	("						
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(8			(b)		
des	cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
_	referendum, through the use of:						
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			-			
b	Media advertisements?			1			
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	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?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	section			
	501(c)(6).	(-)(-)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
Pa	t III-B 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."	OR (E) Pa	rt III-A, II	ne 3	, IS	
1	Dues, assessments and similar amounts from members			1			
2				•			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ants (OI				
а	Current year			2a			
b	Carryover from last year.			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	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	obbyir	ng				
_	and political expenditures next year?			4			
5 Pa	Taxable amount of lobbying and political expenditures. See instructions	<u> </u>		5			
	Supplemental Information ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ın lie	t). Part II-	Λ lin	oc 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u giot	ир по	i), Fait II-	~, IIII	C3 1	anu
_ (0	or mendentially, and rain is, into 117 tipe, complete the parties any additional information.						

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.

Attach to Form 990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL MEDICAL CORPS 95-3949646 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2022

following amounts required to be reported under FASB ASC 958 relating to these items:

	L L D (5								
		ERNATIONAL MEI				Mar Cinciles		3949646	
	rt III Organizations Maintaini								
3	Using the organization's acquisitio		iner record	as, cneck any c	or the i	rollowing that	make sigi	nificant u	ise of its
_	collection items (check all that appl	y):		1					
а	Public exhibition		d	Loan or exch	ange p	rogram			
b	Scholarly research		e	Other					
С	Preservation for future gener								
4	Provide a description of the organ	nization's collections	and expla	in how they fu	rther th	ne organizatior	n's exemp	t purpos	e in Part
	XIII.								
5	During the year, did the organizatio						_		
	assets to be sold to raise funds rath		ained as par	rt of the organiz	ation's	collection?		Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza		s" on Forn	n 000 Part IV	lina 0	or reported	an amau	nt on Fo	rm
	990, Part X, line 21.	uon answered re	:S 011 F0111	11 990, Pait IV,	illie 9	, or reported a	an amou	iii oii Fo	1111
1.0	Is the organization an agent, trust	too quotodion or of	thar interm	adian, for annt	ribution	as or other se	ooto not		
ıa				-			seis noi		
	included on Form 990, Part X?	Dout VIII and accord		anda a talala.			L	Yes	No
D	If "Yes," explain the arrangement in	i Part XIII and comp	nete the foli	owing table:			A		
	5						Amount		
С.	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f			1	
	Did the organization include an am	·	•	•			, .	Yes	☐ No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation has be	en prov	vided on Part XI	III		
Pa	rt V Endowment Funds.	C		000 D 11/	12 4	0			
	I AMNIATA IT THA AMANIA	TION ANGWARAN YA				()			
	Complete if the organiza								
	Complete ii the organiza	(a) Current year	(b) Prior	year (c) Tw	o years l	back (d) Three	years back		years back
1a	Beginning of year balance		(b) Prior	year (c) Tw		back (d) Three	100,000.	3	300,000.
1a b		(a) Current year	(b) Prior	year (c) Tw	o years l	back (d) Three	-	3	
b	Beginning of year balance	(a) Current year	(b) Prior	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b	Beginning of year balance Contributions	(a) Current year	(b) Prior	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b c	Beginning of year balance Contributions	(a) Current year	(b) Prior	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b c d	Beginning of year balance Contributions	(a) Current year	(b) Prior	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b c d	Beginning of year balance Contributions	(a) Current year	(b) Prior	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b c d	Beginning of year balance	(a) Current year	(b) Prior	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b c d e	Beginning of year balance Contributions	(a) Current year	(b) Prior 75	year (c) Tw	o years b	back (d) Three	100,000.	3	300,000.
b c d e f g	Beginning of year balance Contributions	(a) Current year 750,000. 750,000. of the current year	(b) Prior 75:	year (c) Tw	750,000	back (d) Three 0. 4 0. 2		3	300,000.
b c d e f g 2 a	Beginning of year balance Contributions	750,000. 750,000. of the current year ent	(b) Prior 75:	year (c) Tw	750,000	back (d) Three 0. 4 0. 2		3	300,000.
b c d e f g 2 a b	Beginning of year balance	750,000. 750,000. of the current year ent	(b) Prior 75	year (c) Tw	750,000	back (d) Three 0. 4 0. 2		3	300,000.
b c d e f g 2 a b	Beginning of year balance Contributions	750,000. 750,000. 750,000. of the current year event	(b) Prior 75	year (c) Tw	750,000	back (d) Three 0. 4 0. 2		3	300,000.
b c d e f g 2 a b c	Beginning of year balance Contributions	750,000. 750,000. of the current year ent	(b) Prior 75	year (c) Tw 0,000.	750,000	back (d) Three 0. 4 0. 2 0. 2 eld as:	250,000.	3	300,000.
b c d e f g 2 a b c	Beginning of year balance Contributions	750,000. 750,000. of the current year ent	(b) Prior 75	year (c) Tw 0,000.	750,000	back (d) Three 0. 4 0. 2 0. 2 eld as:	250,000.	3	300,000.
b c d e f g 2 a b c	Beginning of year balance Contributions	750,000. 750,000. of the current year ent	(b) Prior 75	year (c) Tw 0,000.	750,000	back (d) Three 0. 4 0. 2 0. 2 eld as:	250,000.	3	300,000.
b c d e f g 2 a b c	Beginning of year balance Contributions	750,000. 750,000. of the current year event	(b) Prior 75 75 end balance 6	year (c) Two	750,000 (a)) he	back (d) Three O. 4 O. 2 O. 6 eld as:	250,000.	3	300,000.
b c d e f g 2 a b c c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endown Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations	750,000. 750,000. of the current year event	75. 275. 275. 275. 275. 275. 275. 275. 2	year (c) Tw 0,000.	750,000 n (a)) he	back (d) Three O. 4 O. 2 eld as:	r the	3	600,000. 00,000.
b c d e f g 2 a b c c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related	750,000. 750,000. of the current year event	750 Prior 750 Pr	year (c) Two	750,000 n (a)) he	back (d) Three O. 4 O. 2 eld as:	r the	3a(i)	fes No X
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment	750,000. 750,000. of the current year elent	750 Prior 750 Pr	year (c) Two	750,000 n (a)) he	back (d) Three O. 4 O. 2 eld as:	r the	3a(i) 3a(ii)	fes No X
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended on the control of the	(a) Current year 750,000. 750,000. of the current year event 900 % and 2c should equal 1 the possession of the current year event ed organizations lister asses of the organizations lister asses of the organizations.	75i end balance 6 100%. The organization's endow	year (c) Two	750,000 (a)) he	back (d) Three O. 4 O. 2 O. 6 eld as:	r the	3a(i) 3a(ii) 3b	/es No X X
b c d e f g 2 a b c 3a	Beginning of year balance	(a) Current year 750,000. 750,000. of the current year event ent 00 mod 2c should equal 1 the possession of the possession of the current year event et a current year event et a current year event event	750 750 750 750 Pend balance 750 Pend ba	year (c) Two	750,000 n (a)) he	back (d) Three O. 4 O. 2 O. 2 eld as:	rthe	3a(i) 3a(ii) 3b	(es No X X X)
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended on the control of the	(a) Current year 750,000. 750,000. of the current year event 900 % and 2c should equal 1 the possession of the current year event ed organizations lister asses of the organizations lister asses of the organizations.	(b) Prior 751 752 Prior Table 100%. The organizate orga	year (c) Two	750,000 n (a)) he	back (d) Three O. 4 O. 2 O. 6 eld as:	rthe	3a(i) 3a(ii) 3b	(es No X X X)
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance	750,000. 750,000. of the current year event	(b) Prior 751 752 Prior Table 100%. The organizate orga	year (c) Two (0,000.	750,000 n (a)) he	dack (d) Three co. 4 co. 2 co. 2 co. 6 co. 6	rthe	3a(i) 3a(ii) 3b	(es No X X X)
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance	750,000. 750,000. of the current year event	(b) Prior 751 752 Prior Table 100%. The organizate orga	year (c) Two (0,000.	750,000 n (a)) he	dack (d) Three co. 4 co. 2 co. 2 co. 6 co. 6	rthe	3a(i) 3a(ii) 3b	(es No X X X)

