Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

A F	or th	e 202	1 cale	ndar year,	or tax y	ear begir	ning		10/0)1/2021	_ an	d en	ding	_		09/	/30/202	2	
_			C Nam	ne of organizat	tion									D E	mployer id	entific	ation numb	er	
B c	heck if ap	plicable:	IN	TERCHURC	CH MED	ICAL AS	SSISTA	NCE, I	NC.										
	Addre			g Business As				,						7 5	52-2112	2460)		
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	+	return	17	30 M STR	REET.	NW						110	0	(202)8	88-	6200		
	Termi	nated		or town, state			nd ZIP or	foreign postal	l code						. = / -				—
	Amen	ded	WA:	SHINGTON	J DC	20036								G	ross receip	ts \$	56.1	192,	552
	return Applio	cation		ne and addres			CAR	OLINE F	KERT	N					Is this a gro	up retur			X No
	pendi	ng	CVV	E AS "C"	 " \(\bar{D}\) \(\bar{D}\)	7	C2110	.ODIND I	CLICI					H(P)	subordinates Are all subord		\vdash	Yes	No
•	Tay-ey	empt st		X 501(c)(501(c) () ◀	(insert no.)		4947(a)(1)	or		527	- II(5)			. (see instructi	_	
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	3	Numb	er of vo	oting membe	ers of the	governing	body (Pa	rt VI, line 1a	a)							3			3
ş				ndependent v												4			NONE
Activities &				r of individua												5			NONE
妄	6	Total	numbe	r of voluntee	ers (estima	te if necess	sary)									6			1
⋖	7a	Total	unrelat	ed business	revenue f	rom Part V	III, colum	n (C), line 1	12							7a			NONE
	b	Net ur	nrelate	d business t	axable inc	ome from	Form 990)-T, line 34								7b			NONE
														Pric	or Year		Curre	nt Yea	r
Ф	8	Contri	ibutions	s and grants	(Part VIII,	line 1h)			1				┑Ĺ	64,	904,98	35.	55,3	354,	422.
Revenue	9	Progra	am ser	vice revenue	(Part VIII,	line 2g)					Y FO				574,66	53.		436,	088.
ě				ncome (Part						PUBLIC II	NSPE	CTIC	PN		31,6	49.		-54,	702.
œ				ue (Part VIII,										1,	380,00	05.		368,	358.
	1			e - add lines					_					66,	891,30	02.		104,	
				similar amoui										17,	164,04	12.	14,2	275,	541.
				d to or for me												ONE			NONE
s			ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)								15,	845,50	06.	15,	533,	126.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)										NONE					NONE		
ē				sing expense															
ш				ses (Part IX,										33.	525,08	38.	26.	135,	586.
				es. Add line											534,63			944,	
				s expenses.											356,66			159,	
o es		110101	100 100	э охронооо.	Cubiract	10 10 11011	12 .								of Current			of Year	<u> </u>
ets	20	Total	accatc i	(Part X, line 1	16)										220,89	_		417,	903
Net Assets or Fund Balances	21			es (Part X, line	/								•		966,04			262,	
a e	22			r fund balan									-		254,84			154,	
	rt II			e Block	ces. Subi	iact iiiie z i	HOIH IIII	, 20				• • •	-	0,	231,0	11.	0,.	LJT,	713.
				y, I declare th	at I have e	vamined thi	s return i	ncluding acc	compar	nvina sched	د عمارا	nd st	atements	and to	the hest of	f my k	nowledge a	nd heli	of it is
true	e, corre	ct, and	complet	te. Declaration	of prepare	r (other than	officer) is	based on all	l inform	ation of wh	ich pr	epare	r has any	knowled	dge.	y .			
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For	Paper	rwork	Reduc	tion Act Not	tice, see t	he separat	e instruc	tions.									Form	990	(2021)

Form **990** (2021)

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission:	
	INTERCHURCH MEDICAL ASSISTANCE (IMA) WORLD HEALTH ADVANCES HEALTH AND	
	HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING	
	WORLD.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	٩
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes X I	٧o
	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	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	∍rs,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code) \(\sum_{\text{Compared of }}\) \(\sum_{\text{Compared of }}\) \(\sum_{\text{Compared of }}\)	
4a	(Code:) (Expenses \$29,395,702. including grants of \$14,056,957.) (Revenue \$ NONE)	
	MOMENTUM: THIS IS A COOPERATIVE AGREEMENT SUPPORTED BY THE UNITED	—
	STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). IT IS	—
	DESIGNED TO STRENGTHEN THE QUALITY AND RESILIENCE OF VOLUNTARY	—
	FAMILY PLANNING (FP), REPRODUCTIVE HEALTH (RH), AND MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) CARE AND SERVICE DELIVERY IN	—
	FRAGILE SETTINGS, AS PART OF THE MOMENTUM SUITE OF AWARDS.	—
	FRAGILE SETTINGS, AS PART OF THE MOMENTOM SOTTE OF AWARDS.	—
		—
		—
4b	(Code:) (Expenses \$10,114,327 including grants of \$NONE_) (Revenue \$NONE_)	
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$4,932,221. including grants of \$NONE) (Revenue \$NONE)	
	HAITI: IMA IMPLEMENTED USAID'S ENVISION AND ACT TO END NTDS EAST	
	PROGRAMS IN IMA PARTNERS WITH THE HAITI NEGLECTED TROPICAL	
	DISEASES CONTROL PROGRAM TO PROVIDE MASS DRUG ADMINISTRATION TO	
	TREAT LYMPHATIC FILARIASIS AND SOIL-TRANSMITTED HELMINTHS	
	INFECTION, DEBILITATING DISEASES THAT DISPROPORTIONALLY AFFECT THE	
	POOR AND KEEP PEOPLE IN POVERTY. IMA FURTHER PARTNERS WITH THE	
	MALARIA ZERO CONSORTIUM TO PROVIDE MALARIA CONTROL MEASURES IN	
	AT-RISK POPULATIONS.	
_		
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
_	(Expenses \$ 6,472,471. including grants of \$ NONE) (Revenue \$ 436,088.)	
46	Total program service expenses > 50, 914, 721	_

4e Total program service expenses ► 50,914,72

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		- 23	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
Ü	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.16	- 1	
٠	the organization's separate of consolidated financial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a		Х
h	Schedule D, Parts XI and XII	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Λ	v
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	X	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148	Λ	<u> </u>
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	Λ	<u> </u>
IJ	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	v	
16		13	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		\ _V
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		17
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	Checklist of Required Schedules (continued)			
00	Did the constitution according to the OF 000 of country or other positions to or for deposition individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			Λ
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Λ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		3.5
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		Λ
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V line 1	24	v	
35 a	or IV, and Part V, line 1	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	204		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Part	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
rail	Check if Schedule O contains a response or note to any line in this Part V			_ X
	C. Co		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 1E1030				(2021)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ►SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	The original control of the control	-		
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes," complete Form 4720, Schedule O.	-,5		- 21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent 1b NONE			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Χ	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	104		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(sect	ion 5	01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(000)		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record CAROLINE KERIN 1730 M STREET, NW, NO. 1100 WASHINGTON, DC 20036	s >		

