

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

Form header section containing organization name (INTERNATIONAL MEDICAL CORPS), EIN (95-3949646), address (12400 WILSHIRE BOULEVARD, LOS ANGELES, CA 90025), and principal officer (NANCY A AOSSEY).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (228,813,040), expenses (243,580,403), and net assets (137,317,175).

Part II Signature Block

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

Signature block for Ingrid Renaud, VP, Finance & Admin, dated 05/07/2026.

Paid Preparer Use Only section for Albert N Antonelli, PWC US Tax LLP, dated 05/06/2026.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

TO SAVE LIVES & RELIEVE SUFFERING THROUGH HEALTH INTERVENTIONS &
RELATED ACTIVITIES THAT STRENGTHEN COMMUNITIES AFFECTED BY CONFLICT,
NATURAL DISASTERS & DISEASE OUTBREAKS.

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

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

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

4a (Code:) (Expenses \$ 140,462,803. including grants of \$ 7,627,284.) (Revenue \$ NONE)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 33,753,564. including grants of \$ 1,018,740.) (Revenue \$ NONE)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 10,491,021. including grants of \$ 1,088,905.) (Revenue \$ NONE)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 11,099,966. including grants of \$ 3,597,192.) (Revenue \$ -300.)

4e Total program service expenses 195,807,354.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 219		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
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)?		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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
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? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
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? If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JSA (310)826-7800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY A. AOSSEY PRESIDENT / CEO	56.00 NONE	X		X				693,626.	NONE	82,574.
(2) KY THIEN LUU CHIEF OPERATING OFFICER	53.00 NONE			X				615,237.	NONE	97,432.
(3) CLYDE WILLIAM SUNDBLAD CHIEF OFFICER, KNOWLEDGE	41.00 NONE					X		594,577.	NONE	40,633.
(4) REBECCA MILNER CHIEF ADVANCEMENT OFFICER	50.00 NONE					X		384,700.	NONE	58,361.
(5) DAVID GIRON DIRECTOR, IT	40.00 NONE					X		326,783.	NONE	90,254.
(6) INGRID RENAUD VP, FINANCE AND ADMIN	46.00 NONE			X				353,677.	NONE	59,791.
(7) C. DAVID ALARCON VP, CORPORATE FINANCE	41.00 NONE					X		351,338.	NONE	55,628.
(8) ERICA TAVARES SR. DIR, US PROGRAMS & ADVCMT.	51.00 NONE					X		314,113.	NONE	48,853.
(9) CORNELIS KLUMPER CHIEF COMPLIANCE OFFICER	40.00 NONE					X		297,340.	NONE	60,939.
(10) ROBERT R. SIMON, M.D., FAAEM FOUNDER AND CHAIRMAN	5.00 NONE	X		X				NONE	NONE	NONE
(11) EDWARD J. CARPENTER ASSOCIATE CHAIRMAN	3.00 NONE	X		X				NONE	NONE	NONE
(12) LINDA N. CAPPELLO SECRETARY OF THE BOARD	3.00 NONE	X		X				NONE	NONE	NONE
(13) ANDREW F. BARTH BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE
(14) ARDEN A. FLIPPIN, M.D., MBA BOARD MEMBER	2.00 NONE	X						NONE	NONE	NONE

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for James H. Hart, Mary E. Mcclymont, William Robinson M.D., Christine J. Toretti, and David J. Zuercher.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 234

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. First row contains 'SEE SCHEDULE O'.

