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Dear Friends of International Medical Corps:

We crossed an important watershed in 2013. We began our 30th year. As we look back on three decades of lifesaving work, we know that all within the International Medical Corps community have enabled us to make an enormous impact. Together, we have changed lives, strengthened communities and transformed the way humanitarian assistance is delivered. From the very start, our role extended beyond providing emergency relief to disaster-affected communities. Our true legacy is the follow-on work we do, partnering with local residents to strengthen their communities through training programs that give them the skills needed for self-reliance. This training ensures that our work will continue to serve people for many years to come and for long after we depart.

Last year, our staff of over 4,700 reached those who are hardest-hit in 31 countries. Certain constants continue to define us: our ability to move fast in emergencies, to reach those in need no matter where they are, no matter what the conditions; and our commitment to training, which—as always—lies at the heart of what we do and who we are.

In 2013, these strengths were tested again as we responded to emergencies in Asia, Africa and the Middle East to assist those whose lives were irrevocably changed by natural disaster or armed conflict. When Super Typhoon Haiyan cut its path of destruction through the central Philippines in early November, we were on the ground within 24 hours, deploying lifesaving resources to treat the injured and assist the millions left homeless amid the destruction. The preceding month, our Emergency Response Team landed in India’s eastern coastal state of Odisha where we supported local authorities and clinics to provide critical health care to more than 50 villages marooned by flooding in the aftermath of Cyclone Phailin.

And throughout 2013, our teams provided assistance to the millions affected by the third year of brutal civil war in Syria, including those displaced inside the country and others who have sought refuge in neighboring Jordan, Turkey, Lebanon and Iraq. We were also there to assist those trapped in severe, but lesser-known conflicts in sub-Saharan Africa. Our teams treated thousands of injured and displaced civilians caught up by fighting in the Central African Republic capital, Bangui, which flared first in March, then again in December. As the year closed, our locally trained teams joined the response to a new crisis in South Sudan, delivering emergency medical and primary health care to those trapped in factional fighting. In all of these places, training communities to better care for themselves enabled them to be their own best First Responders. This training multiplies our impact, builds self-reliance and creates lasting change.

As we face new challenges in 2014 and the years ahead, we are aware that all we achieved last year—as over the past 30 years—was possible only through the support of generous individuals, businesses, foundations, governments, international agencies and other partners. Together, we can be very proud of our record of accomplishment. It is a record that, with your continued trust and support, will provide us the encouragement and confidence to do even more in the years ahead.

Sincerely,

Robert R. Simon, M.D.
Founder & Chairman

Nancy A. Aossey
President & CEO
30 Years of
HOPE
MISSION STATEMENT

International Medical Corps is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Established in 1984 by volunteer doctors and nurses, International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization. Its mission is to improve the quality of life through health interventions and related activities that build local capacity in underserved communities worldwide. By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, International Medical Corps rehabilitates devastated health care systems and helps bring them back to self-reliance.
WHAT WE DO

We assist those in urgent need anywhere, anytime, no matter what the conditions, providing lifesaving health care and health care-related emergency services—often within hours.

As conditions ease, we work with local leaders to rebuild stronger. Through our training programs, we pass essential skills into local hands. Embedding these skills into the community lies at the heart of what we do: build self-reliance. It gives people hit by tragedy a sense of ownership over their own recovery and the ability to shape their own future as they rebuild. And wherever it occurs, it is an investment that benefits us all because it prepares local residents to be their own best First Responders.

OUR APPROACH

Because speed saves lives during the initial hours following a disaster, our Emergency Response Teams deploy fast and begin their lifesaving work immediately, even in the most challenging environments. Drawing on three decades of experience, our surge capacity includes physicians and nurses trained in emergency medicine together with specialists who provide an array of services ranging from technical advice for nutrition, water, sanitation and hygiene to mental health and psychosocial support—all of it to assist those in need.

And that’s just where we start.

We stay on to help survivors build a better future. We work with the community, train local staff, develop partnerships at all levels and evaluate progress to ensure quality. With a staff of more than 4,700 worldwide—96% of them from the very communities where we work—our teams ensure that the knowledge required to prepare for and respond effectively to an emergency remains anchored in the community and residents can better respond should disaster strike again.
30 Years of EMERGENCY RESPONSE
3.70 MILLION
Patient Consultations

1.67 MILLION
Children under 5 TREATED for illnesses
including malaria (422,377), diarrhea (246,500), and acute respiratory infection (470,375)

HEALTH FACILITIES SUPPORTED
1,585

Providers TRAINED
905

on maternal and newborn health concepts

Providers TRAINED
905

on guiding principles of gender-based violence prevention and response

Individuals TRAINED
905

in water, sanitation and hygiene-related interventions
SAVED LIVES IN 31 COUNTRIES

3.70 MILLION Patient Consultations

1.67 MILLION Children under 5 TREATED for illnesses including malaria (422,377), diarrhea (246,500), and acute respiratory infection (470,375)

1,912 HEALTH FACILITIES SUPPORTED

1,585 Providers TRAINED on maternal and newborn health concepts

1,255 Individuals TRAINED in water, sanitation and hygiene-related interventions

2,872 Providers TRAINED on guiding principles of gender-based violence prevention and response

*Source for all numbers is the International Medical Corps Health Technical Unit 2013 Global Data Report

SOUTH SUDAN
SEPTEMBER 1984

Unable to stand by and watch an entire people deprived of basic health care, International Medical Corps is born with a pioneering approach: train Afghan civilians as advanced medics, then support and supply them as they return to Soviet-occupied Afghanistan to treat residents in their home communities. The unprecedented program succeeds, establishing our work and the important role of training in humanitarian assistance.
Our teams deploy to **HONDURAS**, providing reconstructive surgery and health care for those displaced by armed conflict in Nicaragua.

