

Annual Report 2013

HOSPITAALBROEDERS



SJOG-HospitaalBroeders

1 Introduction	3
2 What do we do in Africa?	4
- Healthcare	4
- Food	7
- Education	7
- Water	8
3 Our resources	9
4 Are we on the right track?	11
5 Committed supporters	13
6 Where next?	14
7 Our approach	16
8 Annual accounts	18



That frail young woman looked once more to the future with confidence.

Making the world a slightly better place. Creating a more beautiful future together. Those are the reasons that I found my way into the world of charity. In 2013, I saw many useful SJOG-Hospitaalbroeders projects that filled me not only with a personal joy but also with pride. Simply because we, together with a small and loyal group of supporters, were able to take part in these projects.

In 2013, for the first time in our history, training and education activities formed the most important pillars of our work. The student grant scheme, allowing students in Sierra Leone and Malawi to study, really took off. All of which could not have taken place without the support of marathon runners, who took part in the Amsterdam Marathon, as well as donors supporting this scheme. It was a beautiful day on which our people in the Netherlands showed great solidarity with the African students.

The expansion of our mental health care advisory activities was a further milestone. Our team of psychiatric doctors and nurses visit villages and towns which currently have no mental health care facilities. The Dutch embassy in Senegal, recognising the importance of this project, gave financial support to this programme.

One very special encounter was with Angelique. I spoke with her when I made a visit to our project Outreach Programme. She told me that she was suffering from severe depressions and that she was very disturbed. She had begun by visiting a traditional healer but that had only worsened her symptoms. Now she was receiving treatment from the doctors of our Outreach team and with the correct medication, her life looked much brighter. I was moved by the sight of this frail young woman. Her misfortune had broken her and her village took her for a fool, but now her eyes had gained their sparkle and she looked once more to the future with renewed confidence.

This is just a little story. Some will call it a drop in the ocean. But as long as our donors enable us to give this very important aid, we will continue our work. Of course, we do this together with our teams of local brothers, doctors and nurses, together with a super supply of clever, talented students who in the near future will be able to add their efforts to helping people who would otherwise be forgotten and left to fend for themselves.

In this annual report we will tell you more about these milestones, as well as about our other projects in the fields of healthcare, education, water and food.

We welcome your emails and telephone calls as we like to hear what you have to say about our work.

David Heyer
Manager SJOG-HospitaalBroeders Netherlands

General introduction

We may be small in the Netherlands, but we are big in Africa.

For centuries now, we have offered care and attention to those who need it most. Often, these people are excluded from the community: adults and children with mental or psychological disabilities, mothers and people infected with HIV.

In 2013, we were able to contribute to numerous long-term and promising projects in Africa. Often these projects are closely linked to our hospitals and clinics. After all, providing care is our **core business**. But good care is only possible within stable and solid communities. This is why we also invest in education, clean water and food security.



Healthcare

Eighteen hospitals and clinics in Africa

Outreach programmes in Sierra Leone, Malawi and Senegal

Many Africans do not have access to care facilities. They are too ill to travel or have no means to travel. Furthermore, many communities lack the necessary information with the result that many mentally and physically handicapped persons are still treated in inhumane ways. In the Outreach Programme that was launched in Senegal this year, providing information about mental illnesses has a high priority. Our volunteers explain to villagers and farming communities what mental illness is and how you can best deal with it. This is the only way to remove the stigma attached to mental illness.



Surgeons fly to Sierra Leone

Early 2013, a team of six Dutch surgeons of the medical centre of the University of Utrecht flew to our Lunsar hospital to assist our local doctors and assist them with difficult operations. The Dutch team of surgeons pulled out all the stops, performing operations on patients from eight in the morning until ten at night. On their very first day after arrival, the team was introduced to their first outpatient: a small boy who, after a football game, could barely walk anymore. "For four months, he had been limping about with a broken patella. We took him to the OR immediately", said Babs Beyer, one of the Dutch surgeons.