410-230-2800

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	sition c more than one erson is both an director/trustee)			(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) DANIEL SPECKHARD	NONE									
PRESIDENT & CEO	55.38	X		Х				NONE	521,704.	30,719.
(2) JOANN THEYS	NONE							110112	32277311	307.231
SVP FINANCE & ADMIN, CFO	44.73	Х		Х				NONE	266,371.	29,629.
(3) TIM MCCULLY	NONE									,
EVP IMPACT & PARTNERSHIP	41.96			Х				NONE	247,847.	45,506.
(4) EDWARD BYRD	NONE									
VP EXTERNAL RELATIONS	44.84				X			NONE	226,824.	55,441.
(5) MICHAEL WATT	NONE									
VP INTERNATIONAL OPERATIONS	43.72				Х			NONE	232,060.	32,595.
(6) DEREK REYNOLDS	NONE									
FORMER VP BUSINESS DEVELOP	41.87				Х			NONE	221,497.	32,712.
(7) EVELINE TAVARES	NONE									
FORMER CHIEF PEOPLE OFFICER	40.35				X			NONE	218,897.	20,753.
(8) LALI CHANIA	NONE									
COUNTRY DIR. TANZANIA	40.21					Х		NONE	194,487.	42,308.
(9) WILLIAM CLEMMER	NONE									
SR. REG. TECH ADV, HEALTH	45.10					Х		NONE	181,473.	48,521.
(10) LAWRENCE STHRESHLEY	NONE									
BOARD DIRECTOR	40.12					Х		NONE	199,410.	17,947.
(11) ANDREA M WILSON	NONE									
GENERAL COUNSEL/VP, COMPLIANCE	52.83				Х			NONE	176,785.	27,362.
(12) KELLETT FREDERICK	NONE									
MANAGING DIR, IMACT INVESTING	42.73				X			NONE	176,194.	16,989.
(13) TAMAR CHITASHVILI	NONE									
FORMER BOARD DIRECTOR	40.31					X		NONE	176,682.	16,311.
(14) ELENA KANEVSKY	NONE									
FORMER BOARD DIRECTOR	40.31					X		NONE	176,312.	15,839.
										Form QQ (2021)

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Part VII Section A. Officers, Directors, Tru	istees Ka	v Fr	ndo	VP4	96	and I	Hin	hest Compansat	ed Emplo	VEES (C	Page 8
(A) Name and title	(B)	у Еп	ipic	((C) sition	and i	iigi	(D) Reportable	(E)		(F) Estimated
Name and the	hours per week (list any hours for	box, unless perso officer and a direct						compensation from the	compensation from related organizations		amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	o-MISC)	from the organization and related organizations
15) CHERI KASE	NONE										
CHIEF INFORMATION OFFICER	45.35				X			NONE	164	,732.	15,789.
16) ELISE MARIE SPEARS	NONE										
ASSISTANT SECRETARY	45.10	X						NONE	60	,742.	5,999.
		-									
1b Sub-total							\blacktriangleright	NONE	3,442		454,420.
c Total from continuation sheets to Part VII, S	ection A						>	NONE		NONE	NONE
d Total (add lines 1b and 1c)							<u> </u>	NONE			454,420.
reportable compensation from the organization		nose	iiste		NO:	•	J 16	eceived more than	φ100,000	OI .	
3 Did the organization list any former office	er directo	or or	tri	ısta	Δ	kev e	mn	Novee or highes	t compens	hatea	Yes No
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations gro	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for	such	4
individualDid any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or indiv	ridual	5 X
Section B. Independent Contractors	es, comple	ie SCI	ieuu	iie J	101	SUCII	ρ υ Γ	SUII	<u> </u>		5 X
Complete this table for your five highest compensation from the organization. Report of year.											
(A)							Τ	(B)			(C)

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

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52-2112460

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a b	Federated campaigns 1a Membership dues 1b					36010113 312-314
Contributions, Gifts, Grants and Other Similar Amounts	d e	Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e	51,426,747.				
ibutions ther Si	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in	3,927,675.				
Contra	h	lines 1a-1f		55,354,422.			
			Business Code				
Program Service Revenue	2a b	CONTRACT REVENUE	900099	436,088.	436,088.		
	С						
rar ev	d						
<u>б</u>	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	436,088.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	🟲	25,267.			25,267
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	-				
	d _	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_	_	other than inventory 7a	8,417.				
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 88,386.	0.415				
∞	Ι.	Gain or (loss)	8,417.	F0.060			F0.060
jer	a	Net gain or (loss)		-79,969.			-79,969
Other	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
	١.	1c). See Part IV, line 18 8a	NONE				
	b C	Less: direct expenses	·	NONE			
		` '					
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	<u>_</u>	Less: direct expenses 9b	NONE				
	b	Net income or (loss) from gaming activities	·	NONE			
	10a	Gross sales of inventory, less					
	Toa	returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
<u> </u>		. , ,	Business Code				
e jon	11a	FOREIGN CURRENCY GAIN		121,416.			121,416
ane	b	MISCELLANEOUS		246,942.			246,942
ele eve	C						
Miscellaneous Revenue	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		368,358.			
	12	Total revenue. See instructions		56,104,166.	436,088.		313,656