Schedule D (Form 990) 2022

676,107.

1,264,843.

1,940,950.

d Equipment....

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1,737,665.

9,205,457.

1,061,558

7,940,614

Schedule D ((Form 990) 2022 INTERNATIONAL	MEDICAL CORPS	9:	5-3949646 Page
Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 99	0. 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 valuat Cost or end-of-year mark	ion:
(1) Finance	ial derivatives			
	y held equity interests			
	, note oquity intologic to the control of			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11d. See Form 990,	, Part X, line 15.
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.			222 5
	Complete if the organization answere line 25.	ed "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descri	ription of liability		(b) Book value
_ ` '	eral income taxes			
(2)FUNDS	ON DEPOSIT FROM AFFILIATES			1,935,189.
	LIABILITY			2,213,280.
(4)				
(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 JSA 2E1270 1.000

03315R 1673

Schedule D (Form 990) 2022

4,148,469.

Part 2	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	223,952,349.
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	5,164,239.
3	Subtract line 2e from line 1	3	218,788,110.
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 119,236.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1,483,194.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	220,271,304.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	232,270,037.
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	-	
С	Other losses		
d	Other (Describe in Part XIII.)	1	F 246 020
	Add lines 2a through 2d	2e 3	5,246,038. 227,023,999.
3	Subtract line 2e from line 1	3	227,023,999.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
	The second control of	1	
b	Cition (Booking in Fate Ann.)	4c	
С 5	Add lines 4a and 4b	5	227,023,999.
	XIII Supplemental Information.		122770207555
Provide 2; Part	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	Part V, nation	line 4; Part X, line
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.

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

EVENTS EXPENSE: \$ (267,492)

INTEREST AND DIVIDEND INCOME: \$ 1,631,450

TOTAL: \$ 1,363,958

SCHEDULE D, PART XII, LINE 2D

EVENTS EXPENSE: \$267,492

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.

20**22**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL MEDICAL CORPS 95-3949646 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, expenditures for of offices in region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES HEALTH&RELIEF SERVICES 22,966. (2) EAST ASIA AND THE PACIFIC PROGRAM SERVICES HEALTH&RELIEF SERVICES 405,115. (3) EUROPE 3 139 PROGRAM SERVICES HEALTH&RELIEF SERVICES 2,165,523. (4) EUROPE 4,349,238. GRANTMAKING (5) MIDDLE EAST AND NORTH AFRICA 24 2,224 PROGRAM SERVICES HEALTH&RELIEF SERVICES 32,717,860. (6) MIDDLE EAST AND NORTH AFRICA GRANTMAKING 3,222,618. (7) RUSSIA/INDEPENDENT STATES 9 411 PROGRAM SERVICES HEALTH&RELIEF SERVICES 59,273,684. (8) RUSSIA/INDEPENDENT STATES GRANTMAKING 2,511,169. PROGRAM SERVICES (9) SOUTH AMERICA 52 HEALTH&RELIEF SERVICES 167,322. (10) SOUTH AMERICA GRANTMAKING 466,868. (11) SOUTH ASIA 1,322 PROGRAM SERVICES HEALTH&RELIEF SERVICES 18,296,153. (12) SOUTH ASIA 151,577. GRANTMAKING (13) SUB-SAHARAN AFRICA 82 4.014 PROGRAM SERVICES HEALTH&RELIEF SERVICES 67,487,195. 2,663,814. (14) SUB-SAHARAN AFRICA GRANTMAKING (15)(16)(17)Subtotal 142 8,164. 193,901,102. 3a

