INTERNATIONAL MEDICAL CORPS
2012 ANNUAL REPORT
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Cover Photo by Jaya Vadlamudi
Dear Friends of International Medical Corps:

Last year brought escalating violence in many volatile regions of the world, causing immense population displacement and large-scale need. As always, we adapted to meet new and complex global challenges with our hallmark speed, flexibility, and impact. We proved once again that we could reach those forced to flee armed conflict, wherever they went, with critical services, while continuing to strengthen our long-term training and development programs in countries working to rebuild from disaster – so they take over what we helped them build.

In Syria, where an increasingly virulent civil war displaced millions, we once again drew upon our ability to deliver relief swiftly and effectively to large and growing vulnerable populations trapped in and around conflict zones. International Medical Corps met this latest challenge – as we have so often over the past nearly 30 years – by responding immediately to assist those most in need, whether inside Syria or seeking refuge in neighboring countries.

Elsewhere, such as in South Sudan, we treated those displaced by fighting in neighboring Sudan, providing urgent health, nutrition, and disease prevention services for vulnerable Sudanese refugees and South Sudanese returnees – as well as training of local health care workers. In Haiti, where International Medical Corps has provided primary health care and strengthened health care capacity since the 2010 earthquake, we quickly added mobile medical units following Hurricane Sandy to support existing teams as they delivered emergency relief to survivors in the hardest-hit areas in the south.

We also helped nations recovering from crisis, such as Libya, where in 2012 we trained over 200 Libyan nurses to help fill a gap in health care services that resulted from the loss of medical staff during that country’s war. In the volatile eastern part of the Democratic Republic of Congo, despite escalating conflict and displacement, we continued to provide comprehensive health services to communities in the hardest-hit and most remote areas. And in Afghanistan we trained approximately 120 midwives, each of whom can now support up to 330 women in her community through pregnancy, childbirth, and post-natal care.

These are just a few of our training initiatives that create resilience, restore health and hope, and rebuild self-reliance in communities around the world.

We are reminded every day that achievements such as these and many others throughout 2012 are made possible through the support of individuals, corporations, foundations, governments, UN agencies, and other partners. For your confidence and trust in us, we are extremely grateful.

Sincerely,

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

Nancy A. Aossey
President & CEO
International Medical Corps Mission: From Relief to Self-Reliance

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.

Our mission is to improve the quality of life through health interventions and related activities that build local capacity in areas 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.
We help people build a better, healthier future, wherever they are, whatever the conditions. In emergencies, we deploy immediately to assist survivors of natural and man-made disasters. In fragile states and nations striving to recover and progress, we bring the tools and knowledge for long-term development. Whatever our task, we teach skills that empower local communities and promote resilience.

Our Philosophy

We believe self-reliance is only possible through lasting solutions anchored in local culture, affirmed by local decision-making and carried out by local residents trained with the necessary skills that then become community assets. That is why we draw some 96 percent of our staff from local communities and place key decisions in local hands, offering a unique intensity of focus that lifts people to their fullest potential.
3.2 MILLION TOTAL PATIENT CONSULTATIONS

1.1 MILLION CHILDREN UNDER 5 TREATED for illnesses, including malaria (363,900), diarrhea (212,000), and acute respiratory infection (468,500)

25,309 Community-based health workers TRAINED

1,166 Traditional birth attendants TRAINED

12,686 Professional staff TRAINED through Ministries of Health and other health care facilities

1,168 SUPPORTED HEALTH FACILITIES
SAVED LIVES IN 35 COUNTRIES

225,907 People provided with access to improved drinking water

108,809 People provided with improved sanitation facilities

405,609 People admitted to nutrition programs

112,703 Infants under 1 vaccinated with DPT3 (an inoculation against diphtheria, pertussis, and tetanus)

309,152 Antenatal & postnatal consultations provided

1,677 People provided clinical care for gender-based violence (GBV)

10,703 GBV survivors provided with psychosocial or non-clinical support

454,615 Individuals reached with HIV prevention messages

168,746 Individuals received counseling and testing for HIV

12,108 Individuals tested for Tuberculosis

56,942 Insecticide-treated nets distributed

Source: International Medical Corps Health Technical Unit 2012 Global Data Report
Our years of experience and proven ability to respond swiftly anywhere under any conditions to assist survivors of disaster have made us one of the world’s most effective emergency response organizations. 2012 tested these strengths yet again as we responded to emergencies on three continents to ease the suffering of those hardest hit.

As the conflict in Syria escalated in 2012, International Medical Corps led the effort to provide critical health services, including psychosocial assistance, to those displaced by fighting inside Syria through our mobile medical units in and around Damascus. We also provided health services to those fleeing to neighboring Jordan, Lebanon, and Turkey as the number of Syrian refugees jumped six-fold in the second half of the year, from under 77,000 to a UN-estimated nearly half million. Inside Syria, we continued to support Iraqi refugees residing in and around Damascus.

When inter-communal violence broke out in South Sudan in March, we responded to the needs of approximately 700 internally displaced people who arrived in Akobo after fleeing Upper Nile State. In addition to screening for malnutrition, we treated casualties from the fighting, including children who had sustained gunshot wounds.

“I am proud of what International Medical Corps has been able to accomplish. In just a few weeks, we got one of the busiest clinics in South Sudan up and running as our partner organizations helped set up tents, distributed food and water, and provided sanitation for thousands of people.”

– Dr. Adam Levine, emergency medicine physician with Rhode Island Hospital and a volunteer doctor with International Medical Corps

In Haiti, Hurricane Sandy claimed over 50 lives and left more than 200,000 people homeless before continuing its northward path of destruction along the eastern seaboard of the U.S. in October. International Medical Corps was already working in the remote, hard-hit southwestern area of Les Cayes and our assistance to hurricane survivors was immediate. In the two months following the storm, we conducted over 1,500 consultations, while the additional mobile medical units we deployed strengthened our ability to respond to primary health care needs and treat increased cholera cases.
“International Medical Corps donated desperately needed equipment, medicine and supplies, then showed us how to use it all properly. Those working at the hospital who want to learn receive International Medical Corps’ guidance.”