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52-2112460

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 resp				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations			general orponate	
-	and domestic governments. See Part IV, line 21	12,333,975.	12,333,975.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	1,941,566.	1,941,566.		
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE	0.205.106	106 706	47 407
- 1	Other salaries and wages	9,539,349.	9,305,126.	186,796.	47,427.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9	Other employee benefits	5,905,418.	5,740,999.	147,802.	16,617.
10	Payroll taxes	88,359.	1,758.	86,601.	
11	Fees for services (nonemployees):	NONE			
	Management	NONE			
	Legal	NONE NONE			
	Accounting	NONE			
	Lobbying Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	1,01,2			
9	(A), amount, list line 11g expenses on Schedule O.)	1,789,803.	1,685,983.	92,290.	11,530.
12	Advertising and promotion	637,115.	611,631.	24,109.	1,375.
13	Office expenses	351,601.	349,857.	1,744.	
14	Information technology	1,025,434.	965,077.	46,742.	13,615.
15	Royalties	NONE			
16	Occupancy	434,257.	1,272,047.	-837,790.	
17	Travel	2,048,629.	1,970,362.	74,789.	3,478.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	2,021,057.	2,016,662.	4,395.	
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	112,349.	9,041.	103,304.	4.
23	Insurance	45,658.	44,925.	733.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	11 005 400	11 000 100	F 000	
	PROGRAM INPUT EXPENSES	11,285,402.	11,280,182.	5,220.	4 0 4 7
	BANK AND MERCHANT FEES	315,545.	308,737.	1,961.	4,847.
	MEMBERSHIP FEES MISCELLANEOUS EXPENSES	101,484.	11,357.	88,602. 4,902,031.	1,525. -215.
		5,301,252.	1,000,430.	7,304,031.	-215.
	All other expenses	55,944,253.	50,914,721.	4,929,329.	100,203.
26		33,711,233.	JU, J14, 721.	1,727,327.	100,203.
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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,702,657.	1	1,813,103.
	2	Savings and temporary cash investments	1,449,757.	2	1,124,972.
	3	Pledges and grants receivable, net	4,112,548.	3	8,234,063.
	4	Accounts receivable, net	1,337,734.	4	1,094,989.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
Š	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	609,965.	9	363,964.
	_	Land, buildings, and equipment: cost or other	00373031		30373011
	100	basis. Complete Part VI of Schedule D 10a 426,072.			
	h	Less: accumulated depreciation 10b 239,731.	736,741.	100	186,341.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13		NONE		NONE
	14	Investments - program-related. See Part IV, line 11			
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	271,488.	15	22,600,471.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,220,890.	16	35,417,903.
	17	Accounts payable and accrued expenses	382,661.	17	5,074,370.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	536,766.	19	1,039,580.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia;		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	21,149,010.
	26	Total liabilities. Add lines 17 through 25	6,966,046.	26	27,262,960.
Sec		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	6,515,660.	27	3,097,683.
Ä	28	Net assets with donor restrictions	1,739,184.	28	5,057,260.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ϋ́Α	32	Total net assets or fund balances	8,254,844.	32	8,154,943.
Š	33	Total liabilities and net assets/fund balances	15,220,890.	33	35,417,903.
_	100	Total nashinto and not according salahoos, , , , , , , , , , , , , , , , , , ,	13,220,090.		Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	6,	104,	166
2	Total expenses (must equal Part IX, column (A), line 25)	2	5			253
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>159,</u>	913
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>844</u>
5	Net unrealized gains (losses) on investments	5			259,	814
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8,	154,	943
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	the			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a	ıdits -		3b	X	

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SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INT	ER	CHURCH MEDICAL ASSI	STANCE, INC.				52-2	112460
Pa	ťΙ	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative		•			(1)(A)(iii).	
4		A medical research organiz	•	•				(iii). Enter the
-		hospital's name, city, and st	=					(). =
5		An organization operated		a college or universit	v owne	d or ope	rated by a governme	ntal unit described in
·		section 170(b)(1)(A)(iv). (C		a conego or arnveren	., 011110	и от оро	rated by a governme	mai ami accombca m
6		A federal, state, or local go	. ,	rnmental unit describe	d in sact	ion 170/	b)/1)/Δ)/γ)	
7	37	An organization that normal	•			•	, , , , , , ,	om the general public
′	X	-	=	· ·	pport in	Jili a go	verninental unit of ite	on the general public
		described in section 170(b)			Dom! II \			
8	\vdash	A community trust describe					l de le estado de estado de estado en	land sugat sallana
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	friculture (see instruct	ions). E	nter the i	name, city, and state of	the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (les: Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11	\vdash	An organization organized	•	•	-		, , , ,	
12		An organization organized a	-		-			
		one or more publicly suppo	_					
		the box on lines 12a throug					·	· · ·
а		$oxedsymbol{oxed}$ Type I. A supporting orga	•	•	-		• , , ,	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b		oxdot Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{ox{oxedsymbol{ox{oxedsymbol{ox{oxed}}}}}}} $	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga		-				I, Type III
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	
f	En	ter the number of supported						
g		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	,	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ll .							İ

Schedule A (Form 990) 2021 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,621,235.	73,776,479.	80,291,536.	64,904,985.	55,354,422.	288,948,657.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	14,621,235.	73,776,479.	80,291,536.	64,904,985.	55,354,422.	288,948,657.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6	Public support. Subtract line 5 from line 4						288,948,657.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	14,621,235.	73,776,479.	80,291,536.	64,904,985.	55,354,422.	288,948,657.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,909.	48,714.	42,976.	31,649.	25,267.	158,515.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP .PAGE	6,302.	429,769.	-321,837.	1,380,005.	368,359.	1,862,598.
11	Total support. Add lines 7 through 10						290,969,770.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,388,084.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li					14	99.31 %
15	Public support percentage from 2020					15	99.48 %
16a	331/3% support test - 2021. If the org	=					
	box and stop here. The organization q	-		-			
b	331/3% support test - 2020. If the org	=					
4	this box and stop here. The organization	-		-			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			=	=		apported
h	organization						and line
D		-					
	15 is 10% or more, and if the organization meets					-	
	_			•	•		
18	organization						
10	_						
	instructions						· · · · · <u> </u>

Page 3 Schedule A (Form 990) 2021

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		, ,	. ,	, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	•						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first socon	d third fourth	or fifth tax 10	l ar as a soction	501(c)(2)
14	organization, check this box and stop here .	-			•		· · · · · ·
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
154	17 is not more than 331/3%, check this	-					. \square
L	331/3% support tests - 2020. If the orga		_				
b	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•		• • •	
			- 20% JII IIIIO	,	,	500 1110111	

JSA 1E1221 1.000

Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Page 5 Schedule A (Form 990) 2021

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u></u>	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	11 0 1 7	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	oo inst	uotion	2)
·	The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se	C IIISU	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3				
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s						
1	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.								
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection								
	of gross income or for management, conservation, or maintenance of								
	property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors (explain in detail in Part VI):								
_	Acquisition indebtedness applicable to non-exempt-use assets	2							
	Subtract line 2 from line 1d.	3							
_		- 3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ction C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2		2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4		4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization					

Schedule A (Form 990) 2021

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(see instructions).

