

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

0306

A For the 2002 calendar year, or tax year period beginning 07/01, 2002, and ending 06/30, 2003

- B Check if applicable: Address change, Name change, Initial return (checked), Final return, Amended return, Application pending

C Name of organization: INTERNATIONAL MEDICAL CORPS
Number and street (or P O box if mail is not delivered to street address) Room/suite: 1919 SANTA MONICA BLVD., STE. 300
City or town, state or country, and ZIP + 4: SANTA MONICA, CA 90404-1950

D Employer identification number: 95-3949646
E Telephone number: 310-826-7800
F Accounting method: Cash (unchecked), Accrual (checked), Other (unchecked)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Note: H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes (unchecked), No (checked)
H(b) If "Yes," enter number of affiliates: 0
H(c) Are all affiliates included? Yes (unchecked), No (checked)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes (unchecked), No (checked)
I Enter 4-digit GEN: 0
M Check: If the organization is not required to attach Schedule B (Form 990 or 990-EZ, or 990-PF)

G Web site: http://www.imcworldwide.org

J Organization type (check only one): X 501(c) (0) (insert no), 527 or, 4947(a)(1)

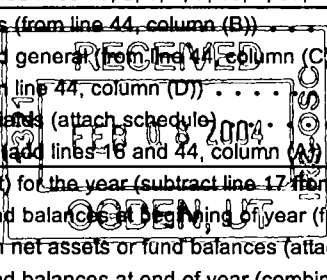
K Check here: if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 62948834

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 12 columns: Line number, Description, Sub-column (1a-1c, 2, 3, 4, 5, 6a-6c, 7, 8a-8c, 9a-9c, 10a-10c, 11, 12), and Total. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, and Total revenue.

MAR 02 2004
MAR 15 2004



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21 )

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses (itemize) a MISCELLANEOUS, b AUDIT, EVALUATION, INSURANCE, c TRANSPORTATION, d PROFESSIONAL FEES, e TRANSLATION SVS & OTHER EXPNS, 44 Total functional expenses.

Joint Costs. Check [X] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24 )

Table with 2 columns: Description, Program Service Expenses. Row a: See Schedule 2, 49325154. Row b: (Grants and allocations \$ \_\_\_\_\_). Row c: (Grants and allocations \$ \_\_\_\_\_). Row d: (Grants and allocations \$ \_\_\_\_\_). Row e: Other program services (attach schedule) (Grants and allocations \$ \_\_\_\_\_). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 49325154.

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash-non-interest-bearing . . . . .	2200301	<b>45</b>	2515054
	<b>46</b> Savings and temporary cash investments . . . . .	1136105	<b>46</b>	685546
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 423788		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	110518	<b>47c</b> 423788
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 51905		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	41092	<b>48c</b> 51905
	<b>49</b> Grants receivable . . . . .	1346625	<b>49</b>	2591857
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	5836026	<b>52</b>	16176154
	<b>53</b> Prepaid expenses and deferred charges . . . . .	367314	<b>53</b>	659200
	<b>54</b> Investments-securities (attach schedule) <b>SCHED 3</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	51857	<b>54</b>	64541
	<b>55a</b> Investments-land, buildings, and equipment basis . . . . .	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments-other (attach schedule) . . . . .			<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 688498		
	<b>b</b> Less accumulated depreciation (attach schedule) <b>SCHED 1</b> . . . . .	<b>57b</b> 555286	94007	<b>57c</b> 133212
	<b>58</b> Other assets (describe <b>▶ DEPOSITS</b> )	28981	<b>58</b>	96449
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	11212826	<b>59</b>	23397706	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	1638855	<b>60</b>	4134772
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	2143675	<b>62</b>	1357787
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <b>▶</b> )		<b>65</b>	
	<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	3782530	<b>66</b>	5492559
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	735545	<b>67</b>	808885
	<b>68</b> Temporarily restricted . . . . .	6444751	<b>68</b>	16796262
	<b>69</b> Permanently restricted . . . . .	250000	<b>69</b>	300000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) . . . . .	7430296	<b>73</b>	17905147
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	11212826	<b>74</b>	23397706