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

from continuation

sheets to Part I **Totals** (add lines 3a and 3b)

Schedule F (Form 990) 2022

193,901,102.

Total

Schedule F (Form 990) 2022 INTERNATIONAL MEDICAL CORPS 95-3949646 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) valuation (book, FMV, organization grant cash grant cash disbursement noncash of noncash assistance assistance appraisal, other) (1) EUROPE/ICELAND/GREENLAND EMRG RLF SRV 3,144,955. INTERCOMPANY N/A (2) 324,849 INTERCOMPANY EUROPE/ICELAND/GREENLAND EMRG RLF SRV N/A N/A (3) EUROPE/ICELAND/GREENLAND WOM CHL HLTH 160,666. WIRETRANSFER N/A N/A (4) EUROPE/ICELAND/GREENLAND EMRG RSP PRP 129,291 WIRETRANSFER N/A N/A (5) EUROPE/ICELAND/GREENLAND EMRG/ WASH 468.758. WIRETRANSFER N/A N/A (6) EUROPE/ICELAND/GREENLAND 13,374. WIRETRANSFER N/A (7) MH PSYCH SRV EUROPE/ICELAND/GREENLAND 107,344. WIRETRANSFER N/A N/A (8) MIDDLE EAST/NORTH AFRICA MH PSYCH SRV 574,475. WIRETRANSFER N/A N/A (9) MIDDLE EAST/NORTH AFRICA HLTH SRV 43,000. WIRETRANSFER N/A N/A (10)MIDDLE EAST/NORTH AFRICA 25,700. WIRETRANSFER (11)43,000. WIRETRANSFER MIDDLE EAST/NORTH AFRICA HLTH SRV N/A N/A (12)MIDDLE EAST/NORTH AFRICA HLTH SRV 162,170 WIRETRANSFER N/A N/A (13)MIDDLE EAST/NORTH AFRICA HLTH SRV 43,000. WIRETRANSFER N/A N/A (14)MIDDLE EAST/NORTH AFRICA 47,000. WIRETRANSFER N/A N/A (15)393,877. MIDDLE EAST/NORTH AFRICA HLTH SRV WIRETRANSFER N/A N/A (16)MIDDLE EAST/NORTH AFRICA EMRG RSP PRP 218,913. WIRETRANSFER N/A

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	X	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶ _	6
	Enter total number of other organizations or entities	_ ¯	

Schedule F (Form 990) 2022 TERNATIONAL MEDICAL	CORPS	95-3949646						Page 2
Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsi	de the Unite	d States. Comple	te if the orga	anization answer	ed "Yes" on	Form 990,
	Part IV, line 15, for any re	cipient who recei	ved more than \$5,000. F	Part II can be	duplicated if additi	onal space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	HIJTH SRV	42.832	WIRETRANSFER		N/A	N/A

organization	section and EIN (if applicable)	(5)5	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, othe
(1)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	42,832.	WIRETRANSFER		N/A	N/A
		MIDDLE EAST/NORTH AFRICA	HLTH SRV	99,250.	WIRETRANSFER		N/A	N/A
(2)		MIDDLE EAST/NORTH AFRICA	nbin Skv	99,230.	WIREIRANSFER		N/A	N/A
(3)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	751,751.	WIRETRANSFER		N/A	N/A
(4)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	43,000.	WIRETRANSFER		N/A	N/A
(5)		MIDDLE EAST/NORTH AFRICA	EMRG RSP PRP	177,969.	WIRETRANSFER		N/A	N/A
(6)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	43,000.	WIRETRANSFER		N/A	N/A
(7)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	36,030.	WIRETRANSFER		N/A	N/A
(8)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	43,000.	WIRETRANSFER		N/A	N/A
(9)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	43,000.	WIRETRANSFER		N/A	N/A
(10)		MIDDLE EAST/NORTH AFRICA	EMRG RSP PRP	208,731.	WIRETRANSFER		N/A	N/A
(11)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	95,460.	WIRETRANSFER		N/A	N/A
(11)		PIEDEL BROT, NORTH THE RECT	IIIIII GRV	33,100.	WIREFIGURE		14/11	14/11
(12)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	43,000.	WIRETRANSFER		N/A	N/A
(13)		MIDDLE EAST/NORTH AFRICA	HLTH SRV	43,000.	WIRETRANSFER		N/A	N/A
(14)		RUSSIA/NEWLY IND. STATES	WOM CHL HLTH	134,989.	WIRETRANSFER		N/A	N/A
(15)		RUSSIA/NEWLY IND. STATES	HLTH SRV	188,890.	WIRETRANSFER		N/A	N/A
(16)		RUSSIA/NEWLY IND. STATES	EMRG RSP PRP	50,000.	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	
3	Enter total number of other organizations or entities.	