"Everyone told me I was crazy. And my father brought me to a traditional healer. Now I know I'm not crazy, but ill. I know that you can be cured when you get the right medication. That is why I am happy with the programme by the SJOG-HospitaalBroeders." *Angelique (30), patient of the Outreach Programme in Senegal.*

Committed professionals giving their best to SJOG-HospitaalBroeders

Dental care in Sierra Leone

In Sierra Leone, the quality of dental health care is poor. In the rural areas there are no clinics where teeth can be pulled or cavities filled. Our clinics in Lungi and Lunsar received their own dental health care units, fitted with devices offered by retired Dutch dentist Rob van der Drift, who also gave lots of advice.



Retired dentist Rob van der Drift was pleasantly surprised when he saw how his old dental unit had been put to work in Lungi: "They reassembled the unit really well. And everything works!" After familiarising his African colleague with the unit, he said: "It's wonderful that there are people like the brothers of SJOG-HospitaalBroeders in this world. They have done so much good throughout the centuries. I'm impressed."

Setting up a clinic in Malawi

The level of mental health care is very low in Malawi: for a population of 16 million, there are only 400 beds set aside nationwide for people with these kinds of problems. That is why the local authorities gave SJOG-HospitaalBroeders the use of a wing of the public hospital in Mzuzu. In this hospital, we provide care to people with a mental disorder. The government asked us to build a facility in Lilongwe that meets the same high quality standards as the facility we built in Mzuzu. In 2013 we made a start on this long-term project.



Sustainable solutions for our hospital in Senegal

Not only does SJOG-HospitaalBroeders build hospitals, it also provides sustainable solutions for water and energy issues. Our psychiatric clinic in Fatick, for instance, is facing problems with both water and energy. The energy bill is too high and building a water well is expensive and time-consuming. As SJOG-HospitaalBroeders prefers sustainable solutions, we placed solar panels on our clinic. And we collect rainwater in underground tanks, after which the water is filtered and purified. The results? Clean drinking water for our patients, and a low energy bill, which means that more funds are available for actual care. The ASN Foundation supported the solar panel project by a donation of € 2,500.



Psychological and social support for people with HIV and AIDS

A group of thirty volunteers from the Chitipa district in Malawi attended a training by SJOG-HospitaalBroeders. The goal of our training was to inform these volunteers about the psychological and social needs of people with HIV and AIDS. The participants were members of groups who support, in various ways, people with HIV or AIDS. HIV is a huge problem. Over 12% of all adults in Malawi have been infected with the HIV virus. It is the cause of 33% of all maternal mortality and 20% of all child mortality. More research and information is required now so as to be able to contribute to the prevention of a further spread of this disease.



Special radio in Malawi

Since 2010, we have been making a very popular radio broadcast about mental health. There is a lot of ignorance about mental illness in Malawi and many people with a mental disorder are discriminated against. In Malawi, radio is the most important broadcast medium: for most people, radio broadcasts are the only source of information. The impact of this radio broadcast is considerable; our staff notice an improved attitude towards mental disorders in areas with access to our radio broadcast. We remain committed to supporting people with a disability. We are now focussing on stepping up our broadcasting efforts: more information, increased air time and an increased coverage of the transmitting station.

Care to addicts in Malawi

In our clinic providing mental health care, a problem emerged that became more defined and urgent as the years passed: addicts, who often suffer from psychological disorders, were following the same programmes as patients who did not have addiction issues. This created serious challenges. It was decided to place this group of people in a distinct treatment unit. This specific programme includes, among other treatments: screening/assessment, counselling and a step-by-step rehabilitation programme, pastoral care sessions, work programmes and an extensive health check.

A renovated laboratory in Senegal

With the support of the Dutch donors of SJOG-HospitaalBroeders, our laboratory in the hospital in Thies has undergone some innovative improvements. In this laboratory, important work is carried out in the areas of parasitology and heamatology. It also processes the tests of all patients. The old laboratory was too small for all these activities. Thies is the second biggest town in Senegal. In 2013, a total of 17,405 people received treatment in our hospital and another 4,681 were brought in at the Emergency Room. The laboratory processed tests of 42,003 patients. These significant numbers made the expansion of the laboratory an important priority.