– 24-year-old Fatma, medical student at Sabha Hospital in southern Libya
Strengthening communities to help them meet their own needs is central to our mission. It is how our work began nearly three decades ago and how we measure success to this day. We continued this tradition in 2012, providing training and working with local communities in some of the world’s most challenging environments.

In the Democratic Republic of Congo, we worked to strengthen and broaden local capacity to build an adequate network of services for survivors of gender-based violence (GBV) that extends beyond the immediate need to provide critical medicines and compassionate clinical care. We increased survivor access to psychosocial, legal, and livelihoods services and strengthened community structures to make these services available both individually and as part of a well-integrated package of services. We also invested over $1 million in women’s leadership activities.

In Libya, we worked to fill gaps in the country’s health care system, particularly a crucial shortage of nursing skills caused by the civil war that broke out in 2011. Our program targeted five hospitals, where we provided both classroom and on-the-job training for 238 Libyan nurses. We also addressed deficits in physiotherapy skills, providing much-needed equipment and in-depth training for health professionals in a country where many struggle to recover from war-related injuries.

“I am hopeful I can build on my existing skills and knowledge through additional training provided by International Medical Corps.”
— Semira, International Medical Corps Hygiene Promotion Field Officer, Ethiopia

International Medical Corps worked with local groups in Japan to launch projects supporting survivors of the 2011 earthquake and tsunami. We partnered with International Volunteer Center of Yamagata to open the first daycare center especially for children whose families evacuated Fukushima, where the failure of a nuclear reactor raised fears about the long-term effects of radiation. In Fukushima, we supported the Japan Center for International Cooperation in its efforts to establish a space where non-governmental organizations (NGOs) can network, share information, and collaborate to assist survivors and displaced families.
“International Medical Corps genuinely cares about the countries it works in. They train local nationals because they know they need to leave something behind when they go.”

– Dr. Alyona Lewis, Sierra Leone’s top fistula repair surgeon (trained by International Medical Corps)
Without International Medical Corps, I could not have found a job to support my sister and little brother.”

– 17-year-old Ahmed, helped through International Medical Corps’ Justice for Children Program in Iraq

With women and children comprising 80 percent of those who bear the burden of conflict and disaster, we prioritize maternal and child health in all of our emergency responses. In fact, the well-being of women and children is recognized as key to promoting health, building stable, confident, self-reliant communities, and eradicating global poverty. To that end, in 2012 we provided: lifesaving antenatal and postnatal care; improved child-feeding and immunization programs; programs to heal and comfort survivors of gender-based violence (GBV); and income-generating programs.

We achieved notable progress in our ongoing efforts in Sierra Leone to create and support Care Groups to help combat malnutrition in children under two years of age. In the third year of our five-year Sustainable Agriculture and Nutrition Program, we more than doubled the number of program participants to exceed 20,000, increased the number of Care Groups from 170 to 178, and expanded the number of lead caregivers – those trained to run the groups.

2012 marked our first year in Yemen, where we focused our efforts on the struggle to reduce malnutrition among women and children. In the Sana’a Governorate, we provided technical and material support to ten health facilities and two district hospitals operating therapeutic programs and stabilization centers that reached hundreds of children under the age of five suffering from severe acute malnutrition. We also treated several thousand children and breastfeeding mothers with signs of moderate acute malnutrition.

“Without International Medical Corps, I could not have found a job to support my sister and little brother.”

– 17-year-old Ahmed, helped through International Medical Corps’ Justice for Children Program in Iraq

In Cameroon, we broadened access to quality health services, including emergency medical treatment and reproductive care for those impacted by GBV. Through educational outreach activities aimed at reducing the social stigma surrounding GBV, we engaged community leaders to develop strategies to prevent GBV and help children and teen survivors reintegrate into community life. We also conducted awareness campaigns on the prevention of unwanted pregnancies in schools.
“I have always feared my baby daughter could get polio because in all the displacements we’ve been through she was never fully vaccinated. Today my soul is comforted.”

– Sylvie, a mother from Walikale Territory in the Democratic Republic of Congo on the day International Medical Corps vaccinated her child
Mental Health

Although mental illness draws less public attention and donor awareness than widely feared communicable diseases, it quietly saps the strength of vulnerable communities. Because of this we treat mental health and psychosocial needs with the same level of importance as more visible public health care issues, integrating them into every stage of our relief and development programs and training local staff to recognize and treat those with symptoms. We continued this strategy in 2012.

International Medical Corps mental health specialists provided community-based mental health services to Somali refugees in three separate camps at the Dollo Ado complex in southeastern Ethiopia. With more than 180,000 residents and over 1,000 new arrivals each week at the end of 2012, the complex has become one of the world’s largest concentrations of refugees. Our treatment, conducted in Ethiopian government health clinics, focuses on high priority mental health issues, such as conflict-related anxieties and neurological conditions, including epilepsy, which is heavily stigmatized in the Somali community.

In Jordan, we provided mental health and psychosocial care to a growing number of beneficiaries – many of them refugees from Syria suffering the trauma of both displacement and exposure to armed conflict. During 2012, the number of Syrian refugees in Jordan rose from just over 2,000 in January to over a quarter million within a few months. Roughly one-third were located at the Za’atari refugee camp near the Syrian border. As during earlier refugee flows into Jordan from Iraq, our approach has been holistic, working within our established primary health care structures to address the psychosocial needs of survivors and find help for those with pre-existing mental disorders. This time we added an important innovation: we paired those requiring specialized care with case managers, who became de facto patient advocates ensuring that the patient received appropriate services and ongoing care.