Part II			ations or Entities Outsi ived more than \$5,000. F					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)			RUSSIA/NEWLY IND. STATES	WOM CHL HLTH	162,953.	WIRETRANSFER		N/A	N/A
(2)			RUSSIA/NEWLY IND. STATES	WASH	104,378.	WIRETRANSFER		N/A	N/A
(3)			RUSSIA/NEWLY IND. STATES	EMRG RSP PRP	233,652.	WIRETRANSFER		N/A	N/A
(4)			RUSSIA/NEWLY IND. STATES	MH PSYCH SRV	21,442.	WIRETRANSFER		N/A	N/A
(5)			RUSSIA/NEWLY IND. STATES	MH PSYCH SRV	443,533.	WIRETRANSFER		N/A	N/A
(6)			RUSSIA/NEWLY IND. STATES	MH PSYCH SRV	100,000.	WIRETRANSFER		N/A	N/A
(7)			RUSSIA/NEWLY IND. STATES	HLTH SRV	136,422.	WIRETRANSFER		N/A	N/A
(8)			RUSSIA/NEWLY IND. STATES	WOM CHL HLTH	100,000.	WIRETRANSFER		N/A	N/A
(9)			RUSSIA/NEWLY IND. STATES	WOM CHL HLTH	96,658.	WIRETRANSFER		N/A	N/A
(10)			RUSSIA/NEWLY IND. STATES	EMRG RSP/ MH	276,509.	WIRETRANSFER		N/A	N/A
(11)			RUSSIA/NEWLY IND. STATES	WOM CHL HLTH	100,098.	WIRETRANSFER		N/A	N/A
(12)			RUSSIA/NEWLY IND. STATES	WASH	64,047.	WIRETRANSFER		N/A	N/A
(13)			RUSSIA/NEWLY IND. STATES	MENTAL HEALT	22,557.	WIRETRANSFER		N/A	N/A
(14)			DIISSIA/NEWLY IND STATES	WOM CHI. HI.TH	118 450	WIRETRANSEER		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 🕨
	Enter total number of other organizations or entities

EMRG RSP PRP

50,292.

47,276.

WIRETRANSFER

WIRETRANSFER

RUSSIA/NEWLY IND. STATES

RUSSIA/NEWLY IND. STATES EMRG RSP PRP

N/A

N/A

N/A

N/A

(15)

(16)

Schedule F	(Form 990) 2022 TERNATIONAL MEDIC	CAL CORPS	95-3949646						Page 2
Part II	Grants and Other Assi Part IV, line 15, for any							ered "Yes" or	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)			RUSSIA/NEWLY IND. STATES	WOM CHL HLTH	35,522.	WIRETRANSFER		N/A	N/A
(2)			RUSSIA/NEWLY IND. STATES	FAM COM HLTH	23,500.	WIRETRANSFER		N/A	N/A
(3)			SOUTH AMERICA	HLTH SRV	466,868.	WIRETRANSFER		N/A	N/A
(4)			SOUTH ASIA	EMRG/ WASH	82,110.	WIRETRANSFER		N/A	N/A
(5)			SOUTH ASIA	EMRG RSP PRP	12,145.	WIRETRANSFER		N/A	N/A
(6)			SOUTH ASIA	EMRG RSP PRP	6,098.	WIRETRANSFER		N/A	N/A
(7)			SOUTH ASIA	EMRG RSP PRP	51,224.	WIRETRANSFER		N/A	N/A
(8)			SUB-SAHARAN AFRICA	HLTH SRV	23,000.	WIRETRANSFER		N/A	N/A
(9)			SUB-SAHARAN AFRICA	HLTH SRV	235,993.	WIRETRANSFER		N/A	N/A
(10)			SUB-SAHARAN AFRICA	HLTH SRV	828,616.	WIRETRANSFER		N/A	N/A
(11)			SUB-SAHARAN AFRICA	HLTH SRV	1,130,013.	WIRETRANSFER		N/A	N/A
(12)			SUB-SAHARAN AFRICA	HLTH SRV	34,692.	WIRETRANSFER		N/A	N/A
(13)			SUB-SAHARAN AFRICA	HLTH SRV	332,418.	WIRETRANSFER		N/A	N/A
(14)			SUB-SAHARAN AFRICA	HLTH SRV	70,000.	WIRETRANSFER		N/A	N/A
(15)			SUB-SAHARAN AFRICA	HLTH SRV	9,082.	WIRETRANSFER		N/A	N/A
(16)									

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
3	Enter total number of other organizations or entities.

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

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

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
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X	Yes		No

Schedule F (Form 990) 2022

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.

03315R 1673

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization					Employer identification	on number
INTERNATIONAL MEDICAL CORPS					95-394964	
Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether the organization rais	· · · · · · · · · · · · · · · · · · ·			activities. Check	all that apply.	
a X Mail solicitations	е	X Solid	citation of	non-government g	grants	
b X Internet and email solicitations	f	X Solid	citation of	government grant	S	
c Phone solicitations	g	X Spe	cial fundra	ising events		
d X In-person solicitations						
 2a Did the organization have a written o or key employees listed in Form 990 b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	, Part VII) or entity viduals or entities	in connec	ction with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No		75(7	
1		103	140			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					381,108.	-381,108.
3 List all states in which the organizar registration or licensing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
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						