Success story

Since the end of the civil war, which had gripped Sierra Leone for ten long, crippling years, Brother Peter has held sway over our hospital in Lunsar. With his boundless energy and youthful enthusiasm, he has been the driver behind the improved quality of the work carried out in the hospital. In the last four years, the improvements have been tremendous. An example is the threefold increase in the number of HIV tests performed, while the number of patients seen by the Emergency Room has gone up tenfold, to 25,000 annually.

	2010	2013	growth
Doctors and nurses	108	164	52%
Malaria treatments	5749	9348	62%
First Aid	2268	25050	1104%
HIV tests	1377	4645	337%
Dental care	358	1080	301%

Food

Independence through agricultural know-how



Nutritional knowledge as building blocks for an assured future

Food security cannot be taken for granted in Africa. SJOG-HospitaalBroeders provides people with the means enabling them to produce their own food and support themselves. In some African countries we give micro-credits, but we also work on spreading agricultural know-how as much as possible. In 2013 we added ten villages in the Buya Romende district to the Sierra Leone programme.

Food through micro-credits

In Malawi and Sierra Leone we have a micro-credit programme for food in place. These agricultural projects enable farmers to improve soil fertility and so increase yields. This results in increased food production. Once the participants have paid back the loan, the surplus produce allows them to be self-sufficient. They are able to grow food for their own use and earn an income allowing them to send their children to school.

Education

Vocational training in Malawi

On 18 October, 25 students graduated from our vocational training in Malawi. Despite their disability, these young people are now qualified tailors, carpenters, gardeners, bricklayers, seamstresses and housekeepers. Quite an achievement!



72 students graduated in nursing

Scholarships

Malawi has an acute shortage of psychiatrists, therapists and psychiatric staff. In this country of 16 million, there are 4 psychiatrists, so 1 psychiatrist for every 4 million people. SJOG-HospitaalBroeders is doing something to change this, together with our donors. Examples include the foundation of the first mental health care training school in sub-Saharan Africa and the creation of opportunities for talented young people. In 2013, we awarded scholarships to six motivated students. Without a scholarship, an education would have been out of their reach. Now these students are making their dreams come true. Moreover, they contribute to the mental health care in their own country.



Dutch runners

On Sunday 20 October, 47 runners of our Brothers & Sisters Team ran the Amsterdam Marathon. They were raising funds for the nursing students in Sierra Leone (their brothers and sisters) so they could attend the three-year course. In total, the team members collected over € 10,000!

72 students graduated in Sierra Leone

At the end of October 2013, 72 students graduated from our Nurse Training School. The school has a graduation rate of 96%. That ranks our Nurse Training School in second place out of all the training facilities in Sierra Leone. This growth has been realised thanks to well-trained and experienced staff. Furthermore, the scholarship programme has paid off as it has allowed students to fully focus on their studies. Moreover, more coaches help students study effectively ensuring that students are better prepared for their exams. Not only do these students achieve professional development and personal growth, they also contribute to the improvement of health care in Sierra Leone.



Water

Better health through water wells



Clean water as building block for health

For many people, clean drinking water and good sanitary facilities are luxuries. In sub-Saharan Africa, 70% of all people have no access to sanitary facilities. We see the illnesses that result from polluted drinking water in our hospitals every day: cholera, typhoid fever and diarrhoea. We are able to effectively dam the influx of people by bringing clean drinking water and sanitary facilities to the villages. Working together with village communities, we sink water wells for water as well as providing maintenance for them.



Water: facts

- Some 900 million people worldwide do not have access to safe drinking water.
- As many as 2.5 billion people do not have sanitary facilities: in sub-Saharan Africa, this applies to 70% of the population.
- Every day, more than 4,000 children die from diseases related to poor water quality.
- Every year, hundreds of thousands of people die from diseases associated with poor quality drinking water: cholera, typhoid and diarrhoea.

Clean drinking water in our psychiatric hospital

In Fatick, Senegal, it is very difficult to dig water wells. The salt water creates a need for deep digging to find good and clean water, which is time-consuming and expensive. We found a solution: underground tanks collecting rainwater, which is then filtered and purified. The installation of the tanks began in 2013.



