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Dear Friends of International Medical Corps:

In every year since our founding in 1984 we have faced enormous challenges around the world: conflict, natural disaster and disease have been a constant threat. Yet amid an increasingly dangerous world we have been able to respond quickly, effectively and strategically, delivering emergency relief and development programs that focus on training locals so they can once again become self-reliant.

This past year was as challenging as ever. It began with unprecedented calamity in Haiti with a massive earthquake that government officials estimate killed 310,000 people and displaced millions of others. We deployed hundreds of volunteers who were able to deliver lifesaving relief while training local health care workers. By the time a deadly epidemic of cholera spread across the island nation nine months later, we had trained thousands of local health workers, 1,100 of whom we were employing and who were able to quickly mobilize, provide treatment and educate communities on the disease.

Similarly, when monsoon floods wiped out huge swaths of Pakistan, affecting an astonishing 20 million people, our teams of 700 trained Pakistani health workers responded rapidly throughout the country, addressing dire short- and long-term health needs and helping restore people’s lives with dignity and hope.

Meantime, after four decades of civil war, South Sudan stood poised to become an independent state, yet continues to struggle with conflict and some of the worst health indicators on the planet – 1 in 4 children will not live to age five, and there are only 180 doctors for 8 million people. International Medical Corps has been working in this troubled region since 1994, and is running ambitious training programs to build South Sudan’s health care workforce.

In other places like Darfur, Afghanistan, Iraq, and the Democratic Republic of Congo, we carried out our emergency response operations while continuing our training programs – providing maternal/child health care, mental health services, and clean water, sanitation and hygiene.

Our ability to respond whenever and wherever we are needed most is the hallmark of our work. We are able to be flexible, innovative and effective because of the individuals, corporations, foundations, government agencies, and other partners who play a vital role in our program activities. We hope that you take great pride in what we have achieved together. We are deeply grateful for the confidence and trust that you place in us and look forward to your continued support.

Sincerely,

Robert R. Simon, MD     Nancy A. Aossey
Founding Chairman     President & CEO
OUR 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.
AMERICAS

CHILE
Emergency response, health capacity strengthening

HAITI
Emergency response, primary and secondary health care, health capacity strengthening, psychosocial services, nutritional support, 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

ST. LUCIA
Emergency response, health capacity strengthening, Continuing Medical Education/Continuing Professional Development

ASIA

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

INDONESIA
Primary health care, emergency preparedness, mental health and psychosocial services

KYRGYZSTAN
Primary health care, emergency preparedness, mental health and psychosocial services

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
### AFRICA & THE MIDDLE EAST

**BURUNDI**  
Primary health care, health capacity strengthening, nutritional support, sexual and gender-based violence care and awareness, health education, returnee assistance

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

**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, HIV/AIDS awareness and prevention, health education, medical training, psychosocial services, child protection

**DARFUR**  
Primary and secondary health care, health capacity strengthening, nutritional support, HIV/AIDS awareness and hygiene promotion

**DR CONGO**  
Emergency response, primary and secondary health care, nutritional support, health capacity strengthening, sexual and gender-based violence care and awareness, HIV/AIDS care and awareness, water, sanitation and hygiene promotion, agricultural livelihoods, health education, psychosocial services, assistance to returnees and the displaced

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

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

**LIBERIA**  
Primary health care, nutritional support, HIV/AIDS and TB prevention, care and treatment, water and sanitation, mental health care

**SIERRA LEONE**  
Primary health care, HIV/AIDS prevention and education, nutrition and food security, mental health care

**SOMALIA**  
Primary health care, nutritional support, water, sanitation and hygiene promotion, agricultural and economic livelihoods

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

**UGANDA**  
Emergency response to cholera outbreak, water and sanitation

**ZIMBABWE**  
Emergency response, water, sanitation and hygiene promotion

**GAZA**  
Mental health and community psychiatric support

**IRAQ**  
Medical education, emergency medicine, health capacity strengthening, health policy reforms, capacity strengthening of Ministries, water, sanitation and hygiene promotion, mental health and psychosocial services, assistance to returnees and displaced, economic livelihoods, Continuing Medical Education/Continuing Professional Development

**JORDAN**  
Primary health care, mental health and psychosocial assistance, health capacity strengthening, refugee assistance

**LEBANON**  
Primary health care, health capacity strengthening, mental health and psychosocial assistance, clinic construction, conflict resolution, vocational training, refugee assistance

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

**SYRIA**  
Primary health care and capacity strengthening, mental health and psychosocial assistance, refugee assistance

**YEMEN**  
Distribution of relief items and medical supplies
WHAT WE DO

We help people build a better, healthier future, wherever they are, whatever the conditions. In emergencies, we deploy immediately to assist victims 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 self-reliance.

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 a community asset. That is why we draw over 95 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.
2010 GLOBAL PROGRAMS BY THE NUMBERS

A TARGET POPULATION OF
40 MILLION

28 COUNTRIES

4,000 LOCAL STAFF

3.8 MILLION TRAINED & REACHED THROUGH
HEALTH EDUCATION

3.9 MILLION PATIENT
CONSULTATIONS

1.3 MILLION CONSULTATIONS
FOR CHILDREN UNDER 5

1,000 MOBILE CLINICS
AND HOSPITALS
SUPPORTED

178,500 ADMITTED
TO FEEDING
CENTERS
OUR PRIORITIES, OUR SUCCESSES

In 2010, International Medical Corps reaffirmed its role as one of the world’s most respected humanitarian relief organizations.
In August, we were the first – and only – international humanitarian assistance organization on the scene to treat victims of one of the year’s worst human rights crimes, the mass rape in the Walikale area of eastern Democratic Republic of Congo.