Amid volatile security conditions in Afghanistan, we worked to strengthen the administration and operation of the Mental Health Hospital and associated Jangalak Substance Misuse Center in Kabul – the only facilities of their kind in the country. In June, we broke ground on the construction of a separate building for outpatient consultations, climate-controlled pharmaceuticals storage space, and new kitchen and laundry facilities. We also completed improvements to upgrade the hospital’s training center and library, which we use to train local staff on mental health care and reducing the stigma surrounding mental illness.
Access to clean water and sanitation is an essential component of public health. Diarrheal diseases, most commonly caused by unsafe drinking water and poor sanitation conditions, claim the lives of nearly 2 million people each year, weakening families and undermining efforts to build healthy, resilient communities. We assist households, communities, and local governments in water projects large and small—from building and maintaining wells and latrines, to establishing water and waste management systems. We also prioritize hygiene promotion and education so that communities have the knowledge they need to better protect themselves from the threat of waterborne illness. In 2012, some of our most important water and sanitation projects were in Africa.

Working in Somalia’s Sanaag region, we refurbished a series of shallow wells and traditional reservoirs, known as berkads, working with the local community to manage them in the best interests of the local population. We helped residents form community-level water and sanitation committees, which we then trained on water source management and maintenance, as well as methods for assuring proper environmental, water, food, and personal hygiene. The community also assisted in digging five waste management pits large enough to serve the population of about 5,000.

In drought-prone Darfur, we helped residents of Mukjar, Garsilla, and Um Dukhum towns in West Darfur Province secure adequate drinking water and safe sanitation facilities in areas where both are difficult to access even in the best conditions. In all three communities, we rebuilt, chlorinated, and maintained key water points and built disposal systems, draining canals, and safe sanitation facilities. We also educated local residents on the importance of proper hygiene in keeping them and their families free of disease.

In late 2012, we began implementing a community-level water and sanitation project in the Samburu district of Kenya to increase access to safe water, sanitation, and hygiene services. We are working to renovate and upgrade latrines, water storage tanks, and rain water harvest systems, which will provide local populations with better water quality and improve the overall level of sanitation and hygiene conditions. We also trained health care workers on household water treatment methods, proper hand-washing, and disease prevention.
Syrian Conflict Intensifies
Throughout 2012

International Medical Corps expands emergency response efforts in Jordan, Lebanon, and Turkey as the volume of Syrian refugees fleeing for safety grows and the scale of the crisis dramatically escalates.

East Africa Hunger Crisis
Fall 2012

Although famine conditions are officially lifted in Somalia, we continue to conduct relief work throughout food-stressed areas of Kenya, Ethiopia, and Somalia.

Britain Assembles Global Emergency Response Team
March 7, 2012

The UK Government invites International Medical Corps to join a select global network of disaster response organizations ready to deploy in times of humanitarian crisis.

“There is nothing easy about humanitarian work. The politics are tragic, the environment is harsh, and resources limited. In the center of all this is us—International Medical Corps—and the people we are trying to help.

There is a fragile strength and a beautiful ugliness in all this work. It can get cloudy sometimes, but one thing always remains clear: it is a privilege to volunteer.”

— Dr. Sol Kuah, volunteer doctor with International Medical Corps
Hurricane Sandy Hits Haiti
October 26, 2012
Following the storm, which caused nearly 55 deaths in Haiti and left more than 200,000 homeless, our teams reach affected communities through mobile medical units.

Response to South Sudan Border Conflict
March 12, 2012
International Medical Corps sends an Emergency Response Team to address humanitarian needs following ethnic violence along South Sudan’s border with Sudan. We provide relief throughout the year in refugee camps and returnee centers.

Rebels Take Goma, Democratic Republic of Congo
November 26, 2012
As violence escalates putting 700,000 civilians at risk, International Medical Corps procures urgent drugs and medical supplies for health facilities in and around Goma.
Miles of 2012

**AMA FOUNDATION HONORS INTERNATIONAL MEDICAL CORPS FOUNDER & CHAIRMAN ROBERT R. SIMON**

February 13, 2012

Honoring his extraordinary impact on access to healthcare at an international level, Dr. Robert Simon is presented with the Dr. Nathan Davis International Award in Medicine for founding International Medical Corps in 1984. Dr. Simon’s revolutionary approach of providing emergency relief with a focus on training has become a model for its success in building local capacity and self-reliance.

**CLINTON GLOBAL INITIATIVE (CGI)**

September 24, 2012

At CGI, President & CEO Nancy Aossey highlights International Medical Corps’ commitments to address the Global Burn Crisis and provide clean water in emergencies.

**MUSIC FOR RELIEF**

November 1, 2012

Our partner, Music for Relief — a group of artists, music industry professionals and fans working together to create positive change — raises funds for our recovery efforts in Haiti following Hurricane Sandy.

**BILL CLINTON OFFERS CONGRATULATIONS**

December 1, 2012

Former President Bill Clinton congratulates President & CEO Nancy Aossey on her dedication and courageous leadership over 25 years in transforming International Medical Corps into a global leader in medical response and recovery.

**ANNUAL AWARDS CELEBRATION**

December 4, 2012

Supporters, friends, and staff gather to honor the GE Foundation, presenting its President and Chairman Bob Corcoran with the Global Citizen Award. Also honored are film director J.A. Bayona, along with International Medical Corps’ Sierra Leone health worker Elizabeth Manga, and President & CEO Nancy Aossey. Star of “The Impossible,” Ewan McGregor, presents the Courage Award to Bayona, who directed the Lionsgate release.

“| I’m proud to be in your [International Medical Corps’] company and I’m truly moved by the lifesaving work that you do around the world.” |
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**MOTHER’S DAY MESSAGE FROM JESSICA CAPSHAW, ADVOCATING FOR MATERNAL HEALTH**

May 13, 2012

On Mother’s Day, “Grey’s Anatomy” star Jessica Capshaw releases a video spotlighting our global maternal health work.
“[International Medical Corps] is a phenomenal group. When (GE) focused on Darfur and what can we do to help, it became very, very clear, who did real work... There was never a question in our mind of who did the best work... and actually got down to solving problems and doing it in a way that was sustainable. ...The hard work is what people at International Medical Corps do every single day.”