03

Our resources

Incoming resources

Fundraising is crucial to be able to carry out our mission. We are constantly looking for ways to be more efficient and use our funds as efficiently as possible. In this respect, 2013 was not an easy year. Many donors had their own financial issues. We know that because we always ask donors for the reason when they cancel their standing order. In over 85% of these cases, 'economic circumstances' and 'budget cuts' were the reasons brought up by the donor.

Moreover, it became more difficult to find new donors. In short, this was a tricky year for SJOG-HospitaalBroeders ...

The income from fundraising was € 832,203, down 11% from 2012. We already mentioned the most important reason: donors cancelling their standing orders.

Loyal donors are crucial: they account for 81% of total income. Worth noting was an unexpected windfall: the income from our mailing programme exceeding the budgeted income by 20%.

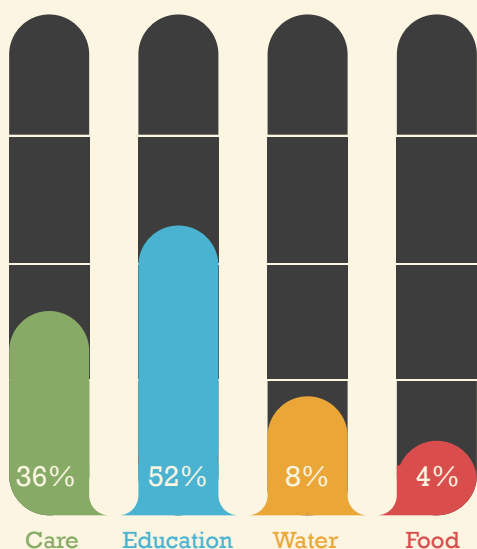
Resources expended

The cost associated with our fundraising amounted to € 281,742 or 33%. This is more than the norm of 25% imposed by CBF (the Dutch fundraising standards board). Yet we think that this is defensible: the impact of our investments in a number of projects was considerable. For instance, we invested more than ever before in training and education. More than half of all project investments involved various training activities enabling talented young African students to do their bit to contribute to a better future.

Management and administration accounted for 11% of total expenditure.

Institutions and funds

Unfortunately, the income from institutional funders also fell short of what we had expected. We did, however, receive project support from the Dutch embassy in Senegal, ASN Bank and the Haella Foundation.



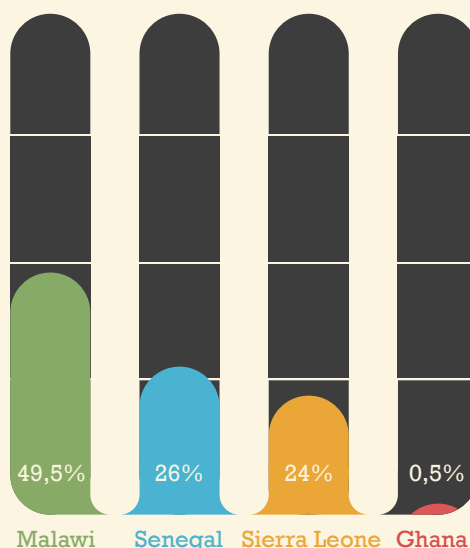
Resources expended on charitable activities by purpose

Our budget

- The resources expended on charitable activities totalled € 460,432.

- For the first time in our history, we invested more in education than in immediate care. We find it important to draw on the potential of young people and encourage them to develop it.

In Sierra Leone, 33 students were enabled to start a three-year course in nursing. In Malawi, six students were enabled to enrol in a two-year training that will earn them a University Diploma in Counselling. We expect that – sooner or later – many of these young people will return, as a doctor or a nurse, to one of our clinics!



Resources expended on charitable activities by country



Honestly?

Projects and programmes are developed in close consultation with the managers and staff who are going to carry them out. We go through the issues of allocating resources, setting objectives and reporting on operations. The conclusions are laid down in a formal agreement. During our field visits to Africa, we review the results that have been achieved in great detail. If agreements have not been met or if we find evidence of fraud or corruption, we take action. This can vary from a request for an explanation to a complete suspension of all payments. We don't work with *middle men*. The money we invest in Africa goes directly to Brothers so the possibility of corruption by government officials is eliminated.