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 28

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,105,166.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	185,161,039.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	45,641,391.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,170,615.				
	h	Total. Add lines 1a-1f			231,907,596.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,584,846.		3,584,846.	
	4	Income from investment of tax-exempt bond proceeds . . .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	642,272.	129,423.			
			7b	629,389.	NONE			
	c	Gain or (loss)	12,883.	129,423.				
	d	Net gain or (loss)			142,306.		142,306.	
	8a	Gross income from fundraising events (not including \$ 1,105,166. of contributions reported on line 1c). See Part IV, line 18						
			8a	10,005.				
8b			321,388.					
c	Net income or (loss) from fundraising events			-311,383.		-311,383.		
9a	Gross income from gaming activities. See Part IV, line 19							
		9a	NONE					
		9b	NONE					
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances							
		10a	NONE					
		10b	NONE					
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	GRANT EXPENSE RESIDUAL	Business Code	900099	1,873.	1,873.		
	b	REWARD POINTS	900099	16,911.	16,911.			
	c	REVERSAL OF TAX ACCRUAL	900099	26,627.	26,627.			
	d	All other revenue			-45,711.	-45,711.		
	e	Total. Add lines 11a-11d			-300.			
	12	Total revenue. See instructions			235,323,065.	-300.	NONE	3,415,769.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Accounts receivable, Investments, and Total assets/liabilities. Includes sub-rows for depreciation (10a, 10b, 10c) and fund balances (27-33).

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 235,323,065. Line 2: Total expenses 224,942,687. Line 3: Revenue less expenses 10,380,378. Line 4: Net assets at beginning 74,974,342. Line 5: Net unrealized gains 151,263. Line 6: Donated services -27,075. Line 10: Net assets at end 85,478,908.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [X] Accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant? [X]
2b Were the organization's financial statements audited by an independent accountant? [X]
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? [X]
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? [X]
3b If "Yes," did the organization undergo the required audit or audits? [X]

Table with 3 columns: Question, Yes, No. Rows 2a-3b with 'X' marks in the Yes column.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization INTERNATIONAL MEDICAL CORPS	Employer identification number 95-3949646
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2024

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (99.09%); 15 Public support percentage from 2023 Schedule A, Part II, line 14 (99.24%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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 INCOME

DESCRIPTION	2020	2021	2022	2023	2024	TOTAL
GROSS INCOME FROM FUNDRAISING	6,279.	4,940.	7,685.	10,585.	10,005.	39,494.
INSURANCE REFUND	15,540.	NONE	359,786.	12,294.	NONE	387,620.
REWARD POINTS	5,191.	9,729.	11,653.	18,046.	16,911.	61,530.
OTHER	3,848.	4,431.	3,290.	34,124.	-45,711.	-18.
GRANT EXPENSE RESIDUAL	NONE	2,354.	12,741.	17,429.	1,873.	34,397.
REVERSAL OF TAX ACCRUAL	NONE	NONE	NONE	NONE	26,627.	26,627.
TOTALS	30,858.	21,454.	395,155.	92,478.	9,705.	549,650.

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

INTERNATIONAL MEDICAL CORPS

95-3949646

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">INTERNATIONAL MEDICAL CORPS</p>	Employer identification number <p style="text-align: center;">95-3949646</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 173,486,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 11,176,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 8,112,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED FOOD DONATED ITEMS RECEIVED THROUGHOUT THE FISCAL YEAR BEGINNING 07/01/2024 AND ENDING 06/30/2025	\$ 336,858.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align: center;">INTERNATIONAL MEDICAL CORPS</p>	Employer identification number <p style="text-align: center;">95-3949646</p>
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Table with 2 columns: Name of organization (INTERNATIONAL MEDICAL CORPS) and Employer identification number (EIN) (95-3949646)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions \$
3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

Schedule C (Form 990) 2024

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
1b Total lobbying expenditures to influence a legislative body (direct lobbying)			
1c Total lobbying expenditures (add lines 1a and 1b)			
1d Other exempt purpose expenditures		224,942,687.	
1e Total exempt purpose expenditures (add lines 1c and 1d)		224,942,687.	
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
IF the amount on line 1e, column (a) or (b), is: THEN 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.		
1g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
1h Subtract line 1g from line 1a. If zero or less, enter -0-			
1i Subtract line 1f from line 1c. If zero or less, enter -0-			
1j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

Table with 2 main columns: Description and sub-headers (1, 2a, 2b, 2c, 3, 4, 5). Questions about dues, political expenses, and aggregate amounts.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

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.