 Schedule A (Form 990) 2021
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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)			
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3					
4	4 Amounts paid to acquire exempt-use assets					
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
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					
	(provide details in Part VI). See instructions.					
9	9 Distributable amount for 2021 from Section C, line 6 9					
10	10 Line 8 amount divided by line 9 amount					
					(III)	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule A (Form 990 or 990-EZ) 2021

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 INCOM	ΙE					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS	6,302.	429,769.	-321,837.	1,380,005.	368,359.	1,862,598.
TOTALS	6,302.	429,769.	-321,837.	1,380,005.	368,359.	1,862,598.
=:		==========			==========	

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number Name of the organization INTERCHURCH MEDICAL ASSISTANCE, 52-2112460 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

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

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

Schedule B (Form 990) (2021)

varie or organization				
	TNTERCHIRCH	MEDICAL	ASSISTANCE	TNC

Employer identification number 52-2112460

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	\$\$1,426,747.	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part II	Noncash Property (see instructions)	. Use duplicate copie	s 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number INTERCHURCH MEDICAL ASSISTANCE, INC. 52-2112460 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public Attach to Form 990. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

INTERCHURCH MEDICAL ASSISTANCE, INC. 52-2112460 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2021

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				CAL ASSI							2112460	Page 2
	rt III Organizations Maintaining											
3	Using the organization's acquisition,		sion, and	other recor	ds, checl	k any o	f the	follow	ing that n	nake sigi	nificant us	e of its
	collection items (check all that apply)	:		_	٦.							
а	Public exhibition			d _	7	or excha	ange	prograi	m			
b	Scholarly research			e	Other							
С	Preservation for future general											
4	Provide a description of the organiz	ation's	collection	s and expla	ain how	they fur	ther	the or	ganization	s exemp	t purpose	in Part
_	XIII.											
5	During the year, did the organization										¬	
	assets to be sold to raise funds rather			ained as pa	rt of the	organiza	ation	's collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial Arr					S (D /		•				
	Complete if the organization	on ans	werea "Ye	es" on For	m 990, F	art IV,	line	9, or r	eported a	n amou	nt on Fori	m
	990, Part X, line 21.											
1 a	Is the organization an agent, trusted				-					ets not	¬,,	
	included on Form 990, Part X?	D(- XII								L	Yes	No
b	If "Yes," explain the arrangement in I	Part XII	i and com	piete the to	lowing tai	oie:				A		
	Decimales halones						_			Amount		
C	Beginning balance						1c					
a	Additions during the year						1d					
e	Distributions during the year						1e					
f	Ending balance Did the organization include an amou						1f	ctodial	account lic	hility?	Yes	No
	If "Yes," explain the arrangement in I											
	rt V Endowment Funds.	rait Aii	i. Check ii		хріанаціон	i iias bei	en pi	ovided	UII FAIT AII	' <u></u>	<u></u>	
га	Complete if the organization	on ans	wered "V	es" on For	m 00∩ F	Part I\/	line	10				
	Complete ii the organization		rrent year	(b) Prio		(c) Two			(d) Three y	ears back	(e) Four ye	ears back
4 -	Danissis and was a balance	(-,	, , , , , , , , , , , , , , , , , , , ,	(4)	. ,				(=,		(0) 1 0 0 0 7 0	
1a	Beginning of year balance											
D	Contributions											
C	Net investment earnings, gains,											
	and losses											
	Grants or scholarships Other expenditures for facilities											
e	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of	the cu	rrent vear	end halanc	e (line 1a	column	(a))	held as				
	Board designated or quasi-endowmen		mont your	%	o (iiilo 19,	oolaliii	(α))	noia ao	•			
b		%		_								
С	Term endowment ▶ %	<u> </u>										
	The percentages on lines 2a, 2b, and	d 2c sh	ould equal	100%.								
3a	Are there endowment funds not in the	e posse	ession of t	he organiza	tion that	are held	d and	d admir	nistered for	the		
	organization by:										Ye	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the related	organiz	zations liste	ed as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended use	es of th	ie organiza	ation's endo	wment fu	nds.						
Pa	rt VI Land, Buildings, and Equip	oment.		/oo" on C-:	000	Dor# 1\ /	lie -	. 11- (000 D		10
	Complete if the organizati Description of property	on ans		es" on Fol	m 990, (b) Cost				see Form		Art X, IINE I) Book value	
	2000 Iption of property			stment)		other)	SIO		eciation	,,	, DOOR VAIUE	
1a	Land					6,08	30.				6	,080.
b	Buildings											

180,261.

NONE

JSA 1E1269 1.000

c Leasehold improvements

d Equipment

7489PJ L43V 29

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

419,992.

NONE

329,732

NONE

Part VII	Investments - Other Securities.	
I alt vii	investinents - Other Occurries.	

Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

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)INTERCOMPANY RECEIVABLE	20,824,987.
(2)RIGHT OF USE ASSET	1,500,466.
(3)DEPOSITS	275,018.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	22,600,471.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)INTERCOMPANY PAYABLE	15,994,253.
(3)AMOUNTS DUE TO SUBRECIPIENTS	3,170,945.
(4)OPERATING LEASE LIABILITY	1,483,812.
(5)DEBT	500,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶	21,149,010.

^{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.

JSA 1E1270 1.000 7489PJ L43V

Schedule D (Form 990) 2021

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	55,844,352.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-259,814.
3	Subtract line 2e from line 1	3	56,104,166.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	56,104,166.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	55,944,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e 3	55,944,253.
3	Subtract line 2e from line 1	3	33,944,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b. 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	55,944,253.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021

SCHEDULE D, PART X, LINE 2:

INTERCHURCH MEDICAL ASSISTANCE, INC. IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC. IN ADDITION, IMA QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE

DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. IMA HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021.

IMA FOLLOWS U.S. GAAP WHICH RECOGNIZE INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE

INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON

EXAMINATION BY TAXING AUTHORITIES. IMA FILES TAX RETURNS IN THE U.S.

FEDERAL JURISDICTIONS. IMA BELIEVES THAT INCOME TAX FILING POSITIONS WILL

BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS

THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON IMA'S FINANCIAL

POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, IMA HAS NOT

RECORDED ANY RESERVES OR RELATED ACCRUALS FOR TAXES, INTEREST AND

PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS ON SEPTEMBER 30, 2022 AND

2021. IMA IS OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM 2019 FORWARD.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INT	ERCHURCH MEDICAL ASSIST	TANCE, INC			52-21124	60
Part			Outside the	United States. Comple	ete if the organization	answered "Yes" or
	Form 990, Part IV, line 14b. or grantmakers. Does the organization maintain records to substantiate the amount of its grants and the assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ward the grants or assistance? IX Yes No No or grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance attivities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) (b) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) (c) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program services, describe specific type of service(s) in the region (b) Number of employees, agents, and independent contractors in the region (b) type) (such as, fundraising, program services, describe specific type of service(s) in the region (c) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program services, describe specific type of service(s) in the region (d) Activities conducted in the region (b) type) (such as, fundraising, program services, describe specific type of service(s) 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					
	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants ar	nd other assistance
3		(b) Number of offices in	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients	(e) If activity listed in (d) is a program service, describe specific type of	expenditures for and investments
(1)	SUB-SAHARAN AFRICA	14	252	PROGRAM SERVICES	SEE PART V	1,677,636.
(2)	CENTRAL AMERICA/CARIBBEAN	5	21	PROGRAM SERVICES	SEE PART V	263,930.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I	19	273.			1,941,566.
С		19.	273.			1,941,566.