International Medical Corps touches a third continent—**AFRICA**, venturing where few relief agencies go to deliver emergency health care to civilians trapped on both sides of **ANGOLA'S** civil war. Our work expands after we successfully convince the warring parties to allow us to reach those in greatest need. Locally-trained vaccinators immunize thousands of children and women against preventable disease. In addition, we expand to build self-reliance with nutrition and agriculture programs.

Our emergency relief teams land in **SOMALIA** as the first American non-governmental organization in the country. We brave civil war to deliver desperately needed war-related surgery to civilians injured in the capital, Mogadishu, then follow up with a nutrition program for those caught up in an ensuing famine that grips vast areas of central Somalia. The speed and reach of our response, coupled with the unstable political environment, furthers our reputation as an organization prepared to go where we are needed most, no matter where, when or what the conditions.

Working initially from **THAILAND**, we develop maternal and child health training materials for Cambodian refugees. Later in the year, we go on to launch a training program inside **CAMBODIA** to promote positive health behavior, deliver maternal and child health services and refer patients for substantial care.
1994
International Medical Corps responds inside RWANDA just a few days after the genocide begins to provide emergency health care to survivors and those displaced by the violence. With most medical specialists lost in the frenzy of killing, our training program for survivors helps lay the groundwork for a new health sector. In southern SUDAN (now South Sudan), local workers help us rehabilitate a major hospital, reactivate a surgical unit and implement an immunization training program for more than 1,300 women and children.

1993
Drawn by brutal ethnic cleansing and civilian suffering that accompanied the break-up of the former Yugoslavia, International Medical Corps begins work in Europe for the first time. In BOSNIA, we conduct emergency medicine training for physicians, create an ambulance system and deploy mobile clinics. We also launch our first mental health program to support those with psychological trauma resulting from the war, focusing on young children and teenagers.

1993
International Medical Corps develops nearly 30 wells on a water resource project in NAMIBIA, then transfers operational responsibility to local officials, creating a greater measure of self-reliance.

1998
In a single year, we respond to assist those affected by violence and natural disaster in four new countries on four continents. In HONDURAS, we provide emergency health care in remote villages to thousands of Hurricane Mitch survivors. In the eastern provinces of the DEMOCRATIC REPUBLIC OF CONGO we offer emergency health care to those displaced by civil war and after a terrorist bomb explodes near the American embassy in Nairobi, KENYA, we train more than 550 local health staff as medics for emergency response. We later expand the program to include ambulances and communications systems, enabling health workers to meet the demand for emergency services.
1998 In KOSOVO, our mobile medical units provide emergency and primary health care to survivors of ethnic cleansing spreading through the Balkans. During the crisis, we treat thousands in ALBANIA, KOSOVO and MACEDONIA. We are among the first relief organizations to expand into Kosovo after NATO bombing ceases. In the months that follow, we provide training as we work hand-in-hand with returning refugees to help rebuild their health care system which had been bombed and looted during the war.

1998 We implement health programs for nearly 300,000 displaced persons in GEORGIA, a country plagued by ethnic and civil strife since its 1991 independence from the Soviet Union. With health insurance initiatives, micro-projects, and extensive health education and training components, we serve over 500,000 people in nearly 300 communities.

1999 International Medical Corps gives residents in civil war-torn SIERRA LEONE access to primary health care services. We rehabilitate a provincial referral hospital and train health care workers who ultimately staff it. We also provide health care and screening to demobilized combatants, including child soldiers who had been tortured, forced to join rebel ranks and engage in combat.

2000 In response to the Russo-Chechen wars, we begin services in the North Caucasus of the RUSSIAN FEDERATION that continue over the next seven years and include primary health care, psychosocial and mental health support, public health outreach on tuberculosis and HIV/AIDS prevention to communities in INGUSHETIA. We also launch programs in AZERBAIJAN that span more than five years and include an award-winning community-based primary health care delivery program plus an HIV prevention program that uses peer health education programs to reach over 100 communities.
In **INDONESIA**, we establish an emergency health care program in North Maluku, then expand to other areas following crises in Maluku, West and Central Kalimantan, Madura Island, North and Central Sulawesi and North Sumatra. In **EAST TIMOR**, we provide maternal and child health care and begin to rebuild a national health care training center in Dili that was destroyed amid the violence that leads to Timor’s independence from Indonesia.

We deploy to **ERITREA** when conflict between Ethiopia and Eritrea leaves over one million people displaced. Our medical teams assist Eritrean returnees, using mobile clinics and health centers to provide curative consultations, prenatal care, immunizations and supplementary feeding to more than 50,000 people in 12 remote villages.

International Medical Corps increases its presence in **AFGHANISTAN** following the fall of the Taliban, first providing emergency relief, then supporting health system development with programs ranging from primary health care to midwifery education and hospital management. Many of those we initially trained in the 1980s rejoin us or go on to take leadership positions in the Ministry of Public Health.

Severe drought creates a food crisis in **ETHIOPIA** where we undertake an emergency nutrition program with community-based therapeutic feeding. We also train local health workers and establish nutritional early warning systems.

Following the Bali, **INDONESIA**, terrorist bombing, we provide emergency triage and lifesaving care for the wounded then expand our health care services and training to include counseling and educational messages on mental health, stress and trauma.
2004 International Medical Corps is among the first international relief organizations to reach INDONESIA’s hard-hit Aceh region following the giant Indian Ocean tsunami. We provide a broad range of health care, including emergency medicine, trauma surgery, maternal and child health in some of the worst-hit communities of a disaster that claims approximately 250,000 lives across the Indian Ocean region. In SRI LANKA, we establish the country’s first mental health program to assist tsunami survivors.

2003 We are one of the first international relief organizations to begin work in IRAQ following the US-led invasion and the only one to operate in all 18 of the country’s governorates through the height of insurgent-led violence in the years that followed. We assist with reconstruction, provide medical training, hospital rehabilitation and water and sanitation services.