– Bob Corcoran, President and Chairman, GE Foundation
2012 Program Activities

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, returnee and refugee assistance

**CAMEROON**
Primary health care, nutritional support and training, sexual and gender-based violence care and awareness, emergency response to cholera outbreak, HIV/AIDS awareness

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

**CHAD**
Primary and secondary health care, health capacity strengthening, nutritional support and training, HIV/AIDS awareness and prevention, health education, medical training, psychosocial services, child protection

**DEMOCRATIC REPUBLIC OF CONGO**
Emergency response, primary and secondary health care, nutritional support and training, health facility infrastructure development and improvement, gender-based violence prevention and response, HIV/AIDS testing and counseling, water, sanitation, and hygiene promotion, assistance to returnees, refugees, and internally displaced people (IDPs)

**EGYPT**
Primary health care and capacity strengthening, refugee assistance

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

**GHANA, TANZANIA, UGANDA**
Planning for multi-sector pandemic preparedness and response

**KENYA**
Primary health care, HIV/AIDS, TB, malaria prevention and treatment, water, sanitation, and hygiene promotion, nutritional support and training, mental health services

**LIBYA**
Emergency assistance and response, emergency medicine, medic training, provision of medical supplies and equipment, gender-based violence care and awareness, psychological first aid, health capacity strengthening, rehabilitation

**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, agricultural and economic livelihoods

**SOUTH SUDAN**
Primary and secondary health care, midwife and nurse training, health capacity strengthening, HIV/AIDS care and awareness, water, sanitation, and hygiene promotion, returnee assistance

**SUDAN**
Primary health care, health capacity strengthening, nutritional support and training, HIV/AIDS awareness, water, sanitation, and hygiene promotion

**TUNISIA**
Primary health care and capacity strengthening, refugee assistance

**ZIMBABWE**
Emergency response, cholera treatment and control, water, sanitation, and hygiene promotion

AMERICAS

**HAITI**
Emergency response, primary and secondary health care, health capacity strengthening, psychosocial services, nutritional support and training, protection, care to orphans and vulnerable children, sexual and gender-based violence care and awareness, water, sanitation, and hygiene promotion, emergency preparedness, disaster risk reduction, cholera prevention

**ST. LUCIA**
Emergency response, health capacity strengthening, continuing medical education/continuing professional development
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

CAMBODIA, LAOS, PHILIPPINES, INDONESIA
Planning for multi-sector pandemic preparedness and response

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

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

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

JORDAN
Primary health care, mental health and psychosocial services, e-learning for health workers, health capacity strengthening, refugee assistance, emergency assistance and response

LEBANON
Primary health care, health capacity strengthening, mental health and psychosocial assistance, refugee assistance, emergency assistance and response

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

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
Global Projects Strengthen Capacity of NGOs to Respond to Emergencies
The year 2012 saw International Medical Corps implementing two global programs to improve the skills and knowledge of non-governmental organization (NGO) staff who respond to humanitarian crises. One project, which utilizes learning tools such as in-person workshops and an e-learning course, is designed to strengthen the capacity of NGOs to better engage with other agencies and organizations involved in international humanitarian efforts. The program includes International Medical Corps, Concern Worldwide, and the Harvard Humanitarian Initiative working in a consortium to implement the “Building a Better Response” project. It is funded by USAID’s Office of U.S. Foreign Disaster Assistance with the goal of improving overall coordination and response to the needs of communities affected by disasters.

The second project follows the Memorandum of Understanding signed between International Medical Corps and the United Nations High Commissioner for Refugees (UNHCR) in 2011. In partnership with UNHCR, International Medical Corps has launched a global pilot initiative to strengthen the capacity of national NGOs in emergency response. Working with NGOs in three geographical regions, the program includes capacity strengthening workshops as well as individual mentoring, to further prepare them to assume greater roles in responding to emergencies within their countries and in their regions.

Collective Action Extends Our Reach and Amplifies Our Voice
International Medical Corps continued in 2012 our strong engagement and leadership role in a number of collaborative efforts aimed at affecting policies that impact the lives of the communities and individuals impacted by humanitarian crises. As a member of the board as well as the advisory committee of InterAction, the largest coalition of U.S.-based international humanitarian and development organizations, International Medical Corps worked collaboratively with member NGOs on issues of public policy, effective response to humanitarian emergencies, and promoting sound development practices.

Beginning this year, International Medical Corps proudly became a member of the board of the International Council of Voluntary Agencies, a global alliance of humanitarian agencies dedicated to advocating for protection and assistance for vulnerable populations as well as providing a voice for NGOs within the international humanitarian dialogue.

As a premier health and humanitarian organization, International Medical Corps is both a valued partner of the United Nations agencies and a key player in coordinated international humanitarian responses. We serve as co-chair, along with the World Health Organization, of the Core Group of the Global Health Cluster, and as active partners within the Global Nutrition, Global Water, Sanitation, and Hygiene, Global Logistics, and Global Food Security Clusters.

Our engagement with such efforts as the Frontline Health Workers Coalition, whose goal is to increase the number of trained health workers in countries with the least access to basic health services, as well as the “1000 Days” campaign, aimed at ensuring adequate nutrition is accessible to all children during the formative first three years of life, enables us to further advance key organizational priorities.
Fostering Quality and Accountability in Humanitarian Response

International Medical Corps continues to support improved quality and accountability within our operations and throughout the international humanitarian system. As a member of the Humanitarian Accountability Project, we strive to ensure that the necessary framework and mechanisms are in place to design, implement, and assess programs that are accountable to those affected by natural disasters, conflict, and other crises. Currently a member of the board of the SPHERE Project, International Medical Corps promotes and supports the standards designed to improve the actions of those responding to humanitarian emergencies and provide a life with dignity to the individuals we serve. Our participation in the Inter-Agency Standing Committee Task Force on the Protection from Sexual Exploitation and Abuse provides an opportunity to collectively address the prevention of, and response to, incidents of this nature.