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

1,941,566. Schedule F (Form 990) 2021

52-2112460 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of 1 (b) IRS code (c) Region (e) Amount of (h) Description (i) Method of (g) Amount of section and EIN organization cash grant cash noncash of noncash valuation grant disbursement (if applicable) (book, FMV, assistance assistance appraisal, other) SUPPORT (1) CENT. AMERICA/CARIBBEAN HEALTH SRVC 11,324. WIRE SUPPORT 111,358 (2) CENT. AMERICA/CARIBBEAN HEALTH SRVC WIRE SUPPORT (3) CENT. AMERICA/CARIBBEAN HEALTH SRVC 56,472. WIRE STIPPORT (4) SUB-SAHARAN AFRICA 66,024. HEALTH STREN WIRE SUPPORT (5) 622,276. SUB-SAHARAN AFRICA HEALTH STREN WIRE MOMENTUM (6) SUB-SAHARAN AFRICA CORE 36,634. WIRE MOMENTUM (7) SUB-SAHARAN AFRICA CORE 23,454. WIRE MOMENTUM (8) SUB-SAHARAN AFRICA CORE 13,193. WIRE MOMENTUM (9) SUB-SAHARAN AFRICA FIELD SUPPRT 18,042. WIRE MOMENTUM (10)SUB-SAHARAN AFRICA FIELD SUPPRT 20,273. WIRE MOMENTUM (11)25,342. SUB-SAHARAN AFRICA FIELD SUPPRT WIRE MOMENTIM (12)SUB-SAHARAN AFRICA FIELD SUPPRT 70,755. WIRE MOMENTUM (13)SUB-SAHARAN AFRICA FIELD SUPPRT 24,445. WIRE MOMENTUM (14)SUB-SAHARAN AFRICA FIELD SUPPRT 10,596. WIRE MOMENTUM (15)15,566. SUB-SAHARAN AFRICA FIELD SUPPRT WIRE MOMENTIM (16)SUB-SAHARAN AFRICA FIELD SUPPRT 127,028. WIRE 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 _____ 26

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)
				MOMENTUM					
(1)			SUB-SAHARAN AFRICA	FIELD SUPPRT	46,656.	WIRE			
				MOMENTUM					
(2)			SUB-SAHARAN AFRICA	FIELD SUPPRT	12,619.	WIRE			
				SUPPORT					
(3)			CENT. AMERICA/CARIBBEAN	HEALTH SRVC	84,031.	WIRE			
				COMMUNITY					
(4)			SUB-SAHARAN AFRICA	SANITATION	34,941.	WIRE			
				COMMUNITY					
(5)			SUB-SAHARAN AFRICA	SANITATION	100,039.	WIRE			
				SUPPORT					
(6)			SUB-SAHARAN AFRICA	AGRICULTURE	145,213.	WIRE			
				LYMPHOMA					
(7)			SUB-SAHARAN AFRICA	SUPPORT	6,396.	WIRE			
				HEALTH					
(8)			SUB-SAHARAN AFRICA	SUPPORT	78,017.	WIRE			
				COVID-19					
(9)			SUB-SAHARAN AFRICA	SUPPORT	50,479.	WIRE			
				MOMENTUM					
(10)			SUB-SAHARAN AFRICA	CORE	115,892.	WIRE			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

rari	roreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes	No

Schedule F (Form 990) 2021

7489PJ L43V 37

Part V Supp

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:

IMA CONDUCTS REVIEWS OF THE FINANCIAL REPORT FROM THE RECIPIENT'S

ORGANIZATIONS ON A MONTHLY OR QUARTERLY BASIS, DEPENDING ON THE REPORTING

REQUIREMENTS, ON THE USE OF THE GRANT AS COMPARED TO THE BUDGET AND SCOPE

OF WORK. INDEPENDENT AUDIT REPORTS ARE REQUIRED FOR SUB-RECIPIENTS

RECEIVING OVER \$750,000 IN FUNDING FROM IMA. FIELD VISITS ARE CONDUCTED

AS DEEMED NECESSARY BY EITHER HQ FINANCE/COMPLIANCE PERSONNEL OR

IN-COUNTRY FINANCE PERSONNEL.

IMA RECOGNIZES EXPENSES WHEN THEY ARE MEASURABLE AND IN THE ACCOUNTING PERIOD IN WHICH THE TRANSACTION OCCURRED. EXPENSES ARE RECORDED IN THE PERIOD IN WHICH THEY ARE INCURRED, REGARDLESS OF WHEN THE TRANSFER OF CASH OCCURS. ALSO, TO THE GREATEST EXTENT POSSIBLE, IMA MATCHES CORRESPONDING EXPENSES AND REVENUES IN THE SAME FINANCIAL ACCOUNTING PERIOD.

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2021

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Name of the organization							Employer identification number		
INTERCHURCH MEDICAL ASSISTANCE, IN	52-2112460								
Part I General Information on Grants and		е				•			
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No		
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.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) AMERICAN BAR ASSOCIATION /FUND FOR JUSTICE									
740 15TH ST NW WASHINGTON, DC 20005	36-0723150	501(C)(6)	242,480.				SEE PART IV		
(2) COOPERATIVE FOR ASSISTANCE AND RELIEF EVERY									
151 ELLIS STREET, NE ATLANTA, GA 30303	13-1685039	501(C)(3)	813,487.				SEE PART IV		
(3) GOAL USA FUND									
150 50TH AVENUE LONG ISLAND CITY, NY 11101	13-3492792	501(C)(3)	471,591.				SEE PART IV		
(4) HEAL AFRICA									
PO BOX 545 CALEDONIA, MI 49316	20-1404936	501(C)(3)	219,130.				SEE PART IV		
(5) JOHNS HOPKINS UNIVERSITY									
3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C0(3)	55,800.				SEE PART IV		
(6) JSI RESEARCH & TRAINING INSTITUTE, INC.									
44 FARNSWORTH STREET BOSTON, MA 02110	04-2679824	501(C)(3)	5,479,878.				SEE PART IV		
(7) PANZI FOUNDATION									
5185 MACARTHUR BLVD WASHINGTON, DC 20016	27-1706063	501(C)(3)	369,122.				SEE PART IV		
(8) PATHFINDER INC									
9 GALEN STREET WATERTOWN, MA 02472	53-0235320	501(C)(3)	4,358,584.				SEE PART IV		
(9) PRODEK									
10900 NW 21ST ST MIAMI, FL 33172	13-2620718	501(C)(3)	206,042.				SEE PART IV		
(10) THE CARTER CENTER, INC.									
453 JOHN LEWIS FREEDOM PKWY	58-1454716	501(C)(3)	117,861.				SEE PART IV		
(11)	_								
(12)									
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	-	•					9		