2003 International Medical Corps responds to conflict in northern UGANDA sparked by a resurgence of the Lord’s Resistance Army. We provide emergency medical relief and nutrition services to the most vulnerable of an estimated one million displaced civilians. We respond again three years later with mobile health clinics as increased violence leads to further deterioration of health services.

2004 Our emergency relief teams deploy to DARFUR to assist those displaced by fighting. We begin emergency relief focusing programs on the needs of women and children displaced inside Darfur as well as those seeking refuge in eastern Chad and northern Central African Republic.

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2005 In the Indian Ocean tsunami’s aftermath, we strengthen a local INDONESIAN medical relief group by partnering to create a comprehensive emergency preparedness and response program in disaster-prone areas throughout the country. The program is soon tested, successfully limiting damage and loss of life caused by major earthquakes in Nias in 2006 and 2007.
Our medical response teams are on the scene within 12 hours of a major earthquake in northwestern Pakistan, delivering emergency care to survivors of a catastrophe that claims over 70,000 lives.

International Medical Corps deploys within the United States for the first time, providing mobile medical units to assist the victims of Hurricane Katrina in Louisiana. We also offer psychosocial support for those who lost loved ones, their homes, and their entire neighborhoods to the storm.

Following the outbreak of war in southern Lebanon, International Medical Corps’ response teams distribute critical health care and medical supplies to local clinics, dispensaries and hospitals overwhelmed by the needs of nearly one million people displaced by the fighting. We remain after the violence ends to rehabilitate and resupply damaged clinics and participate in other programs, including child awareness programs warning of the dangers of unexploded ordnance.

We launch training and education programs in Dagestan and Chechnya to improve health care for those left vulnerable as a result of political turmoil.

We respond across a broad front to a regional crisis in the heart of the Middle East as more than two million Iraqis flee the violence of sectarian warfare and a virulent insurgency. As refugees flood into neighboring Lebanon, Jordan and Syria, we provide primary health care, including psychosocial support in all three countries for both Iraqi refugees and local host populations.
International Medical Corps responds quickly in **KENYA** to provide emergency medical and mental health care to thousands of those displaced amid large-scale violence sparked by disputed national election results. The same year, we improve access to clean water for nearly 50,000 nomadic pastoralists in the country’s remote, dry, northern district of Samburu, where we establish village water committees to manage and maintain wells, provide community water and hygiene education for families and schools, and construct latrines.

**2008**

We join the international response to assist survivors of Cyclone Nargis, the worst natural disaster in the history of **MYANMAR**, which claims over 100,000 lives and destroys much of the densely-populated Irrawaddy Delta. We extend emergency care and relief supplies, then stay on to provide farmers with the seed, tractors and fuel they need to start again.

**2008**

In **MOZAMBIQUE**, we train health workers and generate HIV/AIDS awareness at the community level, including the promotion of voluntary testing, counseling, teaching ways to prevent mother-to-child transmission and encouraging reproductive health. In **ZIMBABWE**, we respond to a crippling cholera epidemic, providing medical supplies to local partners, then launching long-term interventions including clean water, sanitation, and hygiene (WASH) promotion, as well as training programs for community-based health workers in cholera prevention and case management.

**2010**

Our Emergency Response Team arrives in **HAITI**'s capital of Port-au-Prince within 24 hours after a 7.0 earthquake leaves hundreds of thousands dead or injured and much of the city and surrounding areas in shambles. We provide critical emergency medical care and coordinate the humanitarian response at the country's largest hospital where our volunteer physicians and nurses see hundreds of patients daily. When a cholera outbreak erupts, our team of 1,100 locally-trained Haitian health workers leads a massive response to treat the sick and educate communities on prevention.
2010 For the second time in as many months, we respond to a major earthquake in our own hemisphere after a massive 8.8 quake centered off the coast of central CHILE causes extensive damage. A resulting tsunami wreaks havoc in several large coastal communities, but the country’s strong national response capabilities limit the need for a major international relief effort.

2010 Following a fire that destroys St. Jude Hospital in ST. LUCIA, International Medical Corps sets up a temporary medical facility, rehabilitates the damaged hospital and provides continuing-medical education for hospital staff.

2011 JAPAN has extraordinary capacity and expertise to manage emergencies, however, the magnitude of a massive earthquake and subsequent tsunami that claim more than 20,000 lives – coupled with the threat of nuclear exposure – is large enough to warrant international assistance. International Medical Corps works in partnership with the Japanese government and local nonprofits to distribute food and medicines to the most affected communities. We train medical professionals, teachers, social workers and parents to support the psychological needs of those coping with the disaster.

2011 When armed conflict breaks out in LIBYA, International Medical Corps is one of the first humanitarian groups to respond, providing emergency medical services administered at mobile field hospitals we establish on the front lines. We evacuate injured patients by boat to Malta, then train health workers locally. When the violence ends, we stay on to help rebuild health sector infrastructure and close gaps in key technical skills.

2011 We mobilize for a major relief effort in southern SOMALIA, working with teams in ETHIOPIA, KENYA and throughout SOMALIA to deliver emergency nutrition, water and sanitation services to those affected by famine in the Horn of Africa.
As our 30th year begins, we respond to support survivors of two major natural disasters in ASIA, and armed conflict in AFRICA. We work with local health authorities in INDIA’s Odisha State to provide critically needed health care in more than 50 villages following Cyclone Phailin. Then, less than one month later, we are on the ground providing emergency relief to residents of the central PHILIPPINES, many of whom lost everything in the wake of Typhoon Haiyan. In both CENTRAL AFRICAN REPUBLIC and SOUTH SUDAN, we assist thousands displaced by internal factional fighting.