Improving the Ability to Deliver Critical Medicines and Supplies

International Medical Corps forged new – and strengthened existing – partnerships in 2012, all aimed at improving our ability to deliver essential medical equipment and supplies quickly to needy recipients in times of emergency. We received tens of millions of dollars in Gift-in-Kind donations of medicines, supplies, and equipment from Catholic Medical Mission Board, MAP International, Heart to Heart, International Health Partners-UK, The Church of Jesus Christ of Latter-day Saints, International Aid, United Nations Children’s Fund, World Food Programme, United Nations Population Fund, Americares, IMRES Medical Solutions, Medical Teams International, World Bicycle Relief, BluSource, International Orthodox Christian Charities, International Relief Teams, Catholic Relief Services, United Methodist Committee on Relief, and the United Nations Office for the Coordination of Humanitarian Affairs.
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

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Los Angeles, California
## Statement of Financial Position

**Assets**
- Cash and cash equivalents: $10,066,690
- Grants receivable: $7,953,115
- Other receivables: $2,115,211
- Investments in equity securities: $809,788
- Prepaid expenses: $1,470,867
- Deposits: $213,717
- Inventory of supplies and commodities: $1,207,698
- Equipment, net: $2,405,356

**Total assets**: $26,242,442

**Liabilities and net assets**
- Accounts payable: $2,440,715
- Accrued liabilities: $6,006,101
- Refundable advances: $5,694,733
- Deferred rent: $175,121
- Notes payable: $405,503
- Obligation under capital leases: $272,659

**Total liabilities**: $14,995,223

**Total net assets**: $11,247,219

**Total liabilities and net assets**: $26,242,442

## Statement of Financial Activities

### Public support and revenue

- **Public support**
  - Contract and grant support: $84,851,972
  - Contributions: $9,664,300
  - Donated medical supplies: $11,688,312
  - Donated medical services: $576,444

**Total public support**: $106,781,028

- **Revenue**
  - Interest and dividend income: $12,081
  - Realized and unrealized gain on investments: $(24,270)
  - Other: $515,709

**Total revenue**: $503,520

**Total public support and revenue**: $107,284,548

### Expenses

- **Program services**
  - Africa: $42,869,695
  - Asia: $11,824,260
  - Caucasus: $646,605
  - Middle East: $32,402,362
  - South / Central America and the Caribbean: $2,541,008
  - United States: $133,215

**Total program services**: $90,417,145

- **Program management and evaluation**
  - Management and general: $10,406,636
  - Fundraising: $1,303,850

**Total expenses**: $108,010,058

**Change in net assets**: $(725,510)

**Net assets at beginning of the year**: $11,972,729

**Net assets at end of this period**: $11,247,219

KPMG LLP audited financial statements are available on International Medical Corps’ website.
The following is International Medical Corps-UK’s Statement of Financial Activities and Balance Sheet for the years ended June 30, 2012 and 2011.

The above statement of financial activities and balance sheet have been adapted from the full financial statements of International Medical Corps-UK. For a full understanding of the charity’s finances, the full International Medical Corps-UK Annual Report and Accounts are available on request from International Medical Corps-UK. The full financial statements were prepared in accordance with applicable law and United Kingdom Accounting Standards and were audited by Buzzacott LLP, who had issued a clean audit report.
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 $161 million in fiscal year 2012. Approximately 91% 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 nearly $30 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>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support and revenue</strong></td>
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<tr>
<td>International Medical Corps-UK</td>
<td>$50,166,030</td>
<td>$43,855,644</td>
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<td>International Medical Corps</td>
<td>92,851,889</td>
<td>100,760,980</td>
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<tr>
<td>Total contract and grant support</td>
<td><strong>143,017,919</strong></td>
<td><strong>144,616,624</strong></td>
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<tr>
<td>International Medical Corps-UK</td>
<td>6,013,802</td>
<td>6,206,483</td>
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<tr>
<td>International Medical Corps</td>
<td>12,264,756</td>
<td>32,714,294</td>
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<tr>
<td>Total donated services and supplies</td>
<td><strong>18,278,558</strong></td>
<td><strong>38,920,777</strong></td>
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<tr>
<td><strong>Total support and revenue</strong></td>
<td><strong>161,296,478</strong></td>
<td><strong>183,537,401</strong></td>
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<tr>
<td><strong>Expenses</strong></td>
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<tr>
<td>International Medical Corps-UK program services</td>
<td>53,325,253</td>
<td>47,659,229</td>
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<tr>
<td>International Medical Corps program services</td>
<td>94,131,669</td>
<td>121,533,675</td>
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<td>Total program expenses</td>
<td><strong>147,456,922</strong></td>
<td><strong>169,192,904</strong></td>
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<td>International Medical Corps-UK management and general</td>
<td>2,859,921</td>
<td>2,172,677</td>
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<td>International Medical Corps-UK fundraising</td>
<td>17,002</td>
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<td>International Medical Corps management and general</td>
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<td>International Medical Corps fundraising</td>
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<td>Total supporting services</td>
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<td><strong>Total expenses</strong></td>
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<td><strong>184,504,249</strong></td>
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<td><strong>Change in net assets</strong></td>
<td>(747,853)</td>
<td>(966,848)</td>
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<td><strong>Net assets at beginning of the year</strong></td>
<td>12,414,264</td>
<td>13,381,112</td>
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<tr>
<td><strong>Net assets at the end of the year</strong></td>
<td><strong>$11,666,410</strong></td>
<td><strong>$12,414,264</strong></td>
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</tbody>
</table>

* The combined statement of activities for International Medical Corps and International Medical Corps-UK is 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.
“...a global leader in crisis response and recovery, saving lives in the toughest environments from Angola to Darfur to Haiti to the Congo.”

–Former President Bill Clinton, speaking about International Medical Corps
**ANNUAL SUPPORT**

International Medical Corps would like to thank the following institutions, individuals, and organizations for their support and partnership throughout 2012. This year we were inspired by your unprecedented support for people suffering the effects of war, disease, and disaster — your generosity is truly making a difference in the lives of millions. We also would like to thank our donors who wish to remain anonymous, as well as those who have volunteered their time and expertise to help us achieve our mission. Additionally, we give special thanks to the donors we were not able to list due to space limitations. International Medical Corps also would like to acknowledge those organizations with whom we have partnered during 2012.