Sometimes, things do not go the way we had planned. In 2013, this happened in one of our projects. This project, based in Sierra Leone and set up in cooperation with a local organisation, consisted of the construction of a school combined with a programme to counter the practice of genital mutilation of girls. In Sierra Leone, this practice is performed on about 90% of all girls. We see the serious results of female genital mutilation in our hospital every day and therefore awarded the project request by the local human rights organisation Amazonian Initiative Movement (AIM) and joined its board. The project was carried out. The classes were attended by 146 children, of whom 50 girls took part in the programme. They will be the agents who will engage in fighting female mutilation in their own communities. In this respect, the project was a success. The school building, the administration and the reporting on the project, however, did not meet our regular quality requirements. In the future, when we do not manage the project ourselves, the project will have to meet other requirements. This has been a learning experience for us.



Strengths, weaknesses, opportunities, threats

Strengths, weaknesses, opportunities, threats

We have a long tradition and a great deal of experience in Africa. Our projects are run by our own Brothers, which means that we have a lot of influence and control. We are a flexible and decisive organisation with concrete and effective projects. But we also have our weaknesses. Our limited name recognition means that we reach only a fraction of our potential donors. Moreover, many people find the name SJOG-HospitaalBroeders old-fashioned. There are plenty of opportunities. The human factor in our projects makes it easy to personalise them. In addition, the African continent is getting a great deal of media coverage. Donors see the potential of the continent, and not just poverty. However, like many other good causes, SJOG-HospitaalBroeders is having to deal with crumbling donor loyalty.

The luxury of faithful donors, who stay loyal for a lifetime, is gradually becoming a thing of the past. Having made a move towards raising funds by, among other means, street collection, our organisation is increasingly gathering donor support from a younger generation. This is a positive development.

Strength

Long tradition
Flexible
Specialists in care

Weakness

Unknown
Old-fashioned image

Opportunity

Human factor in projects

Threat

Economic Downturn

SWOT

Hallmark and rewards

Our organisation has proudly carried the charity hallmark “Keurmerk Goede Doelen” since 2010. This gives our donors increased assurance that we work efficiently and transparently. In the Netherlands, we have only four members of staff, who are paid salaries in accordance with market rates.

Complaints

A formal complaints procedure is part of our company ethics. In 2013, we acted upon six complaints. All of these were resolved in accordance with the procedure in place for that purpose. Half of these complaints related to street canvassing. The other three complaints concerned the accessibility of the office, the Catholic background of the organisation and crowdfunding.



Financial audit

We believe it important to carry out proper audits of our income and expenditure. We have been awarded the quality hallmark for good causes (Keurmerk Goede Doelen). Our organisation abides strictly with the code of conduct for charities. In 2013, Arep Accountants from Nieuwegein audited the annual accounts of the SJOG-HospitaalBroeders in the Netherlands for the fifth consecutive year. We have been designated a Public Benefit Organisation (PBO) by the Dutch tax authorities.

Codes of conduct

SJOG-HospitaalBroeders is a member of the Instituut Fondsenwerving (Fundraising Institute). We follow the code of conduct for fundraising. This code of conduct outlines important principles and standards relating to the ethics of fundraising. Moreover, the manager of SJOG-Hospitaalbroeders, David Heyer, serves on the members council of the Fundraising Institute representing the development aid sector.

We also attach great importance to respecting and protecting the rights of our patients. This is something we make clear when recruiting and selecting staff. The managers in our hospitals work to ensure that patients are treated respectfully. Special attention is paid to protecting the rights of children. All hospitals and clinics in Africa that receive funds from us are required to institute a *Child Abuse Policy* and to abide by it.

Evaluation and improvement

In order to achieve our objectives, we regularly assess where we stand with regard to our targets. We measure the impact of our activities, here and in Africa. Where necessary, we adjust our activities to ensure maximum effectiveness. In any new activities and programmes, we apply lessons learned from previous activities and programmes. This enables us to make continuous improvements to the way our organisation operates.