2012

As violence escalates in SYRIA, where we have been working since 2007, we provide medical services to displaced Syrians, as well as assist Iraqi refugees who had fled to Syria years earlier. As refugees flood into neighboring JORDAN, LEBANON, IRAQ and TURKEY, we scale up operations throughout the region, providing family health care, clean water, nutrition and mental health services. We also provide basic health care and psychosocial services to conflict-affected people in and around Damascus.

2012

International Medical Corps teams provide emergency medical assistance to those injured in an outbreak of communal violence in remote areas of SOUTH SUDAN. As the fighting eases, we remain to provide health care for those displaced by the violence and unable to return home.

2013

As our 30th year begins, we respond to support survivors of two major natural disasters in ASIA, and armed conflict in AFRICA. We work with local health authorities in INDIA’s Odisha State to provide critically needed health care in more than 50 villages following Cyclone Phailin. Then, less than one month later, we are on the ground providing emergency relief to residents of the central PHILIPPINES, many of whom lost everything in the wake of Typhoon Haiyan. In both CENTRAL AFRICAN REPUBLIC and SOUTH SUDAN, we assist thousands displaced by internal factional fighting.
PHILIPPINES
30 Years of RESILIENCE
THROUGHOUT 2013

SYRIA SLIPS DEEPER INTO CHAOS

Fighting between government and rebel forces intensifies with no clear path to peace in sight. By year’s end, nearly seven million Syrians inside the country are in need of urgent humanitarian assistance. International Medical Corps expands its emergency response activities inside the country and joins with UN agencies to ease the suffering of 2.4 million Syrian refugees residing in neighboring countries. We extend our response to the refugee crisis by assisting thousands of Syrians fleeing to a fourth regional country, Iraq.

JANUARY

WE JOIN WITH MUSIC FOR RELIEF TO SUPPORT HURRICANE SANDY RECOVERY EFFORTS IN HAITI

Music for Relief founder, Los Angeles-based rock band Linkin Park, visits International Medical Corps programs in Haiti and donates all proceeds from the sale of a specially-designed bracelet to support our work.

MARCH

WE SUPPORT FOUR MASS VACCINATION CAMPAIGNS TO COMBAT POLIO IN EASTERN CHAD

The campaigns cover more than 95% of the target population in a country that has the highest number of polio cases in the world and the second highest rate of unvaccinated children.

MAY

NETHOPE WELCOMES INTERNATIONAL MEDICAL CORPS AS 39TH MEMBER ORGANIZATION

We join a collaboration of the world’s leading global humanitarian groups searching for ways to leverage information and communication technology to solve common problems in the developing world.

JUNE

INTENSE FIGHTING ERUPTS IN MALI

International Medical Corps Emergency Response Team assesses humanitarian needs in northern Mali, where fighting between government and rebel forces leaves as many as 4.2 million civilians in need of assistance. We establish primary health care services in the Timbuktu region.

FACATIONAL FIGHTING WITHIN SOUTH SUDAN LEAVES HUNDREDS DEAD AND THOUSANDS DISPLACED

As fighting eases our staff provides urgent health care services to those in need in the capital, Juba and elsewhere.

NOVEMBER 8

TYPHOON HAIYAN STRIKES THE PHILIPPINES

Our teams are on the ground within 24 hours, assisting survivors of a storm that carried some of the highest velocity winds ever recorded, claimed nearly 8,000 lives and cut a swath of destruction through the country’s central islands.
September 26
WE ANNOUNCE NEW FIRST RESPONDERS INITIATIVE
International Medical Corps President & CEO Nancy A. Aossey and Global Ambassador Sienna Miller present our commitment to assist communities in becoming their own best First Responders in emergencies and natural disasters at the Clinton Global Initiative annual meeting.

October 12
CYCLONE PHAILIN HITS INDIA’S EAST COAST
Our Emergency Response Team deploys to the coastal state of Odisha after the cyclone—a catastrophic storm roughly the size of Hurricane Katrina—disrupts the lives of 12 million people and causes widespread damage. By year’s end, our health care teams provide more than 10,000 consultations.

October 28
GOLDMAN SACHS RECOGNIZES INTERNATIONAL MEDICAL CORPS PRESIDENT & CEO NANCY A. AOSSEY as one of the 100 Most Intriguing Entrepreneurs of 2013 at its Builders + Innovators Summit in Marana, Arizona.

November 8
ANNUAL AWARDS CELEBRATION
Hundreds of guests and supporters come together to honor Hillary Clinton, Global Champion Award Honoree; Jonathan Glaser, Humanitarian Award Honoree; Amgen, Global Citizen Award Honoree; Amenan Virginie Tanou, Founder’s Award Honoree; with Jarl Mohn, Master of Ceremonies.

November 8
TYPHOON Haiyan strikes the Philippines
Our teams are on the ground within 24 hours, assisting survivors of a storm that carried some of the highest velocity winds ever recorded, claimed nearly 8,000 lives and cut a swath of destruction through the country’s central islands.

November 25-December 10
INTERNATIONAL MEDICAL CORPS MARKS 16 DAYS OF ACTIVISM AGAINST GENDER-BASED VIOLENCE
Our country teams organize awareness-raising activities. In Mali, we partner with Oxfam and photographer Vincent Tremeau to produce a stunning exhibit of photographs.

May 21
NETHOPE WELCOMES INTERNATIONAL MEDICAL CORPS AS 39TH MEMBER ORGANIZATION
We join a collaboration of the world’s leading global humanitarian groups searching for ways to leverage information and communication technology to solve common problems in the developing world.

November 25-December 10
INTERNATIONAL MEDICAL CORPS MARKS 16 DAYS OF ACTIVISM AGAINST GENDER-BASED VIOLENCE
Our country teams organize awareness-raising activities. In Mali, we partner with Oxfam and photographer Vincent Tremeau to produce a stunning exhibit of photographs.