			ATIONAL MEDICAL (CORPS	9	5-3949646 Page 2
Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and o			
			(a) Event #1 CELEBRATION	(b) Event #2 LUNCHEON	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	698,295.	176,568.		874,863.
~	2	Less: Contributions Gross income (line 1 minus	690,610.	176,568.		867,178.
		line 2)	7,685.			7,685.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	27,595.			27,595.
t Expe	7	Food and beverages	78,118.	15,560.		93,678.
Direct	8	Entertainment	2,500.			2,500.
	9	Other direct expenses	117,342.	26,377.		143,719.
	10 11	Direct expense summary. Add lin Net income summary. Subtract I	nes 4 through 9 in col ine 10 from line 3, co	umn (d) lumn (d)		267,492. -259,807.
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
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		Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	S% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a	ı l	Enter the state(s) in which the org s the organization licensed to con f "No," explain:	anization conducts ga duct gaming activities	ming activities: in each of these state	es?	Yes No

Schedule G (Form 990) 2022

No

10a

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sched	ule G (Form 990 or 990-EZ) 2022 INTERNATIONAL MEDICAL CORPS	95-3949646	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
		20	%
a	The organization's facility		
b	,	3b	70
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	aming	
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ are	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 ▶\$		
	2 m 2 m 2 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m		
	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 proc	eeds to	
_	retain the state gaming license?		No
h	Enter the amount of distributions required under state law to be distributed to other exempt organ		
b	or spent in the organization's own exempt activities during the tax year > \$	izations	
Par		iii) and (v) and	
Гаі	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional		
	(see instructions).	ai iiiiOiiiiaiiOii	
D 7 D	·		
PAR	T I, LINE 2B		
DMX	ACEMOVIIC ONE MODID TRADE CENTED 62DD ELOOD MEM VODY NV 10007		
	AGENCY LLC ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007		
	UNT PAID TO ASSEMBLY GLOBAL FOR ADVERTISING SPENDS, PRINTING, POSTAGE,		
AND	MAILING LIST RENTALS WAS \$735,713.		
	ER FUNDRAISING SERVICES ARE ITEMIZED ON INVOICES SEPARATELY AND		
	LUDE MULTI-CHANNEL MARKETING STRATEGY AND OPTIMIZATION, AND CREATIVE		
	IGN. ALL DIRECT EXPENSES WERE ITEMIZED, AND INVOICES SUBMITTED BY THE		
FIR	M TO INTERNATIONAL MEDICAL CORPS.		

Schedule G (Form 990 or 990-EZ) 2022

Sched	ule G (Form 990 or 990-EZ) 2022 INTERNATIONAL MEDICAL CORPS	95-39	949646	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_		
	formed to administer charitable gaming?	ا ا	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	а		%
b	An outside facility	b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	nd		
	records:			
	Name ►			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives gan			
	revenue?	[Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the		
	amount of gaming revenue retained by the third party ▶ \$			
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 proceed			
	retain the state gaming license?	l	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organize	ations		
	or spent in the organization's own exempt activities during the tax year > \$	1 /	\ I	
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).	•	, .	
GLOE	BAL IMPACT, 1199 N. FAIRFAX ST, SUITE 300, ALEXANDRIA, VA 22314			
	UNT PAID TO GLOBAL IMPACT WAS A RETAINER FOR WORKPLACE GIVING AND			
	LOYEE ENGAGEMENT CAMPAIGN REPRESENTATION, MARKETING, AND DONATION			
	CESSING SERVICES. THE INVOICE FOR SERVICES WAS SUBMITTED BY THE GLOBAL			
IMPA	ACT TO INTERNATIONAL MEDICAL CORPS.			

Schedule G (Form 990 or 990-EZ) 2022

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

NAME:

PMX AGENCY, LLC

ACTIVITY :

SEE PART IV

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 371,483.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -371,483.

NAME:

GLOBAL IMPACT

ACTIVITY :

SEE PART IV

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 9,625.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -9,625.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2022

Department of the Treasury

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

Open to Public Inspection

Employer identification number

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

INTERNATIONAL MEDICAL CORPS					95-3949646	95-3949646		
Part I General Information on Grants a	nd Assistanc	е						
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand	e?					X Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) CONCERN WORLDWIDE US, INC.								
355 LEXINGTON AVE, NEW YORK, NY 10017	13-3712030	501(C)(3)	790,821.				CAPACITY BUILDING/T	
(2) PRESIDENT AND FELLOWS OF HARVARD COLLEGE								
1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	811,778.				CAPACITY BUILDING/T	
(3) ARCARE								
P.O. BOX 497 AUGUSTA, AR 72006	58-1666179	501(C)(3)	70,988.				EMERGENCY RESPONSE	
(4) REFUGEE HEALTH ALLIANCE								
8861 VILLA LA JOLLA DR, LA JOLLA, CA 92037	84-2743072	501(C)(3)	54,326.				CAPACITY BUILDING/T	
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2. Enter total number of coation $E04/(c)/(2)$ co	d government	rganizations lie	tod in the line 1 to				1	
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations li	•	•					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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 1

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

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

INTERNATIONAL MEDICAL CORPS 95-3949646

Part	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)			
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 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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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.			
	0.1			
_	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:			3.7
a	The organization?	5a		X
b	Any related organization?	5b		X
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
3	The organization?	6a		X
a b	Any related organization?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	UD		Λ
-				
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			- 23
3	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			21
•	Regulations section 53.4958-6(c)?	9		
	-9			