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 27)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions . . . . .	81a		
b	Did the organization file Form 1120-POL for this year? . . . . .	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) . . . . .	82b		
				381500
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b		
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A . . . . .	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members . . . . .	85c		
d	Section 162(e) lobbying and political expenditures . . . . .	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . . .	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h		
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 . . . . .	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders . . . . .	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88		X
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____			N/A
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____			
90a	List the states with which a copy of this return is filed ▶ See Schedule 6			
b	Number of employees employed in the pay period that includes March 12, 2002 (See inst) . . . . .	90b		152
91	The books are in care of ▶ Visnja Cipic Telephone no. ▶ 3108267800 Located at ▶ 1919 Santa Monica Blvd., Ste 300 ZIP code ▶ 904041950			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 92			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	8197	
96 Dividends and interest from securities . . . . .			14	605	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				8802	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					8802

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instr on page 33.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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, all information reported hereon is true and correct. This return is based on all information of which preparer has any knowledge.

Date 1-13-04  
 VICE PRESIDENT FINANCE

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

INTERNATIONAL MEDICAL CORPS

95-3949646

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARK CLACK ----- SANTA MONICA, CA 90404	40	80057	9111	
MARTIN ZOGG ----- SANTA MONICA, CA 90404	40	77202	12559	
CAROLINE ABLA ----- SANTA MONICA, CA 90404	40	72570	13595	
MICHELLE BOUIE ----- SANTA MONICA, CA 90404	40	72506	5818	
MICHAEL HOLT ----- SANTA MONICA, CA 90404	40	71818	5961	
Total number of other employees paid over \$50,000 . . . . . ▶	5			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CWS CONSULTING ----- 2435 6TH STREET SANTA MONICA, CA 90405	CONSULTING	228792
TCR SERVICES ----- 2300 CLARENDON BLVD., STE 1004 ARLINGTON, VA 22201	CONSULTING	76692
PERKINS COLE ----- 1201 THIRD AVE, 40TH FLOOR SEATTLE, WA 98101-3099	LEGAL SERVICES	64605
PRICE WATERHOUSE COOPERS ----- P.O. BOX 31001-0068 PASADENA, CA 91110-0068	ATTESTATION SVS	59500
-----		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

<b>Part III</b> <b>Statements About Activities</b> (See page 2 of the instructions )	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	2a	X
<b>b</b> Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See <b>Note</b> below ) . . . . .	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

<b>Part IV</b> <b>Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions )										
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )										
<b>5</b> <input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)										
<b>6</b> <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)										
<b>7</b> <input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)										
<b>8</b> <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)										
<b>9</b> <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) <b>Enter the hospital's name, city, and state ►</b>										
<b>10</b> <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A )										
<b>11a</b> <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A )										
<b>11b</b> <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )										
<b>12</b> <input type="checkbox"/> An organization that normally receives: (1) <b>more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) <b>no more than 33 1/3%</b> 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) (Also complete the <b>Support Schedule</b> in Part IV-A )										
<b>13</b> <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )										
Provide the following information about the supported organizations (See page 5 of the instructions.)										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">(a) Name(s) of supported organization(s)</th> <th style="width: 20%;">(b) Line number from above</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	(a) Name(s) of supported organization(s)	(b) Line number from above								
(a) Name(s) of supported organization(s)	(b) Line number from above									
<b>14</b> <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )										

07

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) (2001), (b) (2000), (c) (1999), (d) (1998), (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V

Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here a if the organization belongs to an affiliated group
Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44) and descriptions of lobbying expenditures, including total lobbying, exempt purpose, and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table for 4-Year Averaging Period with columns for (a) 2002, (b) 2001, (c) 2000, (d) 1999, and (e) Total. Rows include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