FACTIONAL FIGHTING ERUPTS IN MALI
International Medical Corps Emergency Response Team assesses humanitarian needs in northern Mali, where fighting between government and rebel forces leaves as many as 4.2 million civilians in need of assistance. We establish primary health care services in the Timbuktu region.

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December 1
FACTIONAL FIGHTING WITHIN SOUTH SUDAN LEAVES HUNDREDS DEAD AND THOUSANDS DISPLACED
As fighting eases our staff provides urgent health care services to those in need in the capital, Juba and elsewhere.
JULY
"SURGE" SUPPORT PARTNERSHIP STRENGTHENS HEALTH RESPONSE IN EMERGENCIES

We join with Save the Children UK and Merlin to strengthen coordination and information management of the health response in humanitarian emergencies. The partnership is funded by the European Community Humanitarian Aid Office and works closely with the World Health Organization.

SEPTEMBER
ADVOCACY PLATFORM FOR GLOBAL MENTAL HEALTH LAUNCHED

Together with The Center for Victims of Torture we launch the Global Mental Health Advocacy Working Group in Washington DC amid a growing need for further advocacy around global mental health issues. The Working Group, drawn from US-based international NGOs involved with mental health and psychosocial services issues, leverages members’ collective clinical and policy-related assets to coordinate policy, educational and advocacy initiatives to improve Mental Health and Psychosocial Support services.

DECEMBER
E-LEARNING SYSTEM DEVELOPED FOR NGO COMMUNITY

Working with Concern Worldwide and the Harvard Humanitarian Initiative, we prepare to finalize an e-learning course to help NGOs and other groups improve emergency response by engaging in the international humanitarian coordination system. As a component of the broader project, “Building a Better Response: Strengthening Non-Governmental Organization (NGO) Capacity and Engagement in the International Humanitarian Architecture,” the e-learning system aims to enhance overall coordination and response to the needs of populations affected by disasters and humanitarian crises. The project is funded by the US Agency for International Development Office of US Foreign Disaster Assistance.
Renforcer les valeurs personnelles et l’autonomisation des femmes
c’est les encourager à reconnaître et à améliorer leur peau-voir d’elle, leur pouvoir de savoir, leur
peau-vol d’agir et leur peau voir de devenir.
2013 WHERE WE WORK

IN 2013, INTERNATIONAL MEDICAL CORPS PROVIDED MEDICAL RELIEF AND HEALTH CARE TRAINING IN

31 COUNTRIES

AFRICA

BURUNDI
Primary health care, health systems strengthening, nutritional support and training, gender-based violence prevention, treatment and awareness, health and nutrition education, reproductive (maternal and infant) health and nutrition

CAMEROON
Emergency support to Central African refugees and host communities through primary health care, nutritional support and training, sexual and gender-based violence care and awareness, HIV/AIDS awareness

CENTRAL AFRICAN REPUBLIC
Primary health care, nutritional support, HIV/AIDS awareness, protection (child, sexual and gender-based violence), health capacity strengthening, emergency medical response

CHAD
Primary health care, health capacity strengthening, nutritional support and training, HIV/AIDS awareness and prevention, health education

DEMOCRATIC REPUBLIC OF CONGO
Emergency response, primary and secondary health care, health facility infrastructure development and improvement, gender-based violence prevention and response, assistance to returnees, refugees, economic livelihoods

ETHIOPIA
Nutritional support and training, water, sanitation, hygiene promotion, resilience, disaster risk reduction, reproductive and maternal health care, sexual and gender-based violence care and awareness

KENYA
Testing and treatment of HIV/AIDS and TB, water, sanitation, and hygiene promotion and nutritional support and training

LIBYA
Nurse training, provision of medical supplies and equipment, gender-based violence care and awareness, psychological first aid, health capacity strengthening, physical rehabilitation

MALI
Primary health care, nutritional support and training, gender-based violence

NIGERIA
Nutritional support and training

RWANDA
Health facility infrastructure development and improvement

SIERRA LEONE
Nutrition and health education, maternal/child health, water, sanitation, and hygiene education, health facility infrastructure rehabilitation

SOMALIA
Primary health care, nutritional support and training, water, sanitation, and hygiene promotion, capacity strengthening of local NGOs

SOUTH SUDAN
Primary and secondary health care, nutrition, sexual and reproductive health, midwife and nurse training, health capacity strengthening, HIV/AIDS care and awareness, water, sanitation, and hygiene promotion

SUDAN
Primary health care, reproductive health, health capacity strengthening, nutritional support and training, water, sanitation, and hygiene promotion

ZIMBABWE
Nutritional support and training, water, sanitation, and hygiene promotion

AMERICAS

HAITI
Cholera prevention and treatment, continuing medical education
AFGHANISTAN
Primary and secondary health care, medical training, continuing medical education, hospital administration reforms, maternal/child health care, nutritional support, health capacity strengthening, health education, water, sanitation, and hygiene promotion, returnee assistance, mental health, sexual and gender-based violence care and awareness, disaster preparedness and disaster risk reduction

INDIA
Disaster response, water, sanitation, and hygiene promotion

JAPAN
Emergency response, psychosocial support, capacity strengthening of local partner organizations

MYANMAR
Gender-based violence awareness, Disaster Risk Reduction, emergency response

PAKISTAN
Primary health care, health capacity strengthening, health education, economic livelihoods, reproductive health, water, sanitation, and hygiene promotion, refugee and IDP assistance, sexual and gender-based violence care and awareness, mental health care, emergency response

PHILIPPINES
Disaster response, health system infrastructure rebuilding, water, sanitation, and hygiene promotion, mental health care, gender-based violence awareness

MIDDLE EAST & CAUCASUS
GAZA
Mental health, early childhood development, occupational therapy and rehabilitation, community psychiatric support