And in October, we quickly mobilized again in Haiti to respond to a cholera outbreak. By year’s end, we had scaled up operations throughout Haiti to meet the ongoing needs, with a staff numbering approximately 1,100 – more than 95% of them Haitian.

But with growing development needs of the world’s poorest nations, deploying in emergencies to save lives is just the start of our work. We believe the greater challenge is to improve the quality of those lives we’ve saved and strengthen the societies we touch for the long journey from disaster to self-reliance. It is a challenging task that unfolds gradually, with hard work, patience, our ability to build trust among local residents, and the wisdom born of our experience in complex settings around the world.

We believe strengthening capacity – and training to acquire the skills for self-reliance – is the key component of this process. Social protection, especially for a community’s most vulnerable people, is also crucial. Progress toward these goals comes from a mutual respect and self-confidence that allow the human spirit and communities to thrive. That’s why training and education have been at the heart of our work since we undertook our first program more than a quarter century ago. It is why our focus on women and children is a priority – whether our work is in the mountains of Southwest Asia, the rainforest of Sub-Saharan Africa, or on an island in the North Atlantic.

Sharing knowledge and skills is an International Medical Corps hallmark; our programs carry these ingredients, no matter how challenging the environments. We are especially proud that in 2010, we continued our mission despite the demands of an increasingly difficult security environment. It was truly a test of all five of our priority areas: Emergency Response; Capacity strengthening: Women’s and Children’s Health and Well-being; Mental Health; Clean Water, Sanitation, and Hygiene.
CAPACITY STRENGTHENING

Supporting communities to meet their own needs is our central goal. It is how our work began 26 years ago and is where our present and future successes lie. As both a training organization and an emergency relief and development group, we continued this tradition in 2010 in some of the world’s most challenging environments.

PROGRAM PRIORITIES

EMERGENCY RESPONSE & PREPAREDNESS

Whatever the conditions, we quickly deploy around the world and immediately assist survivors of disaster and communities in peril. In 2010 we continued our well-respected legacy of working closely with local and national authorities to prevent and prepare for emergencies.
WOMEN & CHILDREN

In emergencies, 80 percent of those who bear the burden caused by conflict and disaster are women and children. Yet they are the key stakeholders in promoting good health and building stable, self-reliant communities. We believe focusing programs on the well-being of mothers and children – as well as strengthening the roles of men and boys – is both the right thing and the smart thing to do. In 2010, we again delivered important maternal/child health services, providing: lifesaving antenatal and postnatal care; improved child-feeding and immunization programs; income-generating job programs that enable mothers to earn money by working from home; and programs to heal and comfort survivors of sexual and gender-based violence.

MENTAL HEALTH

Although mental illness draws less public attention and donor awareness than widely feared communicable diseases, it quietly saps the strength of developing societies. We train local staff to recognize and treat those with symptoms of this often-overlooked disease, in order to build strong, stable communities.

WATER, SANITATION & HYGIENE

Because clean water, adequate sanitation and good hygiene practices are essential components to good public health, 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.
Following the January 12 earthquake and throughout 2010, we expanded our resources to help survivors begin the painful task of recovery. While maintaining our focus on emergency treatment needs, we also turned to the longer term goal of helping Haiti build a more reliant health care system. In a nation that has so little, it is a task of decades. As we so often do, we began our recovery work with training.

In rural areas around Petit Goave, west of Port-au-Prince, and in Jacmel to the south, we trained Ministry of Health workers in emergency trauma care – skills that will strengthen the first-response system to save lives both in future natural disasters or in more isolated emergencies such as fires and traffic accidents. The program draws on the initial portions of an Emergency Medical Care Development program that we have successfully implemented in low- and middle-income countries elsewhere. In the capital of Port-au-Prince, we conducted a course on emergency obstetrics for both physicians and midwives. We also conducted trainings on Disaster Risk Reduction to help the Haitian health care infrastructure better prepare and respond to future emergencies. We addressed the pressing need for mental health services on several fronts. In eight of our primary health care clinics, we trained general practice physicians to identify and offer initial treatment for mental health issues, while at a more advanced level, we offered training to staff at the Mars and Kline Psychiatric Hospital in Port-au-Prince. At a national level, we worked with Haitian authorities to develop a country-wide mental health strategy. All are important steps in a country whose population has suffered enormous dislocation and the loss of loved ones and livelihoods.

Later in the year, as cases emerged of acute watery diarrhea in the northern area of Artibonite, our medical teams immediately recognized it as a nascent and virulent outbreak of cholera and mobilized, setting up clinics in and around the epicenter, and quickly extending to other affected areas throughout Haiti. We also trained physicians and nurses how to treat and manage the deadly infectious disease, unknown in Haiti for over a century. We concurrently launched a massive outreach campaign to educate local communities about treatment and prevention of the disease, as well as the importance of clean water, hygiene and sanitation.

“There is no doubt that it is easier and faster as experts to treat people ourselves, but while that may be easier, it is not sustainable.”

- Nora Hellman, Volunteer Nurse, Haiti
For more than a decade, International Medical Corps has braved challenging security conditions to provide emergency health care to nearly 2 million civilian victims trapped in ongoing violence in the Democratic Republic of Congo – a conflict that has contributed to more than 5 million deaths and is considered the bloodiest since World War II.

In 2010, the violence reached disturbing new levels. In August, our health care teams were the first to reach – and treat – survivors of an attack involving 250 mass rapes carried out by rebel soldiers over a four-day period in the Walikale area west of Goma. As the only humanitarian group working in the area, it was left to our staff to report the carnage to a shocked world, sparking an international outcry that extended to UN Secretary-General Ban Ki-Moon and Secretary of State Hillary Clinton.