Table for Lobbying Activity with columns for Yes, No, and Amount. Rows list various lobbying methods like volunteers, paid staff, media, mailings, publications, grants, and direct contact.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

International Medical Corps.  
Schedule 1 - Form 990  
For the Fiscal Year Ended June 30, 2003  
#95-3949646  
(Form dated 2002)

**Part II - Statement of Functional Expenses**  
**Line 57 (a)**

Account	Description	6/30/2002	Additions	Retirements/ Disposals	6/30/2003
001-1501-001	Fixed Assets - Equipment	387,730 78	66,167 47		453,898 25
001-1502-001	Fixed Assets - Field Eqpt	14,005 00			14,005 00
001-1503-001	Fixed Assets - Software	57,141 64	40,445 88		97,587 52
001-1504-001	Fixed Assets - LHI	33,956 96			33,956 96
001-1505-001	Fixed Assets - Vehicles	75,501 00			75,501 00
001-1506-001	Fixed Assets - F&F	-	13,549 54		13,549 54
	<b>Total Fixed Assets</b>	<b>568,335 38</b>	<b>120,162 89</b>	<b>-</b>	<b>688,498 27</b>

**Part IV -Balance Sheets**  
**Line 42**

Account	Description	6/30/2002	Depreciation	Disposals	6/30/2003
001-1601-001	Accum Depr - Equipment	(314,346 65)	(58,430 44)		(372,777 09)
001-1602-001	Accum Depr - Field Eqpt	(14,005 00)	-		(14,005 00)
001-1603-001	Accum Depr - Software	(45,507 94)	(12,777 41)		(58,285 35)
001-1604-001	Accum Depr - LHI	(24,967 79)	(8,297 94)		(33,265 73)
001-1605-001	Accum Depr - Vehicles	(75,501 00)	-		(75,501 00)
001-1606-001	Accum Depr - F&F	-	(1,451 76)		(1,451 76)
	<b>Total Accum Depr</b>	<b>(474,328 38)</b>	<b>(80,957 55)</b>	<b>-</b>	<b>(555,285 93)</b>
	<b>Net PP&amp;E</b>	<b>94,007 00</b>			<b>133,212 34</b>

**International Medical Corps.**  
**Schedule 2**  
**Form 990 Part III – Statement of Program Accomplishments**  
**For the Fiscal Year Ended June 30, 2003**  
**#95-3949646** (Form dated 2002)