IRAQ
Emergency medicine training, health capacity strengthening, capacity strengthening of ministries, mental health and psychosocial services, assistance to returnees and displaced, economic livelihoods, women's empowerment, gender-based violence care and awareness, continuing medical education

JORDAN
Primary health care, mental health and psychosocial services, e-learning for health workers, health capacity strengthening, refugee assistance, emergency assistance and response, disaster risk reduction, protection, youth empowerment programming

LEBANON
Primary health care, health capacity strengthening, mental health and psychosocial assistance, refugee assistance, emergency assistance and response, gender-based violence

RUSSIAN FEDERATION
Primary health care, mental health and psychosocial services, livelihoods training, community development, gender-based violence care and awareness, vocational training for youth

SYRIA
Primary health care and capacity strengthening, psychosocial assistance, refugee assistance, emergency response, child protection

TURKEY
Primary health care, mental health and psychosocial services, capacity strengthening of local NGOs, refugee assistance and protection

YEMEN
Primary health care, nutrition, hygiene promotion, midwifery training
30 Years of TRAINING
INTERNATIONAL MEDICAL CORPS Worldwide is a global humanitarian alliance that comprises the resources and capabilities of two independent affiliate organizations, International Medical Corps and International Medical Corps-UK. Together, their mission is to save lives and relieve suffering through the provision of health care through training. With headquarters in the United States and the United Kingdom respectively, they collaborate to maximize resources for the delivery of appropriate relief and development activities.

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United Kingdom

Robin Wright

Jerrold D. Green
President & CEO
Pacific Council on International Policy
Los Angeles, California

Stacy Twiiley
Founder & CEO
iVolunteer.org
Los Angeles, California

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Cary Elwes
Ben Foster
Jon Hamm
Chelsea Handler

Ben Harper
Keira Knightley
Jude Law
Kate Mara
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Sienna Miller

Robert Pattinson
Jeff Probst
Eddie Redmayne
Andre Reed
Tim Roth
Kevin Spacey

Tom Sturridge
Mario Testino
Benjamin Watson
Avery Williamson
Anna Wintour
Robin Wright
The following is International Medical Corps’ Statement of Financial Position and Activities for the years ended June 30, 2013 and 2012.

### STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$8,557,277</td>
<td>$10,066,690</td>
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<tr>
<td>Grants receivable</td>
<td>11,263,432</td>
<td>7,963,115</td>
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<tr>
<td>Other receivables</td>
<td>2,921,404</td>
<td>2,115,211</td>
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<tr>
<td>Investments in equity securities</td>
<td>1,092,617</td>
<td>809,788</td>
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<tr>
<td>Prepaid expenses</td>
<td>1,813,783</td>
<td>1,470,867</td>
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<tr>
<td>Deposits</td>
<td>168,722</td>
<td>213,717</td>
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<tr>
<td>Inventory of supplies and commodities</td>
<td>328,848</td>
<td>1,207,698</td>
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<tr>
<td>Equipment, net</td>
<td>2,541,352</td>
<td>2,405,356</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$28,647,435</td>
<td>$26,242,442</td>
</tr>
<tr>
<td><strong>Liabilities and net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$5,260,206</td>
<td>$2,619,399</td>
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<tr>
<td>Accrued liabilities</td>
<td>6,908,565</td>
<td>5,827,417</td>
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<tr>
<td>Refundable advances</td>
<td>8,146,098</td>
<td>5,694,733</td>
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<tr>
<td>Deferred rent</td>
<td>194,723</td>
<td>175,512</td>
</tr>
<tr>
<td>Notes payable</td>
<td>250,910</td>
<td>405,503</td>
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<tr>
<td>Obligation under capital leases</td>
<td>103,625</td>
<td>272,659</td>
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<tr>
<td><strong>Total liabilities</strong></td>
<td>20,864,117</td>
<td>14,995,223</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td>7,783,318</td>
<td>11,247,219</td>
</tr>
<tr>
<td><strong>Total Liabilities And Net Assets</strong></td>
<td>$28,647,435</td>
<td>$26,242,442</td>
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</tbody>
</table>

### STATEMENT OF ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Support and Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract and grant support</td>
<td>$97,190,610</td>
<td>$84,851,972</td>
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<tr>
<td>Contributions</td>
<td>7,495,303</td>
<td>9,664,300</td>
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<tr>
<td>Donated medical supplies</td>
<td>13,843,797</td>
<td>11,688,312</td>
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<tr>
<td>Donated medical services</td>
<td>156,795</td>
<td>576,444</td>
</tr>
<tr>
<td><strong>Total public support</strong></td>
<td>118,689,505</td>
<td>106,781,028</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>16,237</td>
<td>12,081</td>
</tr>
<tr>
<td>Realized and unrealized gain on investments</td>
<td>194,120</td>
<td>(24,270)</td>
</tr>
<tr>
<td>Other</td>
<td>111,163</td>
<td>515,709</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>321,520</td>
<td>503,520</td>
</tr>
<tr>
<td><strong>Total public support and revenue</strong></td>
<td>119,011,025</td>
<td>107,284,548</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>51,005,971</td>
<td>42,869,695</td>
</tr>
<tr>
<td>Asia</td>
<td>5,316,762</td>
<td>11,824,260</td>
</tr>
<tr>
<td>Caucasus</td>
<td>517,710</td>
<td>648,605</td>
</tr>
<tr>
<td>Middle East</td>
<td>42,699,705</td>
<td>32,402,362</td>
</tr>
<tr>
<td>South / Central America &amp; the Caribbean</td>
<td>1,023,360</td>
<td>2,541,008</td>
</tr>
<tr>
<td>United States</td>
<td>1,509,830</td>
<td>133,215</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>102,073,338</td>
<td>90,417,145</td>
</tr>
<tr>
<td>Program management and evaluation</td>
<td>756,859</td>
<td>5,882,427</td>
</tr>
<tr>
<td><strong>Supporting services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>11,271,895</td>
<td>10,406,636</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,561,099</td>
<td>1,303,850</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>122,474,926</td>
<td>108,010,058</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(3,463,901)</td>
<td>(725,510)</td>
</tr>
<tr>
<td>Net assets at beginning of the year</td>
<td>11,247,219</td>
<td>11,247,219</td>
</tr>
<tr>
<td><strong>Net assets at end of this period</strong></td>
<td>$7,783,318</td>
<td>$11,247,219</td>
</tr>
</tbody>
</table>