The incident served to deepen our commitment to alleviating the widespread suffering, including launching two multi-year programs to assist and protect survivors of the country’s epidemic of gender-based violence (SGBV). We began work on a five-year, $16 million cooperative grant that will help us reach survivors of SGBV and improve the quality of medical and psychosocial services provided to them. Under the Care, Access, Safety and Empowerment (CASE) project, funded by the US Agency for International Development, we work with community-based groups to prevent SGBV and help those affected by it regain their livelihoods. In conjunction with this, we began a $10 million program, also for five years. Entitled Beinvenue aux Changements dans la Communauté (BCC), the program focuses on countering SGBV in communities through behavior change communication.
Our work targets more than 50,000 mothers to block the onset of malnutrition in a country plagued with endemic food insecurity.

Our work in Sierra Leone began in 1999, and after a brief absence, we returned in 2010 to take a lead role in an ambitious five-year program that takes a holistic approach to preventing malnutrition in children under two. Our work targets more than 50,000 mothers, from pregnancy through birth up to the child’s 24th month, to block the onset of malnutrition in a country plagued with endemic food insecurity. One-third of Sierra Leone’s children under five suffer chronic symptoms of the disease.

Our work leverages strong relationships with local community and district-level health management staff developed over our decade of emergency relief and development work there between 1999-2008, and relies on the mother care groups for the essentials of nutrition, hygiene and healthy recipes for a sustainable, supportive community environment. To supplement nutrient-rich foods distributed to mothers and babies during the program, participating households also receive rations of oil, bulgur and lentils for other family members. The program’s training components include teaching “lead mothers” to conduct household sessions on nutrition and other health-related issues for groups of up to ten mothers. We also instruct Health and Sanitation Ministry health service staff in growth monitoring and integrated management of childhood illness.
Following monsoon rains that unleashed the worst flooding in Pakistan in over 80 years, we immediately deployed mobile medical teams, comprised entirely of local Pakistanis, to provide emergency health care and deliver critical supplies. As floodwaters began to recede and the more than 20 million affected began to return to their communities, we expanded our outreach throughout Khyber Pakhtunkhwa, Punjab and Sindh provinces where a real danger remained of a second wave of death from severe shortages of clean drinking water and water-borne diseases including acute respiratory infection (ARI), acute diarrhea and skin disease.

Because we integrate mental health care in many of our emergency relief efforts, we are providing psychosocial support including teaching local coping mechanisms to help those whose lives have been devastated by the floods. In addition to medical and mental health services, International Medical Corps deployed hygiene promoters to address needs in the worst-affected districts as well as deliver hygiene kits and clean water. Today, our local teams continue to provide health care and education on hygiene & sanitation, as well as implement critical nutrition and livelihoods programs.

Since many health facilities in Pakistan were damaged by the floods and lack medicines, basic medical equipment and supplies, International Medical Corps is undertaking a long-term plan to assess needs, rehabilitate health facilities and train local staff in collaboration with government health officials. In addition to providing required equipment per needs assessed, we also will repair damaged facilities, including water and sanitation infrastructure, to bring them to a functional state. True to our mission, International Medical Corps also will provide training to government health care staff in these facilities so that they can provide quality health care services to the affected population.

“I was worried about my children suffering, but I’m relieved they’ve received treatment today.”

- Munawar, 25, Sindh Province
In 2010, we continued a commitment first made over 25 years ago to help Afghans deliver better health care to their people. A key goal: helping the Afghan government reduce some of the world’s highest maternal and infant mortality rates. This year our work focused on improving the capacity of the country’s leading hospitals. We helped strengthen senior management at the Rabia Balkhi Hospital in Kabul, the country’s premier women’s hospital and the largest referral center for maternal and neonatal health. We conducted staff training, implemented quality assurance mechanisms, helped improve communications within the hospital, and established a sustainable procurement system for medicines and other hospital supplies. A few miles away, at the Wazir Akbar Khan Hospital, the country’s largest teaching hospital, our staff conducted training for both physicians and nurses and taught lab technicians how to operate sophisticated equipment. We also worked to improve basic hospital maintenance. In Paktika Province near the border with Pakistan, we also continued to operate the main provincial hospital as well as smaller outlying facilities. In other fields, we conducted midwifery training programs in Paktika and Khost provinces, where skilled health care for mothers-to-be is scarce. In the remote northeastern province of Nuristan, where security conditions are especially unsettled, we were the only international health care group to provide basic primary health care.

“"When I first came six years ago, there was no training for doctors. Today, I am one of 15 trainers here.”

- Dr. Sediqi, Rabia Balkhi Hospital Kabul, Afghanistan
International Medical Corps began operations in the Middle East in 2003, as one of the first international NGOs to enter Iraq following the outbreak of war. Since then, we have expanded our presence in the region, implementing comprehensive programs in Syria, Jordan and Lebanon that range from relief, to community development, to government capacity strengthening. With support from the US Office of Foreign Disaster Assistance, as well as the Bureau of Population, Refugees, and Migration, International Medical Corps works in these countries to address the unique challenges and needs of people displaced in an urban context, an ever-increasing global trend.

In our eighth year in Iraq, we continued our work to strengthen health care through professional development and continuing medical education initiatives. We provided an intensive hands-on teaching program in radiation oncology for trainees from the Basra Children’s Hospital as well as a short-term oncology training program for nurses. We also operated a large and successful advanced training program for physicians, nurses, and medics in emergency medical care.