A	Afghanistan	IMC implemented primary health care activities (both training and service delivery) in Herat, Khost, Kunar, Nangahar, Laghman, Badghis, Takhar, Bamyan, Wardak, Parwan, and Kabul provinces, providing multi-sectoral assistance to populations in need, including a maternal child health, mental health, integrated development, and agricultural assistance. In addition, IMC supported a Resident-training program in Kabul's Rabia Balkhi Maternity Hospital	\$	16,041,558
B	Angola	IMC supported emergency medical and health care training programs in Huambo, Malange, and Uige provinces, as well as in municipalities around Luanda, throughout the reporting period. Activities include support for an expanded program of primary health care, as well as training of community health workers including traditional birth attendants	\$	3,456,796
C	Azerbaijan	IMC worked to improve the quality of care provided by local practitioners and to increase utilization and access to care among beneficiaries. IMC also implemented a community-based cost recovery system for more than 240,000 residents, and encouraged beneficiaries to actively participate in the health care process and to mobilize available resources to establish a more sustainable health infrastructure. IMC completed a 12-month rural reproductive health initiative in southern and northern Azerbaijan in which it trained 141 midwives and 40 obstetricians in reproductive health and family practice services, and provided public health education training to 1,000 adolescents and 3,000 adults. IMC established an emergency transport system for pregnant women in 21 communities and rehabilitated three maternity wards and three family planning centers. Moreover, it formed and trained 15 community action groups to provide peer health education, mobilize community members, and disseminate information on maternal and child health.	\$	1,009,404
D	Bosnia	IMC supports a local non-governmental organization specializing in community support and psychological and social counseling for the victims of violence.	\$	120,400
E	Burundi	IMC continued to implement a comprehensive strategy to address immediate health needs, strengthen national capacity, and rebuild health infrastructure in cooperation with the Burundi Ministry of Health (MOH) in Kirundo, Muyinga, Rutana, and Muramvya provinces. Activities supported basic health care, emergency surgical assistance, immunization, therapeutic and supplementary feeding of malnourished children, and the training of local staff to deliver essential services to a population devastated by civil strife and poverty.	\$	1,569,024
F	DR Congo	IMC returned to DR Congo in 2002 to conduct an emergency project that provides therapeutic feeding and rehabilitation of health centers in an area of profound need -- Bunyakiri, South Kivu Zone. IMC supported nine health centers for therapeutic and supplementary feeding activities. In addition, IMC responded to cholera outbreaks in six villages of the Ziralo zone with supplies of drugs and IV solutions.	\$	879,051
G	Eritrea	IMC continued to provide assistance to refugees, displaced persons, and returnees. This included the provision of primary health care services through mobile clinics in communities to which refugees and displaced persons repatriated in the Tessenei and Goluj sub-zones of Gash Barka, one site in Hykota sub-zone, and nine communities in the Barentu Lae Lay Gash and Shambuko sub-zones. The range of services included curative care, health promotion, an expanded program of immunization (EPI), antenatal care, and growth monitoring. In addition, IMC implemented micro-credit loan activities and disbursed loans to businesses in Aligeder, Dressa and Aklatat.	\$	966,736
H	Ethiopia	In response to the food crisis in Ethiopia, which surpasses that of 1984, IMC developed an emergency intervention project involving therapeutic feeding, increased health system capacity to respond to nutritional crises, and increased vaccination coverage rates among children under five years of age in both West Hararghe and SNNPR.	\$	739,807
I	Georgia	IMC implemented health initiatives that enhanced the lives of more than 300,000 internally displaced persons and host families living in more than 200 communities in the regions of Imereti, Samegrelo, Racha Lechkumi, Svaneti, Adjara, and Guria in Western Georgia. IMC's program is a multi-year effort that seeks to strengthen the Georgian health and social welfare system.	\$	188,429
J	Indonesia	IMC provided health care to communities caught up in ethnic conflict, including those in North Maluku, Maluku, West and Central Kalimantan, Madura Island, North and Central Sulawesi, and North Sumatra. Following the terrorist bomb attack in Bali, IMC responded with an emergency rapid response medical team and later provided mental health activities for local survivors and their families.	\$	3,327,592
K	Ingushetia	IMC continued to provide emergency health care for displaced Chechens who have fled the war and sought refuge in the Republic of Ingushetia. Mobile medical teams provided emergency medical care, curative services, and immunizations. IMC also built local capacity by forming and training six community action groups (CAGs) to take proactive steps in improving the quality of their own lives, independent from the work of NGOs. Through this program, IMC and the CAGs constructed latrines, laundry facilities, shower rooms, and kitchens, and refurbished roofs and floors in abandoned buildings that house hundreds of displaced families.	\$	1,764,543

**Schedule 2**  
**Form 990 Part III – Statement of Program Accomplishments**  
**For the Fiscal Year Ended June 30, 2003**  
**#95-3949646** (Form dated 2002)