KPMG LLP audited financial statements are available on International Medical Corps’ website.
## Statement of Financial Activities

### Income and Expenditures

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incoming resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td>£4,551,524</td>
<td>£5,653,309</td>
</tr>
<tr>
<td>Incoming resources from charitable activities</td>
<td>46,029,631</td>
<td>30,438,674</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td>50,581,155</td>
<td>36,091,983</td>
</tr>
<tr>
<td><strong>Resources expended</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of generating funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of generating voluntary income</td>
<td>–</td>
<td>12,206</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>22,840,699</td>
<td>17,070,382</td>
</tr>
<tr>
<td>Asia</td>
<td>8,129,943</td>
<td>8,305,929</td>
</tr>
<tr>
<td>Caucasus</td>
<td>–</td>
<td>16,156</td>
</tr>
<tr>
<td>Middle East</td>
<td>16,682,009</td>
<td>7,999,061</td>
</tr>
<tr>
<td>South / Central America and the Caribbean</td>
<td>721,365</td>
<td>2,610,201</td>
</tr>
<tr>
<td><strong>Total charitable activities</strong></td>
<td>48,367,016</td>
<td>36,001,729</td>
</tr>
<tr>
<td>Governance cost</td>
<td>26,657</td>
<td>31,002</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td>48,393,673</td>
<td>36,044,937</td>
</tr>
<tr>
<td><strong>Net movement in funds</strong></td>
<td>2,187,482</td>
<td>47,046</td>
</tr>
<tr>
<td>Fund balance brought forward at July 1, 2012</td>
<td>4,195,716</td>
<td>4,148,670</td>
</tr>
</tbody>
</table>

**Fund balance carried forward at June 30, 2013** £6,383,198 £4,195,716

## Balance Sheet

### Fixed assets

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible assets</td>
<td>£13,104</td>
<td>£13,739</td>
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</tbody>
</table>

### Current assets

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtors</td>
<td>6,762,714</td>
<td>4,102,146</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>3,978,103</td>
<td>1,843,800</td>
</tr>
<tr>
<td><strong>Total Fixed and Current Assets</strong></td>
<td>10,740,817</td>
<td>5,945,726</td>
</tr>
</tbody>
</table>

### Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net current assets</td>
<td>6,370,994</td>
<td>4,181,977</td>
</tr>
</tbody>
</table>

**TOTAL NET ASSETS** £6,383,198 £4,195,716

### Funds and Reserves

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>6,170,393</td>
<td>4,011,803</td>
</tr>
<tr>
<td>Unrestricted funds: general fund</td>
<td>212,805</td>
<td>183,913</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS AND RESERVES</strong></td>
<td>£6,383,198</td>
<td>£4,195,716</td>
</tr>
</tbody>
</table>
**GLOBAL FINANCIAL SUMMARY**

The resources of International Medical Corps Worldwide global operations—consisting of government and UN grants, private funds, and donated products and services—totaled more than $190 million in fiscal year 2013. Approximately 92% of these resources went directly to program activities, reflecting International Medical Corps’ deep and enduring commitment to fiscal responsibility and efficiency. In addition, as a result of International Medical Corps’ longstanding emphasis on leveraging resources, every dollar in private contributions helped generate $42 in additional cash and in-kind resources.

---

**COMBINED STATEMENT OF ACTIVITIES, INTERNATIONAL MEDICAL CORPS AND INTERNATIONAL MEDICAL CORPS-UK**

<table>
<thead>
<tr>
<th></th>
<th>FY 2013</th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORT AND REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Medical Corps-UK</td>
<td>$68,597,253</td>
<td>$50,166,030</td>
</tr>
<tr>
<td>International Medical Corps</td>
<td>102,993,227</td>
<td>92,851,889</td>
</tr>
<tr>
<td>Total contract and grant support</td>
<td>171,590,480</td>
<td>143,017,919</td>
</tr>
<tr>
<td>International Medical Corps-UK</td>
<td>47,185,555</td>
<td>6,013,802</td>
</tr>
<tr>
<td>International Medical Corps</td>
<td>14,003,592</td>
<td>12,264,756</td>
</tr>
<tr>
<td>Total donated services and supplies</td>
<td>18,722,147</td>
<td>18,278,558</td>
</tr>
<tr>
<td><strong>TOTAL SUPPORT AND REVENUE</strong></td>
<td>190,312,627</td>
<td>161,296,478</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Medical Corps-UK program services</td>
<td>69,703,470</td>
<td>53,325,253</td>
</tr>
<tr>
<td>International Medical Corps program services</td>
<td>107,627,726</td>
<td>94,131,669</td>
</tr>
<tr>
<td>Total program expenses</td>
<td>177,331,196</td>
<td>147,456,922</td>
</tr>
<tr>
<td>International Medical Corps-UK management and general</td>
<td>3,609,836</td>
<td>2,859,921</td>
</tr>
<tr>
<td>International Medical Corps-UK fundraising</td>
<td>(4,444)</td>
<td>17,002</td>
</tr>
<tr>
<td>International Medical Corps management and general</td>
<td>11,271,895</td>
<td>10,406,636</td>
</tr>
<tr>
<td>International Medical Corps fundraising</td>
<td>1,561,099</td>
<td>1,303,850</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>16,438,385</td>
<td>14,587,408</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>193,769,582</td>
<td>162,044,330</td>
</tr>
<tr>
<td><strong>CHANGE IN NET ASSETS</strong></td>
<td>(3,456,954)</td>
<td>(747,853)</td>
</tr>
<tr>
<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
<td>11,666,410</td>
<td>12,414,264</td>
</tr>
<tr>
<td><strong>NET ASSETS AT THE END OF YEAR</strong></td>
<td>$8,209,456</td>
<td>$11,666,410</td>
</tr>
</tbody>
</table>