In Syria, Jordan and Lebanon, International Medical Corps continued to provide medical care, training, mental health and psychosocial services, and critical resources for Iraqi refugees and host populations overwhelmed with the additional burden on existing public services. In Syria, International Medical Corps provided Primary Health Care (PHC) services and trained 24 primary care physicians in psychosocial care and recognition of mental illness. In Zarqa, one of Jordan’s largest and poorest urban centers, we established the Bayt Alkol (Home for All) community center to serve as a place where community members and Iraqi refugees can gather in a safe and healthy environment. In addition, through high-quality and accredited Continuing Medical Education courses, we’re strengthening the skills of Jordanian and displaced Iraqi medical specialists. In Lebanon, we provided PHC services at 7 clinics, including prenatal and postnatal care, as well as immunizations for children. And on land donated by the municipality in the impoverished and underserved neighborhood of Qubbeh in Tripoli, Northern Lebanon, we reconstructed, furnished, and equipped a polyclinic to provide quality, low-cost services to the community. Additionally, we provided theoretical and on-the-job training to over 100 PHC providers on recognition, treatment, and management of common mental health disorders – and we are working with the Lebanese Psychiatric Society on institutionalizing our training curriculum at a national level.

“For the first time in my life I feel that I am a good mother. I have learned how to be independent and how to deal with my children’s challenges.”

- An Iraqi refugee living in Syria
International Medical Corps is taking the lead in a three-year project funded by the US Agency for International Development (USAID) Bureau for Global Health to strengthen the human capacity of countries to prepare in a timely and sustainable manner for outbreaks with pandemic potential. The project, called PREPARE, focuses on the provision of technical support for simulations and field tests of national, regional and local pandemic preparedness plans to ensure that our globe’s least-resourced countries of Africa and Asia have the capacity to implement response plans effectively during pandemic events, while aiming at the integration of pandemic preparedness into wider disaster management and preparedness initiatives.

The project brings together national governments, health sectors, the private sector, civil society groups, communities, individuals and families to plan and test preparedness capabilities, then develop a “preparedness toolkit” and training scheme to maintain the capacity needed to deal with a pandemic.
2010 ACTIVITY HIGHLIGHTS

PREPARING FOR PANDEMIC THREATS
MILESTONES OF 2010

JANUARY 20th
Anderson Cooper lends his support to our work, saying “I’ve seen International Medical Corps right on the front lines with their sleeves rolled up, working in conditions that are hard to imagine.”

MARCH 22nd
In their visit to Port-au-Prince, former Presidents George W. Bush and Bill Clinton meet with International Medical Corps to discuss future plans for Haiti.

AUGUST & SEPTEMBER
International Medical Corps alerts the world to an incident of mass rape of 250 women in one village in eastern DRC. Following a special UN investigation and coverage by all of the major media, the US commits millions of dollars toward relief efforts for survivors.

APRIL 29th
President & CEO Nancy Aossey is awarded the University of California San Francisco Medal for outstanding contributions toward the university’s health science mission.

JANUARY 29th
Celebrities donate their time and talent, to record PSAs about our relief efforts in Haiti at an event hosted by Oscar-winning composer Hans Zimmer.
MILESTONES OF 2010

OCTOBER 15th
Sienna Miller, International Medical Corps’ Global Ambassador, hosts the opening night celebration of Esquire Magazine’s 8th annual Esquire House charity event, which benefits International Medical Corps.

OCTOBER 1st
International Medical Corps partners with Groupon to reach the online coupon giant’s tens of millions of members during emergencies.

OCTOBER 29th
President & CEO Nancy Aossey rings the NASDAQ Stock Market Closing Bell to promote awareness of our work in Pakistan for survivors of the floods.

SEPTEMBER 28th
Thanks to the generous support of the Edgerton Foundation, International Medical Corps partners first with The Geffen Playhouse and later with playhouses in La Jolla and Berkeley to raise awareness of our work in the Congo.

NOVEMBER 9th
International Medical Corps marks 25 years of lifesaving work around the world with a gala event in Los Angeles, presenting Dr. Sabrina Kay with the Humanitarian Award; Oaktree Capital Management and its Partners with the Global Citizen Award; and Dr. Shamail Azimi with the Founder’s Award.
PARTNERSHIPS & LEADERSHIP

PARTNERSHIPS FOR HUMANITARIAN ACTION

COLLECTIVE HUMANITARIAN ADVOCACY

International Medical Corps works with NGO coalitions, networks and alliances to achieve common humanitarian objectives. Within InterAction, the largest alliance of US-based relief and development agencies working around the world, International Medical Corps holds leadership positions through service on the board of directors and as co-chair of its Humanitarian Policy and Practice Committee. Our membership in the International Council of Voluntary Agencies (ICVA), a global association of NGOs, provides a voice to promote human rights and to advocate in support of a humanitarian perspective in global debates together with our international NGO partners. As co-chair of the Humanitarian Health Caucus of the Global Health Council, the world’s largest alliance of organizations dedicated to improving health throughout the world, we work to highlight specific health issues, challenges, and concerns that surface in humanitarian emergency settings. We also continue to be an active participant in the NGO Leaders Forum convened by the Hauser Center for Nonprofit Organizations at Harvard University. This semi-annual gathering of chief executives of US-based international relief and development NGOs provides an opportunity to explore challenges and consider collective action around the most pressing issues facing our community.

Another critical component of collective humanitarian advocacy is directed toward policymakers in Congress and the Administration. We strive to support and promote public policies that improve the effectiveness of US humanitarian and development programs, as well as the need for necessary resources. Through briefings by our key field-based representatives with members of Congress and their staff in Washington and overseas, International Medical Corps is able to provide first-hand accounts of the needs and issues around humanitarian response. International Medical Corps contributed its best ideas to the US Global Development Policy, announced by President Obama at the United Nations in September. We also participated with many other international stakeholders in the process around the first-ever Quadrennial Diplomacy and Development Review by the State Department and USAID. The QDDR’s purpose is to strengthen and elevate diplomacy and development as key pillars of US foreign policy.
GLOBAL HEALTH CONFERENCE SPOTLIGHT
As co-chair of the Global Health Council Humanitarian Health Caucus, International Medical Corps co-sponsored an event with AmeriCares at the annual Global Health Conference in Washington, DC, that brought together partners from the Haitian government, PAHO/WHO, and the US military to share perspectives on the humanitarian health response to the devastating earthquake in Haiti. The session, entitled, “The First 30 days: Emergency health response in the aftermath of the earthquake in Haiti”, featured a panel that included Dr. Neil Joyce, who led International Medicals Corps’ health response in the immediate aftermath of the disaster. The Humanitarian Health Caucus is a professional forum where practitioners of public health in complex emergencies can meet to exchange experiences and compare methods and results.