L	Kenya	IMC's mobile clinic project in Kibera, one of Africa's largest slums located outside of Nairobi, provided voluntary HIV testing, counseling, and home-based medical care for people living with HIV/AIDS. In addition, the mobile clinic project offered community-based health education aimed at creating awareness of opportunistic infections and means for their prevention. Moreover, IMC completed the third and final phase of its emergency health and nutrition program for children, women and other vulnerable populations of Samburu District, northern Kenya, through which the local capacity for nutritional surveillance and monitoring among local health providers was increased, supplementary feeding activities were supported, and local capacity to manage common illnesses and prevent disease was improved.	\$	309,740
M	Middle East	IMC prepared for relief efforts in Iraq by conducting in-depth assessments of the health, nutrition status, and living conditions of the Iraqi people at the beginning of the year. In addition, IMC pre-positioned equipment and supplies in Turkey, Jordan and Kuwait in the event of an emergency. IMC and UCLA developed and widely distributed a multi-media training CD to prepare international aid workers for the possibility of an event involving chemical or biological agents.	\$	6,767,910
N	Pakistan	IMC provided primary health care through its five basic health units (BHU) in refugee camps, one urban maternal and child health clinic, two emergency obstetric centers, and seven health centers. IMC also provided material and technical support to four other BHUs in refugee camps operated by its local partner organizations, Afghan Help Training Program and Humanitarian Medical Relief Body, as well as an urban MCH clinic operated by its local partner organization, Afghan Women's Council. More than 300,000 Afghan refugees benefited directly from IMC's program and it is estimated that an additional 500,000 refugees benefited indirectly.	\$	6,757,323
P	Sierra Leone	IMC medical teams escorted a total of 38,581 returnees/refugees to different destinations within Sierra Leone. Eight IMC-supported health facilities in Kailahun District provided health care for Sierra Leonean returnees, host community members and refugees from Guinea and Liberia. Services included immunizations for children less than five years of age and women of childbearing age, curative consultations and treatment, reproductive health, prenatal care and delivery, health education, and nutrition services and screening. Additionally, IMC provided specialized surgical care for women victims of poor obstetric care, torture, rape and sexual slavery.	\$	3,397,681
Q	Somalia	IMC offered growth monitoring, nutritional screening, supplementary feeding, systematic medical and micronutrient treatment of children under the age of five years, and basic nutrition health education for caregivers at its maternal and child health (MCH) clinics in the Bay, Bakool and Hiran regions of Somalia. IMC also supported supplemental feeding centers (SFC), which provided supplementary food to the moderately malnourished at IMC's MCH clinics and two of its outreach sites. In addition, IMC provided daily static vaccination services at its MCH clinics and intensive monthly vaccination drives in the large district towns it serves.	\$	1,383,676
R	Sudan	As a charter member of the Southern Sudan Onchocerciasis Control Program, IMC has conducted onchocerciasis control activities in Western Equatoria for nine years. IMC's project is implemented through community-directed treatment with Ivermectin and targets 80% of the population in 101 villages in Tambura, Ezo and Yambio Counties. Additionally, IMC's guinea worm prevention project distributed cloths for water filtration to more than 10,000 people, facilitated by the IMC-trained village volunteers in more than 140 villages.	\$	170,616
S	Tanzania	IMC, in collaboration with the African Medical Research Foundation (AMREF), currently operates a Comprehensive HIV/AIDS Management Project (CAMP) in the Morogoro, Mwanza, Shinyanga and Mara regions of Tanzania. The project's overarching goals are to lower HIV transmission by improving management of sexually transmitted infections, and strengthen clinical management of HIV/AIDS patients through the prevention and treatment of opportunistic infections. The development of a curriculum and of materials for training clinicians on the management and prevention of opportunistic infections in people living with HIV/AIDS was completed, including the first stage of its field testing and appraisal by stakeholders. IMC facilitated the advancement of the management and prevention of STI cases in 40 public and private health facilities in Shinyanga and Mara regions, and helped to improve the management and prevention of the most common opportunistic infections in 70 health facilities in Morogoro and Mwanza regions. In addition, IMC improved access to prevention, care, and support services for patients with opportunistic infections and sexually transmitted infections in ten districts of Morogoro and Mwanza regions.	\$	321,768
T	Various	IMC facilitated cash and in-kind donations of sundry medical equipment, medicines, and consumable medical supplies to many areas of need in which it works worldwide.	\$	153,101
Total			\$	<u>49,325,154</u>

**International Medical Corps.**  
**Schedule 3 - Form 990**  
**For the Fiscal Year Ended June 30, 2003**  
**#95-3949646**  
(Form dated 2002)