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

Table with 2 columns: Name of the organization (INTERNATIONAL MEDICAL CORPS) and Employer identification number (95-3949646)

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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

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

- a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and expense items.

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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

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

- (i) Unrelated organizations?
(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) FUNDS ON DEPOSIT FROM AFFILIATES	1,707,127.
(3) LEASE LIABILITY	1,727,654.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	
	3,434,781.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 235,323,065.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 224,942,687.

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 4B

EVENTS EXPENSE:	\$ (321,388)

TOTAL:	\$ (321,388)

SCHEDULE D, PART XII, LINE 2D

EVENTS EXPENSE:	\$321,388
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**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	HEALTH&RELIEF SERVICES	135,094.
(2) EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	469,293.
(3) EAST ASIA AND THE PACIFIC			GRANTMAKING		63,782.
(4) EUROPE	3	116	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	449,144.
(5) EUROPE			GRANTMAKING		3,766,935.
(6) MIDDLE EAST AND NORTH AFRICA	21	1,785	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	74,940,264.
(7) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		1,063,085.
(8) RUSSIA/INDEPENDENT STATES	7	160	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	23,507,960.
(9) RUSSIA/INDEPENDENT STATES			GRANTMAKING		1,801,572.
(10) SOUTH AMERICA	3	35	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	627,129.
(11) SOUTH AMERICA			GRANTMAKING		941,135.
(12) SOUTH ASIA	9	569	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	11,289,788.
(13) SUB-SAHARAN AFRICA	80	2,959	PROGRAM SERVICES	HEALTH&RELIEF SERVICES	65,331,792.
(14) SUB-SAHARAN AFRICA			GRANTMAKING		4,421,983.
(15)					
(16)					
(17)					
3a Subtotal	124	5,626.			188,808,956.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	124.	5,626.			188,808,956.

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

Schedule F (Form 990) (Rev. 12-2024)

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	1	29,558.	WIRE TRANSFE		N/A	N/A
(2)			EAST ASIA/PACIFIC	1	26,324.	WIRE TRANSFE		N/A	N/A
(3)			EAST ASIA/PACIFIC	1	7,899.	WIRE TRANSFE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	1	24,730.	WIRE TRANSFE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	1	1,505,831.	INTERCOMPANY		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	1	2,079,752.	INTERCOMPANY		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	1	48,008.	WIRE TRANSFE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	1	108,614.	WIRE TRANSFE		N/A	N/A
(9)			MIDDLE EAST/NORTH AFRICA	1	165,777.	WIRE TRANSFE		N/A	N/A
(10)			MIDDLE EAST/NORTH AFRICA	1	149,321.	WIRE TRANSFE		N/A	N/A
(11)			MIDDLE EAST/NORTH AFRICA	1	151,026.	WIRE TRANSFE		N/A	N/A
(12)			MIDDLE EAST/NORTH AFRICA	1	219,006.	WIRE TRANSFE		N/A	N/A
(13)			MIDDLE EAST/NORTH AFRICA	1	147,546.	WIRE TRANSFE		N/A	N/A
(14)			MIDDLE EAST/NORTH AFRICA	2	227,747.	WIRE TRANSFE		N/A	N/A
(15)			RUSSIA/NEWLY IND. STATES	1	444,571.	WIRE TRANSFE		N/A	N/A
(16)			RUSSIA/NEWLY IND. STATES	1	25,000.	WIRE TRANSFE		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 38