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(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)	532,882.			32,025.	43,986.	608,893.		
1 PRESIDENT / CEO	(ii)								
KY THIEN LUU	(i)	485,658.	25,000.	70,918.	32,025.	58,207.	671,808.		
2 CHIEF OPERATING OFFICER	(ii)								
INGRID RENAUD	(i)	280,309.		2,100.	29,437.	21,958.	333,804.		
3 VP, FINANCE AND ADMIN	(ii)								
CLYDE WILLIAM SUNDBLAD	(i)	527,955.		2,100.	32,025.	3,984.	566,064.		
4 CHIEF KNOWLEDGE OFFICER	(ii)								
REBECCA MILNER	(i)	316,765.		12,692.	32,025.	21,160.	382,642.		
5 CHIEF ADVANCEMENT OFFICER	(ii)								
C. DAVID ALARCON	(i)	278,686.	25,000.		31,804.	20,526.	356,016.		
6 VP, CORPORATE FINANCE	(ii)								
DAVID GIRON	(i)	246,038.		26,100.	30,192.	36,168.	338,498.		
7 DIRECTOR, IT	(ii)								
CORNELIS KLUMPER	(i)	272,930.			29,437.	23,719.	326,086.		
8 CHIEF AUDIT & COMPLIANCE OFF.	(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.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

INTERNATIONAL MEDICAL CORPS

95-3949646

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 1g	(d) Method of det noncash contribu		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	X		354,463.	FAIR MARKET	VALUI	E
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		22	449,962.	FAIR MARKET	VALUI	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			1			
19	Food inventory		50		FAIR MARKET		
20	Drugs and medical supplies		81	1,711,941.	FAIR MARKET	VALUI	E
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		7	20 520	FAIR MARKET	777 T TT	
25	Other ► (<u>CRYPTOCURRENCY</u>)		1	20,539.	FAIR MARKEI	VALUI	ഥ
26 27	Other ► ()						
28	Other ►() Other ►()						
	Number of Forms 8283 received	by the era	onization during the tax w	oor for contributions for			
29	which the organization completed F				29		
	which the organization completed i	-01111 0203,	rait v, Donee Acknowledge	ement	20	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through	1.00	110
oou	28, that it must hold for at least the		•	•	•		
	to be used for exempt purposes for	•			•	а	Х
b	If "Yes," describe the arrangement i		ording portout.				
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
٠.	contributions?					l X	
32a	Does the organization hire or use	e third part	es or related organization	s to solicit, process, or s	sell noncash	T	
u	contributions?	-	_			a X	
b	If "Yes," describe in Part II.						
	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)) is checked.		
	describe in Part II.		(-)	, , ,			

Part II

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

SCHEDULE M, PART I

THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS"

REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS, NOT NECESSARILY THE TOTAL

NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE 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.

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 95-3949646

INTERNATIONAL MEDICAL CORPS

PART III, LINE 4A

EMERGENCY RESPONSE AND PREPAREDNESS: INTERNATIONAL MEDICAL CORPS IS ON
THE FRONT LINES OF THE WORLD'S MOST URGENT CRISES. WITH A ROSTER OF
VOLUNTEER HEALTHCARE SPECIALISTS ON CALL, AN EXPERIENCED GLOBAL STAFF,
SUPPLIES PRE-POSITIONED INTERNATIONALLY AND EMT TYPE 1 (FIXED AND MOBILE)
CLASSIFICATION FROM THE WORLD HEALTH ORGANIZATION, INTERNATIONAL MEDICAL
CORPS HAS A WELL-EARNED REPUTATION AS A FAST, RELIABLE FIRST RESPONDER.
THE ORGANIZATION ALSO FOCUSES EXTENSIVELY ON TRAINING, PREPARING
COMMUNITIES ON HOW BEST TO RESPOND TO ADVERSITY WHEN DISASTER
STRIKES-CREATING A RESPONSE CAPABILITY THAT IS IMMEDIATE AND THAT
ULTIMATELY FOSTERS SELF-RELIANCE.

IN 2023, INTERNATIONAL MEDICAL CORPS RESPONDED TO A NUMBER OF
HUMANITARIAN CRISES, INCLUDING, FOR EXAMPLE, CONFLICT IN SUDAN, SYRIA,
UKRAINE, AND YEMEN; NATURAL DISASTERS IN AFGHANISTAN, LIBYA, MOROCCO,
SYRIA/TURKIYE AND THE UNITED STATES; AND ONGOING HUMANITARIAN NEEDS IN
CAMEROON, DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, NIGERIA AND SOUTH
SUDAN. INTERNATIONAL MEDICAL CORPS ALSO STRATEGICALLY PREPOSITIONED
MEDICINES, MEDICAL EQUIPMENT AND SUPPLIES IN KEY REGIONAL CITIES AND
PROVIDED TRAINING TO STAFF AND PARTNERS TO ENSURE AN ABILITY TO RESPOND
MORE RAPIDLY.