**Part IV - Balance Sheets**  
**Lines 54**

Description	6/30/2003	Realized Gain(Loss)	Unrealized Gain/(Loss)	Donations/ Purchases	Sales	6/30/2002
Stock - Amer Int'l Group	11,194		(2,521)			13,714
Lexmark Int'l - LXX	5,300		1,220			4,080
Stock - Proctor Gamble	14,267		(21)			14,288
Smucker JM - SJM	121		19			102
Stock - SprintFON	9,425		2,529			6,897
Sprint Corps - PCS Group	1,133		266			867
Abbot Laboratories	2,494		348			2,146
Franklin/Templeton - World A	9,356		(407)			9,762
Amer Int'l Group - AIG	1,380		(249)	1,629		-
Scios Inc	-		-	4,500	(4,500)	-
Microsoft Corp	9,871		-	9,871		-
	<u>64,541</u>	<u>-</u>	<u>1,184</u>	<u># 16,000</u>	<u>(4,500)</u>	<u>51,857</u>

**International Medical Corps.**  
**Schedule 4 - Form 990**  
**For the Fiscal Year Ended June 30, 2003**  
**#95-3949646**  
(Form dated 2002)

**Part V - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid enter 0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Robert R Simon, M D 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Founder and Chairman Hours as needed	0	0	0
Henry H Hood, Jr M D 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Associate Chairman Hours as needed	0	0	0
Mrs William R Riordan 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Secretary Hours as needed	0	0	0
Edward J Carpenter 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
Paul Dean, M D , M P H 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
William B Moore, M D 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
William Robinson, M D 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
Jolie Stahl 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
Linda N Cappello 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
Christine Jack Toretti 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Board Member Hours as needed	0	0	0
Nancy A AOssey 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	President/CEO 40 hours per week	206,874	39,290	0
Kevin Noone 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Senior Vice President 40 hours per week	131,542	23,050	0
Stephen Tomlin 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Vice President of International Operations 40 hours per week	101,280	24,986	0
Visnja Cipric 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Director of Finance 40 hours per week	76,250	14,066	0
Rabih Torbay 1919 Santa Monica Blvd , Suite 300 Santa Monica, CA 90404-1950	Vice President of Program Operations 40 hours per week	85,680	16,536	0
<b>Totals</b>		<b>\$ 601,626</b>	<b>\$ 117,928</b>	<b>\$ -</b>

**International Medical Corps.**  
**Schedule 5 - Form 990**  
**For the Fiscal Year Ended June 30, 2003**  
**#95-3949646**  
(Form dated 2002)

**Form 990 Part II - Statement of Functional Expenses**  
**Line 22**

(a) Activity Class	(b) Name and address	(c) Country	(d) Amount Paid
IMC supports a local non-government organization which specializes in community support, psychological and social counseling for victims of violence	Sezam Boulevard Kralia Tvrtka 17 72000 Zenica Bosnia / Hercegovina	Bosnia	39,133
IMC supports a local non-government grassroots organization which specialize in health care training, AIDS and Malaria prevention, women's health and development	African Medical & Research Foundation AMREF Mwanza Office P O Box 1482 Mwanza, Tanzania	Tanzania	102,993
IMC supports a non-government organization which specializes in emergency relief programs worldwide	International Medical Corps - UK Unit 210, Blackfriars Foundry 156 Blackfriars Road London, SE1 8EN	UK	10,000
<b>Total</b>			<b><u>152,126</u></b>

**International Medical Corps.**  
**Schedule 6 - Form 990-**  
**For the Fiscal Year Ended June 30, 2003**  
**#95-3949646**  
(Form dated 2002)

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Florida  
Georgia  
Hawai  
Illinois  
Indiana  
Kansas  
Kentucky  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Utah  
Virginia  
Washington  
Washington DC  
West Virginia  
Wisconsin

**NOTE 1:** States not listed do not require registration