3 Enter total number of other organizations or entities NONE

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA/NEWLY IND. STATES	1	18,819.	WIRE TRANSFE		N/A	N/A
(2)			RUSSIA/NEWLY IND. STATES	1	19,864.	WIRE TRANSFE		N/A	N/A
(3)			RUSSIA/NEWLY IND. STATES	1	92,985.	WIRE TRANSFE		N/A	N/A
(4)			RUSSIA/NEWLY IND. STATES	1	196,590.	WIRE TRANSFE		N/A	N/A
(5)			RUSSIA/NEWLY IND. STATES	3	58,680.	WIRE TRANSFE		N/A	N/A
(6)			RUSSIA/NEWLY IND. STATES	1	227,830.	WIRE TRANSFE		N/A	N/A
(7)			RUSSIA/NEWLY IND. STATES	1	247,224.	WIRE TRANSFE		N/A	N/A
(8)			RUSSIA/NEWLY IND. STATES	1	470,009.	WIRE TRANSFE		N/A	N/A
(9)			SOUTH AMERICA	2,3	941,135.	WIRE TRANSFE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	1	220,087.	WIRE TRANSFE		N/A	N/A
(11)			SUB-SAHARAN AFRICA	1	240,000.	WIRE TRANSFE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	1	179,629.	WIRE TRANSFE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	1	86,606.	WIRE TRANSFE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	3	58,780.	WIRE TRANSFE		N/A	N/A
(15)			SUB-SAHARAN AFRICA	1	1,662,514.	WIRE TRANSFE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	1	547,866.	WIRE TRANSFE		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 **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	2	197,780.	WIRE TRANSFE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	1	496,491.	WIRE TRANSFE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	1	224,620.	WIRE TRANSFE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	3	109,802.	WIRE TRANSFE		N/A	N/A
(5)			SUB-SAHARAN AFRICA	1	40,265.	WIRE TRANSFE		N/A	N/A
(6)			SUB-SAHARAN AFRICA	1	348,780.	WIRE TRANSFE		N/A	N/A
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

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 REGULATIONS. RISK ASSESSMENT REVIEWS A VARIETY OF SUB AWARD CAPACITY. AS PART OF THE PRE-AWARD ORGANIZATION ASSESSMENT, SUBRECIPIENTS 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

Part V Supplemental Information

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

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 FINANCE DIRECTOR IN THE COUNTRY OFFICE AND/OR REGIONAL FINANCE DESK WHILE PROGRAMMATIC REPORTS RECEIVED FROM THE SUB RECIPIENTS ARE REVIEWED BY RESPONSIBLE STAFF IN PROGRAMS DEPARTMENT SUCH A 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 SUB-AWARD MANUAL.

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 BALANCES REMAINING AND

Part V Supplemental Information

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

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.

SCHEDULE F, PART II, LINE 1, COLUMN D, "PURPOSE OF GRANT"

THE NUMBERS LISTED IN SCHEDULE F, PART II, LINE 1, COLUMN D, "PURPOSE OF GRANT" CORRESPOND TO THE FOLLOWING DESCRIPTIONS:

1. EMERGENCY RESPONSE AND PREPAREDNESS
2. WOMEN AND CHILDREN'S HEALTH
3. BUILDING HEALTH CAPACITY

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					408,917.	-408,917.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATION (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,115,171.		1,115,171.
	2	Less: Contributions	1,105,166.		1,105,166.
	3	Gross income (line 1 minus line 2)	10,005.		10,005.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	26,278.		26,278.
	7	Food and beverages	164,540.		164,540.
	8	Entertainment	5,500.		5,500.
	9	Other direct expenses	125,070.		125,070.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			321,388.
11	Net income summary. Subtract line 10 from line 3, column (d)			-311,383.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

PART I, LINE 2B

PMX AGENCY LLC ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007
 AMOUNT PAID TO PMX AGENCY LLC FOR ADVERTISING SPENDS, PRINTING, POSTAGE,
 AND MAILING LIST RENTALS WAS \$1,007,900.