Joanne, 9 years old, is a donor too

Her father André de Vries from Urk sent us this message: 'Hello, I just transferred 10 euros to your account on behalf of our young daughter (9 years old). At breakfast, she read the brochure that was attached inside the TV guide and she showed it to me ... Could I please read this, she said, because she would like to help five children ... with 10 euros from her money box ... where she kept the money she had received on her birthday just days ago. You'll understand that this fills us with pride, or rather with gratitude, as this was entirely her own idea. We wish the money will be spent well and ask for God's blessing to your work!'

Marathon runners

Jim Heirbaut, prior to the start of the marathon: 'This is the very first time I'm running the Amsterdam Marathon and I think it's fantastic that in this way I can help my Brothers and Sisters in Sierra Leone to attend nursing school. I think that a training in nursing is really the best way to improve people's health.'

Donja Tabeling is a student and she volunteered for SJOG-HospitaalBroeders in 2013. She also ran the marathon: 'I took part in this project because I've always wanted to do more than just give. Through this project I could convince my friends and family of the good work of SJOG-HospitaalBroeders. And more important: I could contribute to the education of nursing students in Lunsar.'



Crowdfunding

Before 20-year-old Mirte Gerritsen, a physiotherapy student, began her apprenticeship in one of our rehabilitation clinics in Zambia, she and her mother Jitske Veldman launched a large-scale fundraising campaign for SJOG-HospitaalBroeders. By means of crowdfunding, the pair collected money to pay for sensory integration equipment for handicapped children. At the same time, and with incredible tempo, the ladies collected together wheelchairs, walkers and a large quantity of prostheses.



Where would we be without our supporters!

We are very happy with our enthusiastic support community including donors, marathon runners, volunteers as well as those people who independently take the initiative in raising funds for SJOG-HospitaalBroeders. One such example is that of the third form (14-year-olds) of the Stad en Esch secondary school in Meppel, who raised € 550 for our Brothers & Sisters project. Another is the contribution of the Herba Hortus Association towards the support of two students during a three year period. We cannot do our work without all of these enthusiastic people and initiatives!



Communicating with the Dutch public

The website, with its constant supply of new videos about our work, the Facebook fan page, our donors' magazine Dagomba! and the digital newsletter are the most important channels used for communicating with donors and other interested people. The Brothers & Sisters campaign on the crowdfunding initiative by the marathon runners proved to be very effective. Not only did it succeed in raising funds, it also resulted in growing numbers of people knowing our organisation and being aware of the issues in Sierra Leone. In 2014, we will explore how yet other target groups can be linked in with SJOG-HospitaalBroeders.

06

Where next?



Building on stability

Our approach has proved successful for five centuries, with a practical, lasting and efficient way of working. We are a small organisation in the Netherlands, but we mean a lot to the communities in Africa. In the next year, we will again provide practical help, education and care to some of the very poor in Africa. In times of political and economic unrest, we offer care and stability in and around our hospitals, schools and agricultural projects. That's why, in 2014, we hope to use our incoming resources to keep our hospitals and facilities in good repair, thus ensuring the continuous provision of a high level of care. Additionally, we aim to raise awareness of the success of our approach to poverty, illness and hunger in Africa. This will enable us to provide continuity in terms of care, education and food to those who need this most.

Moving forward responsibly

Although we are passionate about our work, we select new projects with the greatest care. We only build on projects that have proved to be successful. In 2014 as in previous years, we will only start new activities after we have determined that more groups of people will gain from our project. That is why we will continue to measure and monitor our activities and improve their transparency. Most of all we hope to continue setting up projects that will make a lasting contribution to lasting growth and development in Africa.