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 II, LINE 1-10, COLUMN (H)

SUPPORT IMPROVED HEALTH SERVICE DELIVERY PROGRAM ACTIVITIES &

DELIVERABLES

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
J	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	۵		

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

Schedule J (Form 990) 2021

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DANIEL SPECKHARD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 PRESIDENT & CEO	(ii)	521,704.	NONE	NONE	26,100.	4,619.	552,423.	NONE
JOANN THEYS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 SVP FINANCE & ADMIN,	(ii)	266,371.	NONE	NONE	24,281.	5,348.	296,000.	NONE
TIM MCCULLY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 EVP IMPACT & PARTNERS	(ii)	247,847.	NONE	NONE	22,556.	22,950.	293,353.	NONE
CHERI KASE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 CHIEF INFORMATION OFF	(ii)	164,732.	NONE	NONE	14,838.	951.	180,521.	NONE
DEREK REYNOLDS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 FORMER VP BUSINESS DE	(ii)	221,497.	NONE	NONE	20,207.	12,505.	254,209.	NONE
EDWARD BYRD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 VP EXTERNAL RELATIONS	(ii)	226,824.	NONE	NONE	21,031.	34,410.	282,265.	NONE
EVELINE TAVARES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 FORMER CHIEF PEOPLE O	(ii)	218,897.	NONE	NONE	19,719.	1,034.	239,650.	NONE
MICHAEL WATT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 VP INTERNATIONAL OPER	(ii)	232,060.	NONE	NONE	21,070.	11,525.	264,655.	NONE
ANDREA M WILSON	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 GENERAL COUNSEL/VP, C	(ii)	176,785.	NONE	NONE	14,405.	12,957.	204,147.	NONE
KELLETT FREDERICK	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 MANAGING DIR, IMACT I	(ii)	176,194.	NONE	NONE	15,907.	1,082.	193,183.	NONE
WILLIAM CLEMMER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 SR. REG. TECH ADV, HE	(ii)	181,473.	NONE	NONE	16,333.	32,188.	229,994.	NONE
LALI CHANIA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 COUNTRY DIR. TANZANIA	(ii)	194,487.	NONE	NONE	17,504.	24,804.	236,795.	NONE
LAWRENCE STHRESHLEY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 BOARD DIRECTOR	(ii)	199,410.	NONE	NONE	17,947.	NONE	217,357.	NONE
TAMAR CHITASHVILI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 FORMER BOARD DIRECTOR	(ii)	176,682.	NONE	NONE	16,311.	NONE	192,993.	NONE
ELENA KANEVSKY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 FORMER BOARD DIRECTOR	(ii)	176,312.	NONE	NONE	15,839.	NONE	192,151.	NONE
	(i)							
16	(ii)							

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3:

THE COMPENSATION OF THE ORGANIZATION'S CEO IS CONTROLLED BY THE POLICIES

PUT IN PLACE BY LUTHERAN WORLD RELIEF, WHICH INCLUDES BUT NOT LIMITED TO,

COMPENSATION COMMITTEE, INDEPENDENT CONSULTANT, COMPENSATION SURVEY OR

STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. TO,

STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

INTERCHURCH MEDICAL ASSISTANCE, INC

52-2112460

FORM 990, PART III, LINE 4D:

SOUTH SUDAN:

IMA ADDRESSES THE NEEDS OF INTERNALLY DISPLACED PEOPLE (IDPS) AND HOST

FAMILIES BY DELIVERING HEALTH SERVICES, CRITICAL NUTRITION SUPPORT AND

TRAUMA ASSISTANCE TO SURVIVORS OF GENDER-BASED VIOLENCE. IN DESPERATE AND

DIFFICULT TO ACCESS LOCATIONS, IMA JOINS THE MINISTRY OF HEALTH TO

PROVIDE PREVENTIVE AND CURATIVE HEALTH SERVICES.

EXPENSES: \$4,230,234. GRANTS: \$0. REVENUE: \$0.

TANZANIA:

SINCE 2015, IMA WORLD HEALTH HAS LED A SIGNIFICANT EFFORT PROVIDING

SCREENING AND SURGERY FOR INDIVIDUALS IN RURAL TANZANIA SUFFERING FROM

TRICHIASIS TRACHOMATOUS, A SIDE EFFECT OF MULTIPLE OR SEVERE BOUTS OF THE

NEGLECTED TROPICAL DISEASE TRACHOMA THAT CAN CAUSE PERMANENT BLINDNESS IF

LEFT UNTREATED. IMA WORKED WITH THE UK GOVERNMENT AND TANZANIA'S MINISTRY

OF HEALTH TO IMPROVE FEEDING, NUTRITION AND HYGIENE PRACTICES IN AREAS

WHERE MALNUTRITION STUNTED CHILDREN'S GROWTH. IMA ALSO SUPPORTS

TANZANIA'S EFFORT TO ENSURE SCREENING AND TREATMENT FOR PREVENTABLE AND

TREATABLE CANCERS.

EXPENSES: \$1,699,302. GRANTS: \$0. REVENUE: \$0.

MALI HOUSEHOLD AND COMMUNITY HEALTH, AND ANICAL INCLUSING - COMMUNITY LED TOTAL SANITATION

JSA 1E1227 2.000

7489PJ L43V

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EXPENSES: 516,016. GRANTS: \$0. REVENUE: \$0.

GLOBAL SECONDED STAFF MISSIONARY FUNDS

EXPENSES: \$24,789. GRANTS: \$0. REVENUE: \$0.

YEMEN

EXPENSES: \$13,698. GRANTS: \$0. REVENUE: \$0.

BUKINA FASO

EXPENSES: \$667. GRANTS: \$0. REVENUE: \$0.

OTHERS

EXPENSES: \$(12,235). GRANTS: \$0. REVENUE: \$436,088.