OTHER FUNDRAISING SERVICES ARE ITEMIZED ON INVOICES SEPARATELY AND
 INCLUDE MULTI-CHANNEL MARKETING STRATEGY AND OPTIMIZATION, AND CREATIVE
 DESIGN. ALL DIRECT EXPENSES WERE ITEMIZED, AND INVOICES SUBMITTED BY THE
 FIRM TO INTERNATIONAL MEDICAL CORPS.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

GLOBAL IMPACT, 1199 N. FAIRFAX ST, SUITE 300, ALEXANDRIA, VA 22314
AMOUNT PAID TO GLOBAL IMPACT WAS A RETAINER FOR WORKPLACE GIVING AND
EMPLOYEE ENGAGEMENT CAMPAIGN REPRESENTATION, MARKETING, AND DONATION
PROCESSING SERVICES. THE INVOICE FOR SERVICES WAS SUBMITTED BY THE GLOBAL
IMPACT TO INTERNATIONAL MEDICAL CORPS.

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

=====

NAME:

PMX AGENCY, LLC

ACTIVITY :

SEE PART IV

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 398,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -398,000.

NAME:

GLOBAL IMPACT

ACTIVITY :

SEE PART IV

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 10,917.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -10,917.

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

95-3949646

INTERNATIONAL MEDICAL CORPS

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	434,507.		N/A	N/A	BUILDING HEALTH CAPA
(2) THE BRIGHAM AND WOMEN'S HOSPITAL, INC 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	230,327.		N/A	N/A	EMERGENCY RESPONSE & PREPAREDNESS
(3) REFUGEE HEALTH ALLIANCE 8861 VILLA LA JOLLA DR LA JOLLA, CA 92037	84-2743072	501(C)(3)	117,451.		N/A	N/A	EMERGENCY RESPONSE & PREPAREDNESS
(4) CONCERN WORLDWIDE US, INC. 355 LEXINGTON AVE NEW YORK, NY 10017	13-3712030	501(C)(3)	77,423.		N/A	N/A	EMERGENCY RESPONSE & BUILDING HEALTH CAPA
(5) ALTAMED HEALTH SERVICES CORPORATION 2040 CAMFIELD AVE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	165,600.		N/A	N/A	EMERGENCY RESPONSE & PREPAREDNESS
(6) FLORIDA ASSOCIATION OF COMMUNITY HEALTH CEN 2340 HANSEN LN TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	197,062.		N/A	N/A	EMERGENCY RESPONSE & PREPAREDNESS
(7) PACIFIC CLINICS 499 LOMA ALTA AVE LOS GATOS, CA 95030	94-2295953	501(C)(3)	21,313.		N/A	N/A	EMERGENCY RESPONSE & PREPAREDNESS
(8) VENICE FAMILY CLINICS 604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	25,000.		N/A	N/A	EMERGENCY RESPONSE & PREPAREDNESS
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) (Rev. 12-2024)

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

INTERNATIONAL MEDICAL CORPS

95-3949646

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **4b** **4c**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **8**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input type="checkbox"/>

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NANCY A. AOSSEY PRESIDENT / CEO	(i)	604,611.	NONE	89,015.	36,225.	46,349.	776,200.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KY THIEN LUU CHIEF OPERATING OFFICER	(i)	512,947.	NONE	102,290.	36,225.	61,207.	712,669.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 INGRID RENAUD VP, FINANCE AND ADMIN	(i)	351,577.	NONE	2,100.	36,225.	23,566.	413,468.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CLYDE WILLIAM SUNDBLAD CHIEF OFFICER, KNOWLEDGE	(i)	592,477.	NONE	2,100.	36,225.	4,408.	635,210.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 REBECCA MILNER CHIEF ADVANCEMENT OFFICER	(i)	356,980.	NONE	27,720.	36,225.	22,136.	443,061.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 DAVID GIRON DIRECTOR, IT	(i)	301,751.	NONE	25,032.	36,225.	54,029.	417,037.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 C. DAVID ALARCON VP, CORPORATE FINANCE	(i)	335,999.	NONE	15,339.	36,225.	19,403.	406,966.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 ERICA TAVARES SR. DIR, US PROGRAMS & ADVGMT.	(i)	300,705.	NONE	13,408.	32,829.	16,024.	362,966.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 CORNELIS KLUMPER CHIEF COMPLIANCE OFFICER	(i)	297,340.	NONE	NONE	32,257.	28,682.	358,279.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL MEDICAL CORPS