A FOCUS ON GENDER EQUALITY AND GENDER-BASED VIOLENCE
Building upon its strong foundation in emergency response and women’s and children’s health and well-being, International Medical Corps took leadership roles in inter-agency working groups within the Inter-Agency Standing Committee (IASC). As co-chair, together with UNICEF and UNFPA, of the Gender-Based Violence Area of Responsibility working group, International Medical Corps collaborates with UN agencies and other NGOs to facilitate a more predictable, accountable, and effective protection response to gender-based violence in complex emergencies. International Medical Corps has also assumed a leadership position as co-chair of the IASC sub-working group on Gender and Humanitarian Action. The group works to achieve gender equality, ensuring that the human rights of women, girls, boys, and men are equally promoted and protected in humanitarian action, and ensuring that they have equitable and safe access to services provided.

CLINTON GLOBAL INITIATIVE (CGI) COMMITMENT TO ADOLESCENT GIRLS IN HAITI
International Medical Corps, together with national and international NGO partners, is actively working under the auspices of the Clinton Global Initiative to bring attention to and meet the needs of adolescent girls in Haiti. The organizations comprise the Haiti Adolescent Girls Network, which commits to empower the most vulnerable Haitian girls, ages 10-19, in the wake of the devastating earthquake through a program of social, health, and economic asset building in protective girl-only spaces.

STRENGTHENING ACCOUNTABILITY TO AFFECTED COMMUNITIES
International Medical Corps has become a member of the Humanitarian Accountability Partnership (HAP). HAP provides a framework for addressing principles of accountability and standards, and helps organizations design, implement, assess and recognize programs accountable to – and delivering quality for – communities affected by disasters, conflict, poverty and other crises.

IMPROVING THE ABILITY TO DELIVER CRITICAL MEDICINES AND SUPPLIES
International Medical Corps forged new, and strengthened existing, partnerships in 2010, 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 AmeriCares, Bridge Foundation, Child First Meds, Church of Jesus Christ of Latter-day Saints, Heart to Heart International, Henry Schein Cares, Interchurch Medical Assistance, International Health Partners, International Relief Teams, Luftfahrt ohne Grenzen/Aviation without Borders, Medicines for Humanity, and Operation USA.
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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Clarity Partners, LP
Beverly Hills, California

Carol Sharer
Vail, Colorado

Vivian Soren-Myers
Management Consultant
Newport Beach, California

Hans Zimmer
Santa Monica, California

GLOBAL AMBASSADORS

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President & CEO
Pacific Council on International Policy
Los Angeles, California

Sienna Miller
Actress and Activist
United Kingdom

Stacy Twilley
Founder & CEO
iVolunteer.org
Los Angeles, California
## ANNUAL FINANCIAL STATEMENTS FY 2009-2010

The following is International Medical Corps’ Statement of Financial Position and Activities for the years ended June 30, 2010 and 2009.

### STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$9,088,008</td>
<td>$8,323,100</td>
</tr>
<tr>
<td>Grants receivable</td>
<td>10,115,523</td>
<td>5,233,141</td>
</tr>
<tr>
<td>Other receivables</td>
<td>2,124,066</td>
<td>1,826,117</td>
</tr>
<tr>
<td>Investments in equity securities</td>
<td>440,129</td>
<td>360,030</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>1,161,141</td>
<td>1,384,530</td>
</tr>
<tr>
<td>Deposits</td>
<td>203,904</td>
<td>135,394</td>
</tr>
<tr>
<td>Inventory of supplies and commodities</td>
<td>6,008,974</td>
<td>360,986</td>
</tr>
<tr>
<td>Equipment, net</td>
<td>1,803,044</td>
<td>1,183,682</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$30,944,789</td>
<td>$18,806,980</td>
</tr>
</tbody>
</table>

| **Liabilities and net assets** |            |            |
| Accounts payable       | $1,965,211 | $1,955,079 |
| Accrued liabilities    | 5,530,523  | 4,404,282  |
| Deferred revenue (refundable advances) | 8,862,554 | 7,807,491 |
| Deferred rent          | 386,164    | 432,645    |
| Notes payable          | 180,801    | --         |
| Obligation under capital leases | 865,725    | 144,809    |
| **Total liabilities**  | 17,790,978 | 14,744,306 |
| **Total net assets**   | 13,153,811 | 4,062,674  |
| **Total liabilities and net assets** | $30,944,789 | $18,806,980|
### Statement of Activities

#### Public Support and Revenue

<table>
<thead>
<tr>
<th>Public Support</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract and grant support</td>
<td>$81,153,786</td>
<td>$60,716,065</td>
</tr>
<tr>
<td>Contributions</td>
<td>7,547,428</td>
<td>3,092,327</td>
</tr>
<tr>
<td>Donated medical supplies</td>
<td>42,011,498</td>
<td>51,274,707</td>
</tr>
<tr>
<td>Donated medical services</td>
<td>1,865,366</td>
<td>287,087</td>
</tr>
<tr>
<td><strong>Total public support</strong></td>
<td><strong>132,578,078</strong></td>
<td><strong>115,370,186</strong></td>
</tr>
</tbody>
</table>

#### Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend income</td>
<td>5,990</td>
<td>12,697</td>
</tr>
<tr>
<td>Realized and unrealized gain on investments</td>
<td>41,749</td>
<td>(137,740)</td>
</tr>
<tr>
<td>Other</td>
<td>447,596</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>495,335</td>
<td>(125,043)</td>
</tr>
</tbody>
</table>

**Total public support and revenue** | **133,073,413** | **115,245,143**

#### Expenses

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>50,111,361</td>
<td>46,162,015</td>
</tr>
<tr>
<td>Asia</td>
<td>12,874,082</td>
<td>10,874,671</td>
</tr>
<tr>
<td>Caucasus</td>
<td>1,290,416</td>
<td>890,377</td>
</tr>
<tr>
<td>Middle East</td>
<td>31,033,242</td>
<td>54,599,610</td>
</tr>
<tr>
<td>South/Central America and the Caribbean</td>
<td>14,669,741</td>
<td>6,634</td>
</tr>
<tr>
<td>United States</td>
<td>27,842</td>
<td>158,557</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td><strong>110,006,684</strong></td>
<td><strong>112,691,864</strong></td>
</tr>
<tr>
<td>Program management and evaluation</td>
<td>4,282,070</td>
<td>3,542,778</td>
</tr>
<tr>
<td>Supporting services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>8,898,908</td>
<td>7,365,950</td>
</tr>
<tr>
<td>Fundraising</td>
<td>794,614</td>
<td>722,076</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>123,982,276</strong></td>
<td><strong>124,322,668</strong></td>
</tr>
</tbody>
</table>

**Change in net assets** | 9,091,137 | (9,077,525) |

**Net assets at beginning of the year** | 4,062,674 | 13,140,199 |

**Net assets at end of this period** | **$13,153,811** | **$4,062,674** |

KPMG LLP audited financial statements are available on request from International Medical Corps.
The following is International Medical Corps-UK’s Statement of Financial Activities and Balance Sheet for the years ended June 30, 2010 and 2009.

**STATEMENT OF FINANCIAL ACTIVITIES**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income and expenditures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incoming resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incoming resources from generated funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td>£3,406,768</td>
<td>£3,100,527</td>
</tr>
<tr>
<td>Incoming resources from charitable activities</td>
<td>21,120,537</td>
<td>16,293,634</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td>24,527,305</td>
<td>19,394,161</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>34,068</td>
<td>78,145</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>11,425,299</td>
<td>10,780,161</td>
</tr>
<tr>
<td>Asia</td>
<td>6,325,952</td>
<td>3,116,609</td>
</tr>
<tr>
<td>Caucasus</td>
<td>598,367</td>
<td>604,651</td>
</tr>
<tr>
<td>Middle East</td>
<td>2,436,375</td>
<td>3,689,839</td>
</tr>
<tr>
<td>South/Central America and the Caribbean</td>
<td>2,535,964</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total charitable activities</strong></td>
<td>23,321,957</td>
<td>18,191,260</td>
</tr>
<tr>
<td>Governance cost</td>
<td>19,878</td>
<td>27,504</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td>23,375,903</td>
<td>18,296,909</td>
</tr>
<tr>
<td><strong>Net movement in funds</strong></td>
<td>1,151,402</td>
<td>1,097,252</td>
</tr>
<tr>
<td>Fund balance brought forward at July 1, 2009</td>
<td>2,351,581</td>
<td>1,254,329</td>
</tr>
<tr>
<td>Fund balance carried forward at June 30, 2010</td>
<td>£3,502,983</td>
<td>£2,351,581</td>
</tr>
</tbody>
</table>
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 issued a clean audit report.
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 $166 million in fiscal year 2010. Approximately 93% 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 $30 in additional cash and in-kind resources.

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

<table>
<thead>
<tr>
<th>Support and revenue</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Medical Corps-UK</td>
<td>$30,289,741</td>
<td>$25,183,066</td>
</tr>
<tr>
<td>International Medical Corps</td>
<td>88,413,808</td>
<td>63,340,999</td>
</tr>
<tr>
<td>Total contract and grant support</td>
<td>118,703,549</td>
<td>88,524,065</td>
</tr>
<tr>
<td>International Medical Corps-UK</td>
<td>4,071,726</td>
<td>4,601,454</td>
</tr>
<tr>
<td>International Medical Corps</td>
<td>43,876,864</td>
<td>51,561,794</td>
</tr>
<tr>
<td>Total donated services and supplies</td>
<td>47,948,590</td>
<td>56,163,248</td>
</tr>
<tr>
<td>Total support and revenue</td>
<td>166,652,139</td>
<td>144,687,313</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Medical Corps-UK program services</td>
<td>32,908,633</td>
<td>28,454,108</td>
</tr>
<tr>
<td>International Medical Corps program services</td>
<td>113,506,013</td>
<td>115,892,292</td>
</tr>
<tr>
<td>Total program expenses</td>
<td>146,414,646</td>
<td>144,346,400</td>
</tr>
<tr>
<td>International Medical Corps-UK management and general</td>
<td>1,477,453</td>
<td>1,202,222</td>
</tr>
<tr>
<td>International Medical Corps-UK fundraising</td>
<td>46,217</td>
<td>116,514</td>
</tr>
<tr>
<td>International Medical Corps management and general</td>
<td>8,898,908</td>
<td>7,365,950</td>
</tr>
<tr>
<td>International Medical Corps fundraising</td>
<td>794,614</td>
<td>722,076</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>11,217,192</td>
<td>9,406,762</td>
</tr>
<tr>
<td>Total expenses</td>
<td>157,631,838</td>
<td>153,753,162</td>
</tr>
</tbody>
</table>

| Change in net assets                  | 9,020,301         | (9,065,849)       |
| Net assets at beginning of the year   | 4,360,811         | 13,426,660        |
| Net assets at the end of the year     | $13,381,112       | $4,360,811        |

* 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.
ANNUAL SUPPORT

Your generosity is truly making a difference in the lives of millions

International Medical Corps would like to thank the following institutions, individuals, and organizations for their support and partnership throughout 2010. 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 2010.