Every donor is important to us. If your name is not listed correctly, please accept our apologies and notify the Resource Development Department at 310-826-7800.

### Public Donors

- Australian Agency for International Development
- Centers for Disease Control and Prevention
- Danish Embassy
- Department for International Development
- European Commission
- Humanitarian Aid Department of the European Commission
- Jersey Overseas Aid Commission
- Kurdistan Regional Government
- Ministry of Health
- Ministry of Public Health, Islamic Republic of Afghanistan
- Office of the United Nations High Commissioner for Refugees
- Stichting Vluchteling
- 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 Office for Project Services
- 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
- US Embassy Bangui
- World Food Program
- World Health Organization

### Partners, Supporters, & Collaborators

- Action Against Hunger UK
- Afghan Help and Training Program
- Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance
- American Bar Association
- Rule of Law Initiative
- American Red Cross
- Association for Aid and Relief
- Association for Solidarity with Asylum Seekers and Migrants
- BMB Matt MacDonald Ltd.
- Catholic Relief Services
- Citizens Network for Foreign Affairs
- Concern Worldwide
- Doctor Worldwide Turkey
- Engender Health
- Gaza Community Mental Health Program
- Global Funds
- Global Impact
- GOAL Ethiopia
- Governance Institute Afghanistan
- 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
- IMA World Health
- The International Organization for Migration
- International Rescue Committee
- International Volunteer Center of Yamagata
- IntraHealth International Inc.
- Japan International Volunteer Center
- Japan NGO Center for International Cooperation
- JHPIEGO Corporation
- Johns Hopkins University
- Jordan Health Aid Society
- Jordan River Foundation
- Latter-day Saint Charities, Inc.
- Liverpool VCT Care & Treatment
- Management Sciences for Health
- Mennonite Central Committee
- Mercy Corps International
- Mildmay International
- Nile Hope Development Forum
- The People
- Population Services International (PSI)
- Presbyterian Relief and Development Agency
- Qatar Red Crescent
- Save the Children (STC)
- Search for Common Ground
- Shapla Neer
- South Asia Partnership - Pakistan
- Syria Relief and Development
- Syrian American Medical Society
- Syrian Arab Red Crescent
- Syrian Sunrise Foundation
- University of California Los Angeles
- US Funds for UNICEF
- Washington University
<table>
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<tr>
<th>In-kind Contributions</th>
<th>$5,000,000 - $9,999,999</th>
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<td>United Nations World Food Programme (WFP)</td>
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<th>$1,000,000 - $4,999,999</th>
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<td>AmeriCares Foundation</td>
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<td>International Aid</td>
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<td>International Relief Teams (IRT)</td>
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<th>$500,000 - $999,999</th>
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<td>BluSource</td>
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<td>International Health Partners – UK (IHPUK)</td>
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<td>Medical Teams International (MTI)</td>
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<th>$100,000 - $499,999</th>
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<tr>
<td>The Church of Jesus Christ of Latter-day Saints</td>
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<td>GOAL</td>
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<td>Heart to Heart International</td>
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<tr>
<td>International Orthodox Christian Charities (IOCC)</td>
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<tr>
<td>Luftfahrt ohne Grenzen e. V.</td>
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<tr>
<td>MAP International</td>
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<tr>
<td>United Methodist Committee on Relief (UMCOR)</td>
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<tr>
<td>United Nations Children’s Fund (UNICEF)</td>
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<tr>
<td>United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)</td>
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<th>$25,000 - $99,999</th>
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<tr>
<td>IMRES B.V.</td>
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<tr>
<td>Reinvention Wheels</td>
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<td>United Nations High Commissioner for Refugees (UNHCR)</td>
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<th>$5,000 - $24,999</th>
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<tr>
<td>United Nations Population Fund (UNFPA)</td>
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<tr>
<td>World Bicycle Relief</td>
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<td>World Vision</td>
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<th>$1,000 - $4,999</th>
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<tr>
<td>Bridge Foundation</td>
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<tr>
<td>Child First Meds - Luress Watson and Dick Watson Children’s Foundation</td>
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<td>Médecins Sans Frontières - Spain</td>
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<tr>
<td>Catholic Medical Mission Board (CMMB)</td>
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<tr>
<td>Direct Relief International (DRI)</td>
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<td>Doctors of Peace</td>
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<td>Food and Agriculture Organization of the United Nations (FAO)</td>
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<td>International Committee of the Red Cross (ICRC)</td>
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<td>Medicines for Humanity (MFH)</td>
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<table>
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<th>$1 - $999</th>
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<tr>
<td>Centrale Humanitaire Medico Pharmaceutique</td>
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</table>
Individual, Foundation, Corporate, and Organizational Contributions

$1,000,000 and Above
Anonymous (1)
Bill & Melinda Gates Foundation
Christie’s, Inc.
GE

$500,000 - $999,999
ExxonMobil
HESS Corporation

$250,000 - $499,999
MetLife Foundation

$100,000 - $249,999
American Jewish World Service
Brighton Collectibles, Inc.
Clinton Bush Haiti Fund
Edgerton Foundation
Jerry and Terri Kohl
Jewish World Watch
Wells Fargo Foundation

$50,000 - $99,999
Anonymous (1)
Andrew and Avery Barth
Scott Cook and Signe Ostby
Global Impact
The Medtronic Foundation
Jarl and Pamela Mohn