Employer identification number

95-3949646

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		639,374.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	51	920,385.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	97	2,621,177.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	135	2,989,679.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

JSA

4E1298 1.000

03315R 1673

V24-7.15

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

95-3949646

PART III, LINE 4A

EMERGENCY RESPONSE AND PREPAREDNESS: INTERNATIONAL MEDICAL CORPS IS ON THE FRONTLINES OF THE WORLD'S MOST URGENT CRISES, SAVING LIVES AND RELIEVING SUFFERING. WITH A ROSTER OF VOLUNTEER HEALTHCARE SPECIALISTS ON CALL, AN EXPERIENCED GLOBAL STAFF, AND SUPPLIES PRE-POSITIONED INTERNATIONALLY, WE HAVE A WELL-EARNED REPUTATION AS A FAST AND RELIABLE FIRST RESPONDER. INTERNATIONAL MEDICAL CORPS ALSO PREPARES COMMUNITIES ON HOW BEST TO RESPOND TO ADVERSITY WHEN DISASTER STRIKES, CREATING A RESPONSE CAPABILITY THAT IS IMMEDIATE AND ULTIMATELY FOSTERS SELF-RELIANCE.

WE RESPONDED TO NUMEROUS HUMANITARIAN CRISES, INCLUDING THOSE IN THE DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, ISRAEL/GAZA, MALI, NIGERIA, SOUTH SUDAN, SUDAN, SYRIA, UKRAINE, AND YEMEN. ADDITIONALLY, INTERNATIONAL MEDICAL CORPS RESPONDED TO NATURAL DISASTERS IN THE UNITED STATES, JAMAICA, MYANMAR AND THE PHILIPPINES. WE 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

WOMEN AND CHILDREN'S HEALTH: INTERNATIONAL MEDICAL CORPS WORKS WITH COMMUNITIES AND LOCAL HEALTH AUTHORITIES TO SAVE LIVES AND IMPROVE THE HEALTH OF EXPECTANT WOMEN AND THEIR BABIES BY OFFERING SAFE MOTHERHOOD SERVICES. WE ALSO CONTRIBUTE TO BETTER HEALTH OUTCOMES AND THE REDUCTION OF COMMON CHILDHOOD ILLNESSES BY PROVIDING LIFESAVING HEALTH SERVICES FOR

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

95-3949646

CHILDREN UNDER FIVE YEARS OF AGE AND FOR ADOLESCENTS. ADDITIONALLY, WE OFFER SERVICES TO PREVENT VIOLENCE AGAINST WOMEN AND CHILDREN AND PROVIDE SUPPORT FOR SURVIVORS. WE ALSO PROVIDE A RANGE OF MENTAL HEALTH AND OTHER SUPPORT SERVICES TO PROTECT CHILDREN DURING DISASTERS AND EMERGENCIES.

PART III, LINE 4C

BUILDING HEALTH CAPACITY: INTERNATIONAL MEDICAL CORPS ASSISTS LOCAL HEALTH AUTHORITIES IN PROVIDING PRIMARY AND SECONDARY HEALTHCARE SERVICES, COLLABORATING CLOSELY WITH NATIONAL GOVERNMENTS AND LOCAL COMMUNITY LEADERS TO ENSURE THAT BASIC HEALTHCARE IS ACCESSIBLE. WE TRAIN 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 LIFESAVING DRUGS AND MEDICAL SUPPLIES.

PART III, LINE 4D

NUTRITION, FOOD SECURITY AND LIVELIHOODS; WATER, SANITATION AND HYGIENE; MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS): INTERNATIONAL MEDICAL CORPS' APPROACH TO LIFESAVING NUTRITION FOCUSES BOTH ON HOW TO PREVENT AND HOW TO TREAT MALNUTRITION. WE STRENGTHEN NUTRITION PROGRAMS IN SOME OF THE WORLD'S MOST CHALLENGING ENVIRONMENTS. OUR PREVENTION STRATEGIES FOCUS PRIMARILY ON ADOLESCENTS, PREGNANT AND LACTATING WOMEN, AND CHILDREN UNDER TWO, AND OUR CURATIVE STRATEGIES CENTER ON CHILDREN UNDER FIVE AND PREGNANT AND LACTATING WOMEN.