FORM 990, PART VI, SECTION B, LINE 11B:

IMA WORLD HEALTH'S CHIEF FINANCIAL OFFICER PROVIDES A DRAFT COPY OF THE FEDERAL FORM 990 TO THE BOARD OF DIRECTORS FOR QUESTIONS AND COMMENTS PRIOR TO SUBMISSION. ONCE THEIR REVIEW IS COMPLETE AND THE BOARD HAS APPROVED THE DRAFT FORM 990, THE FEDERAL FORM 990 IS PROVIDED TO THE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PRESIDENT AND CEO FOR SIGNATURE. A COPY OF THE FINAL FEDERAL FORM 990 SUBMISSION IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

IMA'S CONFLICT OF INTEREST POLICY (APPLICABLE TO BOARD OF DIRECTORS AND ALL EMPLOYEES) STATES THAT A CONFLICT OF INTEREST EXISTS WHENEVER THERE IS A PROPOSED AGENCY TRANSACTION IN WHICH A DIRECTOR, OFFICER, OR STAFF MEMBER HAS ANY ACTUAL OR POTENTIAL INVOLVEMENT, INTEREST, OR RELATIONSHIP, EITHER DIRECTLY OR INDIRECTLY.

A CONFLICT OF INTEREST MAY ALSO EXIST WHEN THE INTERESTS OR CONCERNS OF
AN EMPLOYEE, OR SUCH EMPLOYEE'S IMMEDIATE FAMILY, OR ANY PARTY, GROUP OR
ORGANIZATION TO WHICH SUCH PERSON HAS ALLEGIANCE, MAY BE SEEN AS
COMPETING WITH THE INTERESTS OR CONCERNS OF THE AGENCY.

EACH EMPLOYEE HAS A DUTY TO DISCLOSE TO THE PRESIDENT THE MATERIAL FACTS

OF ANY PROPOSED TRANSACTION OF THE AGENCY IN WHICH SUCH PERSON HAS ANY

ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

THE REQUIRED DISCLOSURE MUST BE MADE PRIOR TO ANY CONSIDERATION OF SUCH PROPOSED TRANSACTION BY THE AGENCY.

AN EMPLOYEE OR BOARD MEMBER HAVING AN ACTUAL OR PROPOSED CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DELIBERATIONS OR DECISION-MAKING

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PROCESS OF THE AGENCY REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER,
HE OR SHE SHALL PROVIDE THE AGENCY WITH ANY, AND ALL RELEVANT INFORMATION
REGARDING THE MATTER.

THE PRESIDENT SHALL TAKE SUCH ADDITIONAL ACTION AS MAY BE REQUIRED TO ENSURE THAT THE CONFLICT OF INTEREST IS RESOLVED AND SHALL MAINTAIN A RECORD.

FORM 990, PART VI, SECTION B, LINE 15A:

DETERMINATION OF PRESIDENT'S COMPENSATION: AN INDEPENDENT COMPENSATION

CONSULTANT PERFORMS AN ANALYSIS ANNUALLY USING INDEPENDENT RESEARCH WHICH

CONSIDERS THE ORGANIZATION'S CURRENT BUDGET, THE CURRENT SALARY OF THE

PRESIDENT, AND THE NUMBER OF YEARS THE PRESIDENT HAS SERVED IN THAT

POSITION. THE ANALYSIS IS BASED ON VARIOUS SALARY SURVEYS TO PROVIDE A

SALARY RANGE COMPETITIVE WITH OTHER SIMILARLY SITUATED NONPROFITS IN THE

GEOGRAPHICAL AREA. THE RESULTING FINDINGS ARE PROVIDED TO THE BOARD OF

DIRECTORS' OFFICERS, WHO REVIEWS THE FINDINGS AND MAKES A RECOMMENDATION

TO THE FULL BOARD FOR THEIR APPROVAL REGARDING THE PRESIDENT'S

COMPENSATION FOR THE COMING YEAR. COMPENSATION OF ALL OTHER STAFF

(INCLUDING OTHER OFFICERS): STAFF ARE GUIDED BY A SALARY ADMINISTRATION

POLICY DEVELOPED BY CORUS. THE OBJECTIVE OF THIS POLICY IS TO ENSURE THAT

SALARIES ARE COMMENSURATE WITH COMPARABLE ORGANIZATIONS IN THE

COMPETITIVE LABOR MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE

INTERNAL RESPONSIBILITY, ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

ACROSS THE ORGANIZATION. CORUS HR EVALUATES EVERY JOB DESCRIPTION TO

DETERMINE THE APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES

ARE INTENDED TO REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE

MANAGED IN AN EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES.

FORM 990, PART VI, SECTION B, LINE 15B:

CEO COMPENSATION IS REVIEW BY THE BOARD OF DIRECTORS AT THE FALL BOARD MEETING AND THE APPROVED COMPENSATION FIGURES ARE INCLUDED IN CORUS'S ANNUAL BUDGET THAT IS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

IMA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON IMA'S WEBSITE.

FORM 990, PART III - PROGRAM SERVICE

LINE 4B, PROGRAM SERVICE

DEMOCRATIC REPUBLIC OF CONGO: IMA WORLD HEALTH WORKS WITH THE MINISTRY OF HEALTH TO SUPPORT DRC'S NATIONAL HEALTH DEVELOPMENT PLAN BY EXPANDING ACCESS TO AND COVERAGE OF PRIMARY HEALTH CARE SERVICES FOR PEOPLE LIVING IN 52 HEALTH ZONES IN FIVE OF THE COUNTRY'S 26 PROVINCES - SUPPORTING HEALTH CARE FOR MORE THAN 8 MILLION PEOPLE. IMA SUPPORTED THE MINISTRY'S RESPONSE TO CONTINUED EBOLA OUTBREAKS BY PROVIDING TRAINING, SUPPLIES, AND RESOURCES THAT ALSO ENSURED SAFETY FROM COVID-19 INFECTION. IMA WORLD HEALTH ALSO RESPONDS TO THE SIGNIFICANT CHALLENGE OF SEXUAL AND GENDER-BASED VIOLENCE THROUGH COMMUNITY-LED PROGRAMS THAT IDENTIFY CASES OF ABUSE, PROVIDE AVENUES FOR SAFETY AND JUSTICE, AND BUILD RESILIENCE FOR SURVIVORS.

Schedule O (Form 990 or 990-EZ) 2021

JSA

Page 2

Name of the organization Employer identification number INTERCHURCH MEDICAL ASSISTANCE, INC. 52-2112460

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

	=========	

DESCRIPTION		GRANTS	EXPENSES	REVENUE
SOUTH SUDAN		NONE	4,230,234.	NONE
TANZANIA		NONE	1,699,302.	NONE
MALI HOUSEHOLD AND COMMUNITY		NONE	516,016.	NONE
GLOBAL SECONDED STAFF MISSIONARY		NONE	24,789.	NONE
YEMEN		NONE	13,698.	NONE
BUKINA FASO		NONE	667.	NONE
OTHERS		NONE	-12,235.	436,088.
	TOTALS	NONE	6,472,471.	436,088.
		=========	=========	=========

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CONGO (KINSHASA) KENYA TANZANIA SOUTH SUDAN HAITI INDONESIA

FORM 990, PART VI, LINE 17 - STATES

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

Schedule O (Form 990 or 990-EZ) 2021

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CESC 1730 M STREET LLC (JBG SMITH)
4445 WILLARD AVENUE, SUITE 400

CHEVY CHASE, MD 20815

BUILDING MANAGEMENT 1,088,475.