$25,000 - $49,999
Anonymous (4)
Anthony Pritzker Family Foundation
Arlene Foundation
Victor and Wendy Coleman
Richard and Alison Crowell
GE Foundation
Fadi, Rula, Fares and Bassel Ghandour
Jon and Nancy Glaser
GlobalGiving Foundation
Andrew and Ellen Hauptman
Hess Foundation, Inc.
Martha and David Ho
Paul Tudor Jones
Leander and Alex Krueger
Linda Daly Charitable Foundation
The McGrath Abrams Family Foundation
Barry and Lea Porter
Research In Motion
Sandy Sewell
Carol H. Sharer
Zaman International
$10,000 - $24,999
Anonymous (3)
Agility
Mr. and Mrs. Tim Armour
Ambassador Frank and Kathy Baxter
Suzanne Deal Booth and David G. Booth
Booth Heritage Foundation, Inc.
California Community Foundation
Canyon Partners LLC
Laurie and Gerard Cappello
The Carl & Roberta Deutsch Foundation
Edward J. Carpenter
Samantha Colodny
Hassen Dakroub
David and Susan Martin Foundation
Lew and Pilar Davies
Alexis Deutsch-Adler and Robert Adler
Gina Deutsch-Zakarin
Thea Duell
The Earth Council Foundation
Debbie and Damon Fisher
The Friedland Foundation
Josh and Beth Friedman
Global Bridge Foundation
Google Matching Gifts Program
William R. and Gillian M. Gover James and Susan Hart
Bruce and Martha Karsh
Roger C. Lienhardt
Lisa and John Pritzker Family Fund
Margaret A. Cargill Foundation
Mary McClymont
National Arab American Medical Association Foundation
Markos Nomikos
Northern Trust
Eugene and Catherine Ohr
Robert and Eileen O’Leary
Palm City Ltd.
Payden & Rygel
Eugenia Riordan Mulé, in memory of Bill and Carol Riordan
William and Janet Ryan
Robert and Marilyn Simon
Michael C. and Pauline L. Smith
Jolie Stahl and Robert M. Dannin
C. William Sundblad
Mark and Victoria Sutherland
Vanessa Taylor
The Three Sisters Foundation
Jeffrey Minh Tran
Jean and Alex Trebek
D. Michael and Claire Van Konynenburg
Daniel and Irene Wheeler

$5,000 - $9,999
Anonymous (8)
Essa Al-Saleh
Andy Spahn & Associates
Nancy A. Aossey, in honor of David and Eileen Aossey
David and Lisa Auerbach
Berliner and Hammerman Families
John Brooohkim
Richard and Susan Bingham
The Bodhisattva Foundation
Gerald Breslauer and Joyce Klein
Daniel Bruno
Kim and Virginia Caldwell
The Capital Group Companies
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Amy and Camille Chidiac
Peter and Bonni Curran
Kathleen and Paul D’Addario
Gregory and Sandy DeSisto
Deborah A. Dunn and Michael B. Angelovich
Kathie and Robert Eckert
Gary Elden and Phyllis Mandler
George and Rosemary Esseff
Fox Broadcasting Company
Giving Water
Ron and Jane Graybeal
Calvin B. and Marilyn B. Gross
Guilford Publications, Inc.
Lee Ann Havner and Ronald L. Havner Jr.
Innovne Foundation
Neil Joyce, M.D. and Kristin Brown
Alice M. Karoub, in honor of Carl and Deanna’s 50th Wedding Anniversary
Kayne Foundation, Ric & Suzanne
Kayne, Jenni, Maggie and Saree
Wendy and Tad Kelly
Jena and Michael King
Lifeplus Foundation
John and Heather Little
Dickson M. Lupo
Maurice and Carol Feinberg Family Foundation
Erica and Brian McLoughlin
The Mesdag Family Foundation
Shayle Miller and Jin-Soo Kim
Lynne and Augie Nieto
Pedro B. Opice / Jazz Side Agency, in honor of Hans Zimmer
Aaron Perlmutter
Jennifer Perry and Andy Spahn
William and Eva Price
Ruth M. Qualben
Richard J. Riordan
Teresa Jane Riordan
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Sempra Energy
Sheila Gold Foundation
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Spector Fund at the Boston Foundation
Steven S. Myers Foundation Fund
Steven and Alexis Strongin
Jim and Sally Sutter
Michael and Julie Throne
Peter Thum and Cara Buono
Michael Trent and Angela Telerski
Stacy Twilley and Michael Kong
Trystan Upstill, in memory of Odette Upstill
Paul and Betsy Von Kuster
David and Claudia Zuercher

$2,500 - $4,999
Anonymous (2)
Robert and Donna Abraham
AKC Fund, Inc.
American Medical Association Foundation
Kevin and Essie Asher
Ashley Collins Studio
Nancy E. Baldwin
Joshua Bank
The Barmore Fund
Bingham Kearns Charitable Fund
Chris and Kim Brothers
Richard and Margaret Byess
Susan Caldwell
Conrad N. Hilton Foundation
Lewis Cheney
Visnja Cipcic
City National Bank
Jason F. Conroy
Anthony G. and Kathleen A. Coughlan
Paul and Nelly Dean
Paul and Tama Deitch
Margaret Doig
EOS Foundation
Bryan and Quinn Ezralow
Marc and Gayle Ezralow
Fidelity Investments Charitable Gift Fund
John and Laura Foster, in honor of Nancy A. Aossey
The Foundation Beyond Belief
Richard Fried
Edward Friedmann and Elizabeth Coyte
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honor of Hans Zimmer
Chris Buckles Haley
William W. Harris
Mary R. and Richard J. Hearty
J.C. and Susan Henry
Patricia Herson
Henry H. and Eleanor Hood
IBM Employee Services Center
The Joan M. Wismer Foundation
Michael and Barbara Kadoura
John and Nancy Kennedy
Susan and Stan Krcmar
Tack Lam
Karen and John Lanigan
Jeff and Laura Lipson
Mark and Ellen Lipson
Michael and Natalie Mahdesian
Lillian and J. Masters
Gregg McWilliams and Mary Mikowski
Linda Mellick
Katrina Mohn and Jason Graber
Mary Mott and Gordon Simmering
Louis James Murphy
Stephen C. Netzley
Claudia Neuhauser
Adam J. Ockman
Jun Y. Oh
Shahin A. Orci
Richard and Harriet Orkand
William Pechstein
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Gordon and June Pickett
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Matching Gifts Program
Scott and Jill Reid
William and Deborah Robinson
Gayle and Jeff Rosenthal
Jonathan and Lynn Rosenthal
Gary and Cathy Rozek
Vicky Schiff and Shaun Bryant
Ambassador Rockwell and
Marna Schnabel
Allie and Tani Simon
South Side Bank
Stephen W. Spellman Jr.
Brenda Stein
Kimberly and Joshua Stokes
Kathy Taggares and Chris Gorog
Susan and Misbah Tahir, in
memory of Noah Tahir
The Thacher School
Diana and Robert Walker
Robin P. Wolaner
Bennet Yee