PART III, LINE 4B

BUILDING HEALTH CAPACITY: INTERNATIONAL MEDICAL CORPS HELPS LOCAL HEALTH
AUTHORITIES PROVIDE PRIMARY AND SECONDARY HEALTHCARE SERVICES, WORKING
HAND IN HAND WITH NATIONAL GOVERNMENTS AND LOCAL COMMUNITY LEADERS TO

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

INTERNATIONAL MEDICAL CORPS

95-3949646

ENSURE THAT BASIC HEALTHCARE IS AVAILABLE AND AFFORDABLE FOR ALL-WHETHER THEY ARE RESIDENTS OF REMOTE VILLAGES OR LARGE URBAN CENTERS, OR WHETHER THEY ARE INTERNALLY DISPLACED PEOPLE, ASYLUM SEEKERS, MIGRANTS OR REFUGEES. TRAINING AND EDUCATION ARE CENTRAL TO SUPPORTING HEALTH SERVICES. INTERNATIONAL MEDICAL CORPS TRAINS AND MENTORS HEALTH SERVICE PROVIDERS, MANAGERS AND COMMUNITY REPRESENTATIVES TO STRENGTHEN THEIR CAPACITY TO DELIVER, MANAGE AND MONITOR THEIR LOCAL HEALTH SERVICES. INTERNATIONAL MEDICAL CORPS ALSO HELPS REHABILITATE HEALTH FACILITIES AND SUPPLIES THEM WITH ESSENTIAL DRUGS AND MEDICAL SUPPLIES.

PART III, LINE 4C

WOMEN AND CHILDREN'S HEALTH: INTERNATIONAL MEDICAL CORPS WORKS WITH

COMMUNITIES AND LOCAL HEALTH AUTHORITIES TO IMPROVE THE HEALTH OF

EXPECTANT WOMEN BY OFFERING SAFE MOTHERHOOD SERVICES THAT INCLUDE

ANTENATAL CARE, SAFE DELIVERY BY SKILLED BIRTH ATTENDANTS, QUALITY CARE

FOR OBSTETRIC AND NEWBORN EMERGENCIES, POST-NATAL CARE AND FAMILY

PLANNING. INTERNATIONAL MEDICAL CORPS CONTRIBUTES TO BETTER HEALTH

OUTCOMES AND REDUCTION OF COMMON CHILDHOOD ILLNESSES AND DEATHS THROUGH

PROGRAMS THAT INCLUDE VACCINATIONS AGAINST COMMUNICABLE DISEASES, GROWTH

MONITORING, EARLY CHILDHOOD DEVELOPMENT INTERVENTIONS AND COMMUNITY-BASED

CASE MANAGEMENT OF COMMON CHILDHOOD ILLNESSES. MANY PROGRAMS ARE DESIGNED

TO INCLUDE YOUTH, SINCE YOUNG BOYS AND GIRLS IN THEIR ADOLESCENCE HAVE

SPECIAL HEALTH-RELATED NEEDS. IN TIMES OF CRISIS-WHEN TRADITIONAL SOCIAL

CODES PROTECTING WOMEN CAN EASILY BREAK DOWN-WOMEN, ADOLESCENT GIRLS AND

YOUNG CHILDREN BECOME MORE VULNERABLE TO ABUSE, EARLY MARRIAGE, RAPE OR

SEXUAL EXPLOITATION. INTERNATIONAL MEDICAL CORPS OFFERS CULTURALLY

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Inspection | Employer identification number |

INTERNATIONAL MEDICAL CORPS 95-3949646

APPROPRIATE SERVICES TO PREVENT GENDER-BASED VIOLENCE AND PROVIDE

SERVICES FOR SURVIVORS WHILE WORKING TO REDUCE FORMS OF VIOLENCE ROOTED

IN GENDER DISCRIMINATION. THE ORGANIZATION ALSO PROVIDES A RANGE OF

MENTAL HEALTH AND OTHER SUPPORT SERVICES TO PROTECT CHILDREN DURING

DISASTERS AND EMERGENCIES.

PART III, LINE 4D

ALL OTHER-MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS); NUTRITION, FOOD SECURITY AND LIVELIHOODS; WATER, SANITATION AND HYGIENE:

BECAUSE SURVIVORS OF CONFLICT AND DISASTER ARE AT HIGHER RISK FOR PSYCHOLOGICAL DISTRESS AND MENTAL HEALTH CONDITIONS, INTERNATIONAL MEDICAL CORPS PLAYS A LEADING ROLE IN THE ADVANCEMENT OF MENTAL HEALTH SERVICES AND SYSTEMS IN HUMANITARIAN SETTINGS. AS ONE OF THE FEW INTERNATIONAL RELIEF ORGANIZATIONS TO PRIORITIZE PREVENTION AND TREATMENT OF MENTAL HEALTH AND PSYCHOSOCIAL NEEDS IN HUMANITARIAN CRISES, INTERNATIONAL MEDICAL CORPS RESPONDS TO IMMEDIATE NEEDS AND-AS COMMUNITIES RECOVER AND DEVELOPMENT BEGINS-FOCUSES ON THE LONGER TERM, HELPING STRENGTHEN MENTAL HEALTH CARE SYSTEMS AND SHAPE NATIONAL POLICIES.

INTERNATIONAL MEDICAL CORPS' APPROACH TO NUTRITION IS HOLISTIC, FOCUSING BOTH ON HOW TO PREVENT AND HOW TO TREAT MALNUTRITION. INTERNATIONAL MEDICAL CORPS STRENGTHENS NUTRITION PROGRAMS AT THE NATIONAL, LOCAL AND COMMUNITY LEVELS IN SOME OF THE WORLD'S MOST CHALLENGING ENVIRONMENTS.

ITS PREVENTION STRATEGIES FOCUS ON VULNERABLE GROUPS, INCLUDING ADOLESCENTS, PREGNANT AND LACTATING WOMEN, AND CHILDREN UNDER 2. AND ITS

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95-3949646

INTERNATIONAL MEDICAL CORPS

CURATIVE STRATEGIES CENTER ON CHILDREN UNDER 5 AND PREGNANT AND LACTATING WOMEN. INTERNATIONAL MEDICAL CORPS' FOOD SECURITY AND LIVELIHOOD PROGRAMS HELP THESE VULNERABLE GROUPS GROW NUTRIENT-RICH FOODS AND DIVERSIFY THEIR DIETS.