Schedule O (Form 990 or 990-EZ) 2021

JSA

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047
2021
Open to Public Inspection

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number 52-2112460

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

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?
							Yes	No
(1) LUTHERAN WORLD RELIEF, INC	13-2574963							
700 LIGHT STREET	BALTIMORE, MD 21230	SEE PART VII	MD	501(C)(3)	LINE 7	CORUS INTL		Х
(2) CORUS INTERNATIONAL	84-3236198							
700 LIGHT STREET	BALTIMORE, MD 21230	SEE PART VII	MD	501(C)(3)	LINE 7	N/A		Х
(3) IMA INNOVATIONS	82-4219629							
1730 M STREET, NW, SUITE 1100	WASHINGTON, MD 20036	SEE PART VII	MD	501(C)(3)	LINE 7	CORUS INTL		X
(4) LUTHERAN CENTER CORPORATION	52-2055143							
700 LIGHT STREET	BALTIMORE, MD 21230	SEE PART VII	MD	501(C)(3)	12A, I	SEE PART VII		X
(5)								
(6)		-						
(7)								

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

Schedule R (Form 990) 2021

Part III

more related org	arnzanor	is ircaica as a p	artificiship during th	c lax year.							
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	oortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging ner?	(k) Percentage ownership
	, , ,		,			Yes	No		Yes	No	
	(b)	(b) (c) Primary activity Legal domicile (state or	(b) (c) (d) Primary activity Legal domicile (state or foreign	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign (state or foreign)	Primary activity Legal domicile (state or foreign for	(b) (c) Legal domicile (state or foreign (state or foreign (state or foreign (state or foreign)) (c) (d) (d) Predominant income (related, unrelated, excluded from tax under (state or tax under (state or total excluded from tax under (state or total exclusion) (state or total exclu	(b) (c) Legal domicile (state or foreign country) (country) (d) (d) (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (f) (g) (g) Share of total income (related, unrelated, excluded from tax under sections 512 - 514)	(b) Primary activity Primary activity Legal domicile (state or foreign country) Country) (c) Legal domicile (state or sections 512 - 514) (d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (f) Share of total income year assets (g) Share of end-of-year assets (h) Disprepordiorate allocations?	(b) C: (d) (e) Primary activity	(b) Primary activity Primary activity Columbda Col	(b) Primary activity Primary activity Legal domicile (state or foreign country) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (j) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)

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. Part IV

				,					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b) contro entit	ion)(13) olled ty?
								Yes I	No
(1) CORUS TECHNOLOGIES									
67 BLACKHEATH RD LONDON, UK SE10 8PD	SEE PART VII	UK	SEE PART VII	FOREIGN			100.0000	х	
(2)									_
(3)									
(4)									_
(5)									_
	1								
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<u> </u>	1								
(7)									
	1								

ched	dule R (Form 990) 2021 INTERCHURCH MEDICAL ASSISTANCE, INC.	52	-2112460			Pa	ge 3
Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	te: 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 lis	sted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
					4.		
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
_	Other transfer of each as man artists related association/a				1r	х	
r	Other transfer of cash or property to related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line. including cove	ered relationships and transa	action thre			
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of dete		ıg
		type (a-s)		ailiot	unt mvc	liveu	
(1)							
(2)							
(2)							
(3)							

(4) (5)

(6)

Schedule R (Form 990) 2021

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	a) (b) (c) And EIN of entity Primary activity Legal domicile (state or foreig country)		from tax under organizations?			(f) (g) Share of Share of total income end-of-year assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
			(state or foreign country)	(state or foreign country) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514) In come (related, excluded from tax under sections 512 - 514)	(state or foreign country) (state or foreign country) (included, excluded from tax under sections 512 - 514) (included, excluded from tax u	(state or foreign country) Income (related unrelated, excluded from tax under sections 512 - 514) Yes No Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Yes No Income (related, excluded from tax under sections 512 - 514) Income (related, excluded from tax under secti	Income (related, excluded from tax under sections \$12 - \$14) Wes No Total income (related, excluded from tax under sections \$12 - \$14) Wes No Total income sections \$12 - \$14 Wes No Total income sections \$14 Wes No Total inc	(state of brorigh country) in come (leatent) in	(state of roregin country) Income (relating excluded sections 512 - 514) Income (relating excluded sections 512 - 514	(state or foreign country) Income (related workload or foreign coun	Country Coun	(state or foreign country) Income (research cou	Igate of roting in common (reading leading country) and country of the country of	

Part VII Supplemental Information

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

SCHEDULE R PART II, COLUMN B:

LUTHERAN WORLD RELIEF, INC.

PROVIDE GLOBAL RELIEF SUPPORT SERVICES AND DEVELOPMENT PROJECTS THAT UPLIFT LIVELIHOODS OF POOR COMMUNITIES AROUND THE WORLD.

CORUS INTERNATIONAL

MANAGE AND /OR HOLD SUBSIDIARIES, INCLUDING, BUT NOT LIMITED TO A NUMBER OF NON-PROFIT CHARITABLE ORGANIZATIONS INCLUDING LUTHERAN WORLD RELIEF, INC., IMA WORLD HEALTH, AND IMA INNOVATIONS. TO FORM AN INTERNATIONAL DEVELOPMENT, HEALTH, AND RELIEF FAMILY OF ORGANIZATIONS HELPING PEOPLE AND COMMUNITIES LIFT THEMSELVES OUT OF POVERTY, SUPPORT WELL-BEING OF INDIVIDUALS, FAMILIES AND COMMUNITIES, AND PROVIDE HUMANITARIAN, DEVELOPMENT, AND TECHNICAL ASSISTANCE.

IMA INNOVATIONS

INNOVATING PUBLIC HEALTH AND ALLIED PROGRAMS.

LUTHERAN CENTER CORPORATION

MAINTAIN AND OPERATE THE LUTHERAN CENTER IN BALTIMORE, $\mbox{\em MD}$.

Part VII Supplemental Information

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

SCHEDULE R, PART II, COLUMN F:

DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF

SCHEDULE R, PART IV, LINE (1)(B) & (F):

- (A) NAME OF RELATED ORGANIZATION: CORUS TECHNOLOGIES
- (B) PRIMARY ACTIVITY: HEALTH, EDUCATION SECTOR, SPECIFICALLY "EMPOWERING DIGITAL INFRASTRUCTURES FOR SOCIAL GOOD"
- (F) DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF

Schedule R (Form 990) 2021