INTERNATIONAL MEDICAL CORPS' FOOD SECURITY AND LIVELIHOOD PROGRAMS HELP

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Employer identification number

95-3949646

THESE FAMILIES GROW NUTRIENT-RICH FOODS AND DIVERSIFY THEIR DIETS.

INTERNATIONAL MEDICAL CORPS IMPLEMENTS LIFESAVING WATER, SANITATION AND HYGIENE (WASH) PROJECTS ACROSS A RANGE OF SETTINGS, INCLUDING HEALTH FACILITIES, COMMUNITIES AND SCHOOLS. WITH HUNDREDS OF THOUSANDS OF DEATHS EACH YEAR CAUSED BY UNSAFE DRINKING WATER, POOR SANITATION AND INSUFFICIENT HYGIENE PRACTICES, WE PRIORITIZE THE PREVENTION OF WATER-RELATED DISEASES, FOCUSING ON PROVIDING AND IMPROVING ACCESS TO RELIABLE, SAFE AND CLEAN WATER; PROVIDING AND IMPROVING SANITATION; AND PROMOTING SAFE HYGIENE PRACTICES.

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 HUMANITARIAN ORGANIZATIONS TO PRIORITIZE PREVENTION AND TREATMENT OF MENTAL HEALTH AND PSYCHOSOCIAL NEEDS IN HUMANITARIAN CRISES, WE RESPOND TO IMMEDIATE NEEDS AND, AS COMMUNITIES RECOVER, FOCUS ON THE LONGER TERM, HELPING STRENGTHEN MENTAL HEALTHCARE.

PART V, LINE 4B

COUNTRIES WITH BANK ACCOUNTS: AFGHANISTAN, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CROATIA, DEMOCRATIC REPUBLIC OF 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Employer identification number

INTERNATIONAL MEDICAL CORPS

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PART VI, LINE 11B

INTERNATIONAL MEDICAL CORPS PROVIDES A COMPLETE COPY OF THE FORM 990 TO ALL MEMBERS OF ITS BOARD OF DIRECTORS BEFORE FILING THE FORM WITH THE INTERNAL REVENUE SERVICE. THE FORM IS PREPARED BY INTERNATIONAL MEDICAL CORPS' ACCOUNTING-FINANCE STAFF, AND IS REVIEWED BY ITS SENIOR MANAGEMENT, AS WELL AS BY ITS EXTERNAL TAX PREPARER.

PART VI, LINE 12C

INTERNATIONAL MEDICAL CORPS' CONFLICT OF INTEREST POLICY IS MAINTAINED BY THE ETHICS AND COMPLIANCE DEPARTMENT AND REVIEWED REGULARLY WITH THE HUMAN RESOURCE AND LEGAL DEPARTMENTS. THE CONFLICT 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 CONFLICT 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' CONFLICT 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' CONFLICT OF INTEREST POLICY IS SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION

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

Department of the Treasury
Internal Revenue Service

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INTERNATIONAL MEDICAL CORPS

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▶ Attach to Form 990 or 990-EZ.

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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.

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 ANNUALLY. 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 HUMAN RESOURCES SPECIALISTS 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 AND ETHICS & COMPLIANCE REPRESENTATIVES. THE ASSIGNED HR REPRESENTATIVE WORKS WITH THE STAFF MEMBER'S SUPERVISOR AND STAFF MEMBER AND, WHERE NECESSARY, WITH THE ETHICS & COMPLIANCE AND LEGAL DEPARTMENTS, 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL MEDICAL CORPS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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INTERNATIONAL MEDICAL CORPS MAINTAINS REPORTING CHANNELS WHERE ANYONE WHO BELIEVES THAT A VIOLATION OF THE CONFLICT OF INTEREST POLICY MAY HAVE OCCURRED CAN REPORT SUCH CONCERNS, ANONYMOUSLY IF DESIRED. SUCH REPORTS ARE INVESTIGATED BY DEDICATED INVESTIGATORS AT HEADQUARTERS.