* The combined statement of activities for International Medical Corps and International Medical Corps-UK are based on US accounting principles and presented in US dollars. KPMG LLP audited financial statements for International Medical Corps and Buzzacott LLP audited financial statements for International Medical Corps-UK are available upon request. International Medical Corps is governed by accounting principles generally accepted in the United States of America. International Medical Corps-UK is governed by relevant legal and regulatory requirements of the United Kingdom in accordance with the Companies Act of 1985.
2013
ANNUAL SUPPORT

PUBLIC DONORS

Australian Agency for International Development
Centers for Disease Control and Prevention
Department for International Development
European Commission
Humanitarian Aid Department of the European Commission
Jersey Overseas Aid Commission
Joint United Nations Programme on HIV/AIDS
Ministry of Public Health, Islamic Republic of Afghanistan
Office of the United Nations High Commissioner for Refugees
Stichting Vluchteling
The World Bank
UN Women
United Nations Children’s Fund
United Nations Development Fund for Women

United Nations Development Program
United Nations Office for the Coordination of Humanitarian Affairs
United Nations Population Fund
United States Agency for International Development
United States Agency for International Development / Office of U.S. Foreign Disaster Assistance
United States Department of Health and Human Services
United States Department of State
United States Department of State’s Bureau of Democracy, Human Rights, and Labor
United States Department of State’s Bureau of Population, Refugees and Migration
World Food Program
World Health Organization

PARTNERS, SUPPORTERS, COLLABORATORS

Access Aid and Development
Afghan Help and Training Program
Africa Health New Horizons Inc.
Agricultural Cooperative Development International / Volunteers in Overseas Cooperative Assistance BMB MacDonald Ltd.
American Bar Association Rule of Law Initiative
Association for Aid and Relief
Association for Solidarity with Asylum Seekers and Migrants
BRAC Afghanistan
Catholic Relief Services
Center of Psychosocial Support and Development Resource
ChildFund International
Citizens Network for Foreign Affairs Danish Refugee Council
Columbia University
Concern Worldwide
The Crown Agents for Overseas Governments and Administrations Limited
Doctors Worldwide Turkey
EngenderHealth
FHI Development 360 LLC
Gaza Community Mental Health Program
GOAL Ethiopia
Governance Institute Afghanistan
Haitian Council of Non-State Actors
Harvard Humanitarian Initiative
Helsinki Citizens’ Assembly
Hewad Reconstruction Health and Humanitarian Assistance Committee
Human Resource Development Foundation
Humanitarian Assistance & Development Association for Afghanistan
Humanitarian Medical Relief Body
Interchurch Medical Assistance, Inc.
The International Organization for Migration
International Rescue Committee, Inc.
International Volunteer Center of Yamagata
ITF Enhancing Human Security
Japan International Volunteer Center
Japan NGO Center for International Cooperation
JHPIEGO Corporation
Johns Hopkins University
Jordan Health Aid Society
Johnson & Johnson
Lord Patriarch Bank Charity
Medtronic Foundation
Mennonite Central Committee
Mercy Corps International
The Micronutrient Initiative
Mildmay International
National Arab American Medical Association Foundation
Nile Hope Development Forum
Pan American Health Organization
The People
Republic of South Sudan Ministry of Health
ReSurge International
Royal Tropical Institute
Save the Children
Search for Common Ground
Shapla Neer
UCLA Corporate Foundation and Research Relations
University of California Los Angeles
Washington University
Washington University in St. Louis
Women for Development
Women’s Refugee Commission
WorldVision UK
### IN-KIND CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Amount Range</th>
<th>Organizations</th>
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<tbody>
<tr>
<td>$5,000,000 - $15,999,999</td>
<td>MAP International</td>
</tr>
<tr>
<td>$1,000,000 - $4,999,999</td>
<td>AmeriCares Foundation</td>
</tr>
<tr>
<td></td>
<td>United Nations Children’s Fund (UNICEF)</td>
</tr>
<tr>
<td>$500,000 - $999,999</td>
<td>Health Partners International Canada (HPIC)</td>
</tr>
<tr>
<td></td>
<td>International Health Partners (UK) Limited (IHP)</td>
</tr>
<tr>
<td></td>
<td>Lufthansa ohne Grenzen e.V.</td>
</tr>
<tr>
<td>$100,000 - $499,999</td>
<td>International Orthodox Christian Charities (IOCC)</td>
</tr>
<tr>
<td></td>
<td>International Rescue Committee (IRC)</td>
</tr>
<tr>
<td>$25,000 - $99,999</td>
<td>Bridge Foundation</td>
</tr>
<tr>
<td></td>
<td>Child First Meds - Lucress Watson and Dick Watson Children’s Foundation</td>
</tr>
<tr>
<td>$5,000 - $24,999</td>
<td>Mennonite Central Committee (MCC)</td>
</tr>
<tr>
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<td>Christine J. Toretti</td>
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<td>$4,999 and Under</td>
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### INDIVIDUAL, FOUNDATION, CORPORATE AND ORGANIZATIONAL CONTRIBUTIONS

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Fadi, Rula, Fares and Bassel Ghandour
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Sandra Berg
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