$1,000 - $2,499
Anonymous (30)
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Robin Abramson
Mary and Harold Adams
Robert L. Adams and Julie DeVito Adams
Susanne Aller and Niels
Steffen Henriksen
Alnor Oil Company, Inc.
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Charitable Foundation
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David and Eileen Aossey
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memory of Paul Manning
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David Charlton
Ken Chiate
Shreya Chittipeddi and
Tejas Ramgurubala
Seamus and Evelyn Connolly
John and Nicki Conti

Ellyn M. Corey
Herbert and Barbara Cotter
Brent and Pam Cousino
Aviva and Carl Covitz
Brian Crockett
Jessica Cushman and Paul Schulz
Steven and Lauren Danowitz
Davis Family Trust
Pam Dawber
C. Seán and Virginia Day
Del Mar M.E.D.
Dell Direct Giving Campaign
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Mike and Hannah Ducey
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John and Kristin Epstein
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Ev of California, Inc.
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Laura Felzer
Albert and Yasmine Ferris, in
memory of James A. Ferris
Marilyn Fife
Ben Finch
Marianna and David Fisher, in honor
of Debbie and Damon Fisher
Marc Fletcher
Barbara Fodor
Ashley and James Ford
Emily Fortuna
Mark and Cherylna Foss
James Freedman and Karine Joret
Fremont College
Barry Gertz
Jody and Rhonda Gessow
Sarah G. Gillespie
Rick and Lynn Giovinazzo
Marsha Gleeman
Stan and Abbie Golden
Mark and Nancy Jane Goldston
Elfego Gomez
Lorena Gonda and Steven Kiralla
Lucy Gonda
Robert V. Graziano and Wendy Wachtell
Jerrold and Madelyne Green
Maxine and Eric Greenspan
Connie Groves and Jonathan Witt
Ronald S. Haft
Walid and Norma Harb
Peter L. and Yoko M. Harnik
Brent and Rosemary Harrell
Robert and Denise Hayman
Gregory Heinzinger and Kerstin Pfann
Herst Family Foundation of the Jewish Community Endowment Fund
Robert W. Hewitt
David and Mary Anne Heyman
Leonard Hill, in honor of Boryana Zeitz
Marianne Hill
Mr. James G. Hoffman
Laura A. Hoganson, in memory of Gary Paul Hoganson
Sunny and Josh Holden
Monica Holguin
Renae Holman Murti and Prashant Murti
Christopher D. and Alla Holmes
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James and Bethany Hornthal
Herb and Louise Horvitz
Judge and Mrs. David M. Horwitz
Susan and James Hosek
Peter M. Hudelson
James Hyman and Leslie Weisberg
Robert Iger and Willow Bay
Dr. Michelle Isreal and Robert D. Shipp
Mike and Denise Jeffries
Michael H. Jones
Dora and Neil Kadisha
Kathleen Kalil
Morton and Merle Kane
Nancy Kassebaum Baker
Gerald L. Katell
Gadi and Karen Kaufmann
Kirkland & Ellis Foundation
Todd B. Kirshner
Corie Koss, in honor of Jacqueline Forbes
Naomi and Edward Kritzer
Klaus-Dieter Labendsch
Lang Foundation
Larchmont Temple
Mark Larrimore
Lawrence and Kimberly Weinberg Fund
Lear Family Foundation
Joan and Roger Lee
David and Yolanda Lerner
William C. and Mary T. Lewis
Jenny and Luis Li
Helgard E. L. Liechti
Ronald Litzinger
Scott and Deborah Livingston
Mr. Rafael Lopes De Melo
Wendy and Edwin Lucero
Marc L. Luzzatto
Kris Malmquist
George and Judy Marcus
Dennis G. and Marilyn G. Martin
Allan Mayer and Renée Vogel
Carol McCully
Richard and M. Kathleen Merrill
Jeffrey and Marla Michaels
Leslie and Beth Michelson
Steve and Rhonda Miller
Rebecca Milner and Troy Plair
Georgina N. Miranda
MissionFish
Nicole and Michael Montgomery
Greg and Ester Moran
Sarah and Neal Moritz
Kathleen and William Mudd
Stephen Munich
David and Melanie Mustone
Scott and Lisa Nelson
Jack Nettles
Susi, Jasmine and Tiger Noone
James Nystrom
Drake Ogilvie
Jane and Ronald Olson
JoAnn Ottman
Ellen Palevsky
Elsie C. Pan
Christy Payne, in honor of Lila Graham
PayPal
Henry C. Peeples, in honor of
Francis Hernandez Peeples
Dr. Alan O. Perantoni
Denise Peterson
Mary and Jeffry Peterson
The Pfizer Foundation
Matching Gifts Program
Pritchard Family Foundation
Larry and Donna Purcey
QUALCOMM Matching Gift Program
Wayne C. Raabe
Mel and Dee Raff
Robert and Julia Rainer
Hunt and Linda Ramsbottom
Vivekanand Rau and Farzaneh Abhari
Ravenwood High School
Gail and Boyd Reeves
Honorable Vicki Reynolds Pepper
and Murray Pepper
Harold and Maura Richardson
Jeremy and Anna Richmon
Arthur D. Riggs
Robert and Debbie Rodin
Evan and Sandra Roklen
Dr. and Mrs. Joel A. Ross
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