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 OTHER NON-PROFITS OF A SIMILAR COMPLEXITY AND SIZE, AND TAKES INTO CONSIDERATION PERFORMANCE, MARKET CONDITIONS, AND GEOGRAPHIC INDICATORS.

PART VI, LINE 15B

INTERNATIONAL MEDICAL CORPS DETERMINES COMPENSATION FOR THE VP, FINANCE AND ADMINISTRATION, THE CHIEF OPERATING OFFICER, AND THE CHIEF ADVANCEMENT OFFICER, THROUGH A PERIODIC COMPARISON OF COMPENSATION DATA OF OTHER NON-PROFITS OF A SIMILAR COMPLEXITY AND SIZE AND TAKES 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 AND THE CHIEF ADVANCEMENT 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

Employer identification number

INTERNATIONAL MEDICAL CORPS

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FORM 990, PART III - PROGRAM SERVICE
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LINE 4A, PROGRAM SERVICE

EMERGENCY RESPONSE AND PREPAREDNESS: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

LINE 4B, PROGRAM SERVICE

WOMEN & CHILDREN'S HEALTH: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

LINE 4C, PROGRAM SERVICE

BUILDING HEALTH CAPACITY: SEE SCHEDULE O FOR PROGRAM DESCRIPTION

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FORM 990, PART VI, LINE 17 - STATES
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AL, AK, AR, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,
MN, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization

Employer identification number

INTERNATIONAL MEDICAL CORPS**95-3949646**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST 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	1,206,195.
BIRD HILL LLC 152 GRANDVIEW ROAD ARDMORE, PA 19003	CONSULTING	282,430.
GONRING LIN SPAHN INC 7080 HOLLYWOOD BLVD. LOS ANGELES, CA 90028	CONSULTING	260,000.
AIRLIE 6809 AIRLIE RD WARRENTON, VA 20187	EVENT SERVICES	223,628.
AIRLINK, INC. 1120 20TH ST. NW, #475 WASHINGTON, DC 20036	SHIPPING/FREIGHT SER	196,940.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

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Name of the organization

INTERNATIONAL MEDICAL CORPS

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERNATIONAL MEDICAL CORPS PO BOX 67513-00200 NAIROBI, KE	HUM. AID SVCS	KE	501(C)(3)	FOREIGN NFP	INT. MED. CO	X	
(2) INTERNATIONAL MEDICAL CORPS HELLAS DOIRANIS 66, TK 113 63 NEA KIPSELI, ATHENS GR	HUM. AID SVCS	GR	501(C)(3)	FOREIGN NFP	INT. MED. CO	X	
(3) INTERNATIONAL MEDICAL CORPS JAPAN ISH ABC, 2-21-5 AKASAKA, MINATO-KU RM D-80, TOKYO JA 107-0052	HUM. AID SVCS	JA	501(C)(3)	FOREIGN NFP	INT. MED. CO	X	
(4) INTERNATIONAL MEDICAL CORPS POLAND FDN SKYLIGHT BLDG ZLOTE TARASY UL ZLOTA 59, WARSAW PL 00-120	HUM. AID SVCS	PL	501(C)(3)	FOREIGN NFP	INT. MED. CO	X	
(5) INTERNATIONAL MEDICAL CORPS RO 25 ALEXANDRU CONSTANTINESCU ST 1ST DIST, BUCHAREST, RO	HUM. AID SVCS	RO	501(C)(3)	FOREIGN NFP	INT. MED. CO	X	
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERNATIONAL MEDICAL CORPS POLAND FOUNDATION	P	213,910.	ACTUAL
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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