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
Department for International Development
European Commission
Humanitarian Aid Department of the European Union
Jersey Overseas Aid Commission
Ministry of Public Health, Islamic Republic of Afghanistan
Office of the United Nations High Commissioner for Refugees
Stichting Vluchteling
Swiss Agency for Development and Cooperation
USA/US Embassy in Islamabad, Pakistan/DOS/TAFT Fund
United Nations Children’s Fund
United Nations Development Fund for Women
United Nations Development Program
United Nations Office for Project Services
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
United States Institute of Peace
World Food Program
World Health Organization
PARTNERS, SUPPORTERS & COLLABORATORS

140 Hours of Fame
Afghan Help and Training Program
Africa Humanitarian Action
Agility - PWC Global Logistics Holdings Ltd.
ACDI/VOCA
American Academy of Family Physicians
American Bar Association Rule of Law Institute
American Red Cross
American Refugee Committee
Arists & Athletes Alliance
Asher Luzzatto
Australian Agency for International Development
Authentic Agency
Bar Marmont
Basic Education for Awareness Reforms and Empowerment
Baylake Pines School
Be the Change
Blue Veins (Women Welfare and Relief Services)
BMB Mott MacDonald Ltd.
Brentwood School
Brooklyn Museum
Creative Artists Agency Foundation
Cars4Causes
Catholic Relief Services
Causecast
Centers for Disease Control and Prevention
Centre for Research on the Epidemiology of Disasters
Choral Society of Durham
Church World Services
Climb Take Action
Columbia University
Cooperazione Internazionale
Creative Photography Workshops
Crossroads School for Arts and Sciences
Direct Action Resource Center DARC
Dokument Films
Eastern Massachusetts Bill Koch Youth Ski League
EDO Health - D.I. Khan
Emory University, Amnesty International Club
Enough Violence & Exploitation
Esquire Magazine
European Commission
Extra Lives
Fernando Pullum Performing Arts School
Gallup Senior High School
Gaza Community Mental Health Program
Geffen Playhouse
Global Deterrence Alternatives, LLC
GlobalGiving
Google
Great Nonprofits
Groupon, Inc.
Harvard Humanitarian Initiative
Hawthorne School
Helping Hand for Relief and Development Hennessy
Highland Hospital, Oakland, CA
Hilltop Community Church
Hôpital de l’université d’etat d’Haiti
Humanitarian Assistance & Development Association
Humanitarian Medical Relief Body
IdealPhilanthropy, LLC
Impact 4 Good
International Relief Teams
International Research & Exchanges Board
IntraHealth International Inc.
Iraq Ministry of Education
Jersey Overseas Aid Commission
JewelMint
JHPIEGO Corporation
John H. Stroger Cook County Hospital, Emergency Department
Johns Hopkins University - Bloomberg School of Public Health
Joint Aid Management
Jordan Breast Cancer Program
Jordan Health Aid Society
Jordan River Foundation
Kids Play Int’l.
La Jolla Playhouse
Laser Plus Imaging, LLC
Learning Through Play Haiti
Legal Resource Foundation
Leverage Management
Los Angeles County Museum of Art Management Sciences for Health
Marshall Area Peace Seekers
MD Buyline Inc.
MedPrep Consulting Group, LLC
The Medtronic Foundation
Mercy Corps International
Metropolitan Water District
Ministry for the Public Health and the Population - Haiti
Ministry of Health and Child Welfare - Zimbabwe
Ministry of Medical Services - Kenya
Ministry of Public Health and Sanitation - Kenya
ANNUAL SUPPORT

IN-KIND CONTRIBUTIONS

$10,000,000 - $19,999,999
Bridge Foundation

$5,000,000 - $9,999,999
International Relief Teams (IRT)
AmeriCares Foundation

$1,000,000 - $4,999,999
Medicines for Humanity (MFH)
Lufthansa ohne Grenzen e.V.
Heart to Heart International
Mercy Corps
International Health Partners (UK) Limited (IHP)

$500,000 - $999,999
Operation USA

$100,000 - $499,999
United Nations Children's Fund (UNICEF)
United Nations World Food Programme (UNWFP)
United Nations Population Fund (UNFPA)
Ministry of Health, Sudan
Health Partners International-Canada (HPIC)

$25,000 - $99,999
Aesculap

$5,000 - $24,999
Child First Meds - Lucrease Watson and Dick Watson Children’s Foundation
ABBOT GmbH & Co. KG
United Nations High Commissioner for Refugees (UNHCR)

United Nations Office for Project Services
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
United States Institute of Peace
United Talent Agency Foundation
United Way of King County
University of California Los Angeles
University of Chicago
University of Connecticut
University of Illinois
Urban Sports Organization
Viceroy Hotel, Santa Monica
Vision Workshops
Visual Purple, LLC & Affiliates
Waxploitation Company
William Morris Endeavor Foundation
World Food Program
World Health Organization
World Vision

Interchurch Medical Assistance, Inc. (IMA World Health)
GlaxoSmithKline Pakistan Limited
World Health Organization (WHO)
Nike, Inc.

National Aids Control Program (NACP)
IMPRES B.V.
Direct Relief International (DRI)

Programme National de Nutrition Sud-Kivu
Centrale Humanitaire Médico-Pharmaceutique (CHMP)
Boehringer Ingelheim Ellas A.E.
INDIVIDUAL, FOUNDATION, CORPORATE, AND ORGANIZATIONAL CONTRIBUTIONS

$1,000,000 and Above
Hess Corporation

$500,000 - $999,999
Amgen
Clinton Bush Haiti Fund
The ELMA Philanthropies Services (U.S.) Inc.
Bill & Melinda Gates Foundation
Oaktree Capital Management, L.P.