INTERNATIONAL MEDICAL CORPS IMPLEMENTS WATER, SANITATION AND HYGIENE

(WASH) PROJECTS ACROSS A RANGE OF SETTINGS, INCLUDING COMMUNITIES,

REFUGEE CAMPS, SCHOOLS AND HEALTH FACILITIES. WITH HUNDREDS OF THOUSANDS

OF DEATHS EACH YEAR CAUSED BY UNSAFE DRINKING WATER, POOR SANITATION AND

INSUFFICIENT HYGIENE PRACTICES, INTERNATIONAL MEDICAL CORPS PRIORITIZES

THE PREVENTION OF WASH-RELATED DISEASES, FOCUSING ON PROVIDING AND

IMPROVING ACCESS TO RELIABLE, SAFE AND CLEAN WATER; PROVIDING AND

IMPROVING SANITATION; AND PROMOTING SAFE HYGIENE PRACTICES.

PART V, LINE 4B

COUNTRIES WITH BANK ACCOUNTS: AFGHANISTAN, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CROATIA, DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, GREECE, IRAQ, IRELAND, JAPAN, JORDAN, KENYA, LEBANON, LIBYA, MALI, NIGERIA, PAKISTAN, PALESTINIAN TERRITORIES, PHILIPPINES, POLAND, 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

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Inspection

Employer identification number

95-3949646

INTERNATIONAL MEDICAL CORPS

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 INTERESTS OR LOYALTIES COULD CONFLICT WITH THE BEST INTERESTS OF INTERNATIONAL MEDICAL CORPS AND PROVIDES AN EXTENSIVE (BUT NOT EXHAUSTIVE) LIST OF POTENTIAL CONFLICTS OF INTEREST EXAMPLES. 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 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 ENTITY'S 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.

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

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Inspection

Employer identification number

95-3949646

INTERNATIONAL MEDICAL CORPS

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 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.

Supplemental Information to Form 990 or 990-EZ

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INTERNATIONAL MEDICAL CORPS

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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

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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,

Page 2

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PMX AGENCY LLC ONE WORLD TRADE CENTER, 63RD FLOOR NEW YORK, NY 10007	FUNDRAISING SERVICES	853,548.
GONRING LIN SPAHN INC 7080 HOLLYWOOD BLVD. LOS ANGELES, CA 90028	CONSULTING	240,000.
BIRD HILL LLC 152 GRANDVIEW ROAD ARDMORE, PA 19003	CONSULTING	228,627.
OASIS WEST REALTY, LLC 9876 WILSHIRE BLVD BEVERLY HILLS, CA 90210	EVENT SERVICES	134,652.
SHAUN BURREL 334 VIA COLUSA REDONDO BEACH, CA 90277	CONSULTING	131,860.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

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Open to Public Inspection

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

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	/, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	12(b)(13) rolled
						Yes	No
(1) INTERNATIONAL MEDICAL CORPS							
THE CRESCENT 04, PARKLAND RD PO 67513-00200, NAIROBI KE	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	<u> </u>
(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)							

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

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)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		, ,		·			Yes	No		Yes	No	
(1)												
Δ.,												
(2)												
(-)												
(3)												
(0)												
(4)												
(5)												
(6)												
. ,	1											
(7)												
<u> </u>	1											
	1											

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.

<i></i>			,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	Section 512(b)(13) controlled entity?
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Yes No

X

	(
Part V	Transactions

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b	b Gift, grant, or capital contribution to related organization(s)			1b	X	
	c Gift, grant, or capital contribution from related organization(s)			1c	X	
	d Loans or loan guarantees to or for related organization(s)			1d	Х	_
е	e Loans or loan guarantees by related organization(s)			1e	Х	_
•	- 25an 6 1 16an guarantee 5) 16an 6 6 gun 24a 6 1 (6)					Π
f	f Dividends from related organization(s)			1f	Х	
	g Sale of assets to related organization(s)			1g	Х	_
	h Purchase of assets from related organization(s).			1h	Х	_
	i Exchange of assets with related organization(s).			1i	Х	_
	j Lease of facilities, equipment, or other assets to related organization(s).			1j	Х	_
,	j Loudo of fadilitios, equipment, of other about to foliciou organization(o), 111111111111111111111111111111111111					
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k	X	
	I Performance of services or membership or fundraising solicitations for related organization(s)			11	X	_
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m	X	_
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	X	_
	o Sharing of paid employees with related organization(s)			10	X	_
U	o Sharing of paid employees with related organization(s)					Ī
n	p Reimbursement paid to related organization(s) for expenses			1р	х	
	q Reimbursement paid by related organization(s) for expenses			1q	X	_
ч	q itelinbursement paid by related organization(s) for expenses			.4		Ī
	r Other transfer of cash or property to related organization(s)			1r	х	
S	s Other transfer of cash or property from related organization(s)			1s	X	_
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hips and transa	action thre			_
		(c)		(d)		_
		nt involved	Method		-	
	type (a - s)		amou	ınt invol	/ea	
						_
1)) INTERNATIONAL MEDICAL CORPS POLAND FOUNDATION P	297,243.	ACTUAL	ı		
2)						
3)						
4)		,				
	9)					
۲5۱						
<u>J)</u>	5)					_
						_
						_
(6)		Sch	hedule R (I	Form 9	90) 202	

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

Part VII Supplemental Information

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