$250,000 - $499,999
Anonymous (1)
California Community Foundation
GlobalGiving Foundation

$100,000 - $249,999
American Jewish Joint Distribution Committee
AmeriCares Foundation
Conrad N. Hilton Foundation
Jewish World Watch
Joseph Drown Foundation
The Earth Council - Geneva
Edgerton Foundation
Inter-American Development Bank
MAZON: A Jewish Response to Hunger
The Kenneth T. and Eileen L. Norris Foundation
Union for Reform Judaism
Daniel M. Wheeler

$50,000 - $99,999
Anonymous (2)
Agility
Amgen Foundation
Association of Physicians of Pakistan-Descent of North America
Aramex International, Ltd.
Arlene Foundation
Andrew and Avery Barth
Scott Cook and Signe Ostby
Gruber Family Foundation
Norman David Kay 2000 Revocable Living Trust
Sabrina Kay
The Medtronic Foundation
Carol H. Sharer
Christine J. Toretti
Zahid Group
Zaman International

$25,000 - $49,999
Anonymous (4)
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The Brinson Foundation
Edward J. Carpenter
Center for the Study of Democratic Institutions, Inc.
Fidelity Investments Charitable Gift Fund
Jon and Nancy Glaser
The John and Marcia Goldman Foundation
James and Susan Hart
The Hauptman Family Foundation
Hess Foundation, Inc
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James and Annabel Montgomery
Steven and Vivian Myers
Barry and Lea Porter
Elizabeth Romney
William and Janet Ryan
Skoll Global Threats Fund
Mucki Tan and Yulies Irawan
Jeffrey Minh Tran
Vanguard Charitable Endowment Program
Alexandra Wenger

$10,000 - $24,999
Anonymous (5)
The Aidmatrix Foundation
Drew Altman
American Academy of Orthopaedic Surgeons
Gregory and Robin Anderson
Frederic M. Ayres
Nathaniel A. Back
Bank of America Merrill Lynch
Bingham Family Foundation
Davis Bongo-Okili
John and Lisa Brady
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Margaret A. Cargill Foundation
Causecast Foundation
Aubrey and Joyce Chernick
Consolidated Health Plans
Kathleen and Paul D’Addario
Linda Daly Charitable Foundation
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Debevoise & Plimpton LLP
James and Judith Deitch
Alexis Deutsch-Adler and Robert Adler
Gina Deutsch
Thea Duell
Ernst & Young U.S. LLP
Debbie, Damon, Colten and Jaden Fisher
Mark A. Fishman
Josh and Beth Friedman
Fadi, Rula, Fares and Bassel Ghandour
Global Impact
Carol Hall and Leonard Majzlin
IBM Employee Services Center
International Relief Teams
Islamic Association of Greater Detroit
Islamic Center of America
Islamic Shura Council of Michigan
The Henry J. Kaiser Family Foundation
Bernard H. Kastory
Leander and Alex Krueger
Latter-day Saints Humanitarian Emergency Response
Leon Lowenstein Foundation
David and Susan Martin Foundation in honor of Dollye Martin and Madilyn Wolber
Daniel and Susan Marus
Mason Hirst Foundation, Inc.
Caroline and Guy Merison
Willem and Lisa Mesdag
Sienna R. Miller
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Northern Trust
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Robert O’Leary
Ed and Betty Pope
Anthony Pritzker Family Foundation
The Lisa and John Pritzker Family Fund
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George and Cindy Rusu
Sheryl Sandberg and David Goldberg
Lisa J. Scheller
The Schwab Fund for Charitable Giving
Sid and Lorraine Shepard
Robert and Marilyn Simon
Bruce and Stacy Simon
Michael C. and Pauline L. Smith
Todd Specter
Jolie Stahl and Robert M. Dannin
C. William Sundblad
Mark and Victoria Sunseri
The Three Sisters Foundation
Gustavo Uribe
Mr. and Mrs. Archbold D. van Beuren
van Beuren Charitable Foundation, Inc.
D. Michael and Claire Van Konynenburg

$5,000 - $9,999

Anonymous (5)
Musaed N. Al-Saleh
Nancy A. Aossey in honor of David and Eileen Aossey
American Medical Systems, Inc.
Timothy D. Armour
David and Lisa Auerbach
Baker Botts L.L.P.
Ambassador Frank and Kathy Baxter
Sandra Berg
Berliner and Hammerman Families
John Berookhim
Bingham Kears Charitable Fund
Bloomberg L.P.
Daniel and Esther Brabec
Janice Brandt
Brentwood School
Gerald Breslauer
Greg Broughton
Kim and Virginia Caldwell
A Corporate Matching Gift From “The Capital Group Companies Charitable Foundation”
Capital Guardian Trust Company
Laurie and Gerard Cappello
CB Richard Ellis
CCS Fundraising
Ken and Mary Cirillo
Henry Schein Cares Foundation Inc.
The Angela Collier Foundation
Samantha and John Colodny
Margaret Conklin
John and Mary Conlin
Crossroads School for Arts and Sciences
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Gregory and Sandy DeSisto
Do Unto Others
Evy of California, Inc.
Alisa Freundlich
The Friedland Foundation
The Global Bridge Foundation
Goldman Sachs & Co.
William and Gillian Gover
Robert J. Harr

$2,500 - $4,999

Anonymous (11)
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Fred and Elizabeth Adkins
AKC Fund, Inc.

Mako Foundation
Chris and Mary Martin
Erica and Brian McLoughlin
Tom Meyer and Julie Stevenson
Microsoft Matching Gifts Program
Shayle Miller and Jin-Soo Kim
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