Plans for 2014

- **Extending Outreach Programme Senegal**
Extending our Outreach Programme to even more villages and towns in Senegal. In 2013, the support from the Dutch embassy in Dakar helped us make a start, and in 2014, bringing our mobile teams into action, we hope to further increase the number of patients who have access to mental health care.
- **Outreach programme Sierra Leone**
Starting up a three-year outreach programme in Sierra Leone. Conditions are poor, especially in the hard to reach regions around Buya Roemende. With child mortality higher than anywhere else in the world, our mobile medical team will be able to halt the unnecessary child mortality. We'll bring simple equipment and information to villages that do not have any regular medical help.
- **Child Development Centre Zambia**
The opening of our new Child Development Centre in Zambia. There is a vast lack of mental health care in Zambia. Children who have a mental disability do often not receive any support. In many cases, they are even expelled from their community. In the new centre, these children and their parents will receive effective support.
- **Sustainable water plans Senegal**
Implementing plans for a sustainable water supply in Senegal, whereby our clinic in Fatick will finally have access to healthy (and cheap!) drinking water.
- **New Mental Health Care Facility Malawi**
Expanding mental health care in Malawi. Building a facility in Lilongwe that meets the same high quality standards as the facility we built in Mzuzu. It will be a facility to provide care to people with mental disorders. The level of mental health care in Malawi is very low.



Approach

We are a practical and small-scale organisation. We build and manage hospitals and schools. We are specialist in mental health. We train doctors and nurses. We teach villagers to grow their own food. By providing micro-credits and equipment, we enable families to run their own small-scale agricultural businesses.

We adopt a professional, flexible and efficient approach to our work. We work with motivated people in the Netherlands and equally motivated Brothers in Africa. We remain committed until the community becomes self-reliant. We build on the power and the dreams of the people whom we serve.

Vision

SJOG-HospitaalBroeders helps underprivileged people in **Africa** to support themselves. Our goal is to ensure that people receive the highest quality of care, education and assistance – in accordance with their needs. The members of the Order strive to honour the values that reflect the life of Saint John of God: service, trust, care, dignity and compassion. We do so by helping everyone, regardless of their race, gender or religion.

This is where we work



Our structure

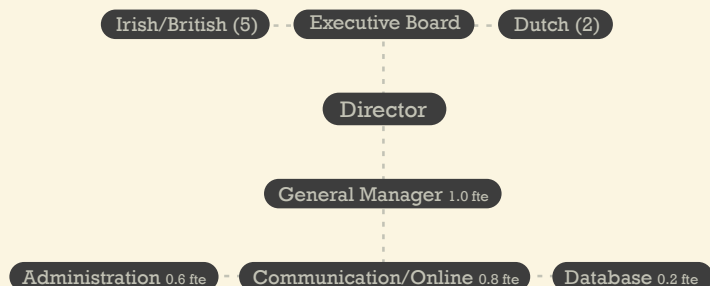
We are part of an international Catholic organisation: Saint John of God. Our Brothers work all over the world. We operate **356 hospitals in 53 countries worldwide!** The Dutch manager coordinates the team in Amsterdam. The management in the Netherlands reports to the Irish director (the Brothers Hospitallers of Saint John of God have an important base in Ireland). The director reports to the Irish/British/Dutch board. The Irish director is paid from Irish funds and not from Dutch funds.

Board

In 2013, Martijn Tamboer joined our board. He is a consultant and has worked as spokesperson, reporter, media analyst and press officer. As a board member at SJOG-HospitaalBroeders, he gives advice on communication and public relations. The board of SJOG-HospitaalBroeders consists of seven members, two of whom are Dutch, Hendrik Jan de Vries and Martijn Tamboer. Four other board members, all Irish, are Brothers working for the International Order of Saint John of God, mainly in Ireland. They are Michael Kearns (chairman), Gregory McCrory (treasurer), Michael Neild and William Brennan-Whitmore. The fifth Irish board member is John Pepper, who is not a Brother.

Our staff

SJOG-HospitaalBroeders is a small and effective organisation. In 2013, four people were on the payroll, totalling 2.6 FTE. Our staff has experience in organising, management, marketing and fundraising. All of our staff have a connection with Africa, through their origins and/or their career.



Organisation



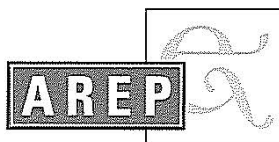
International network

	Centres/ Services	Beds	Guests/ Admissions	Days' admissions/ attendances	Personnel
Hospital care	80	18.648	895.782	18.705.488	34.229
Non-hospital healthcare services	48	723	63.984	2.369.966	995
Services for the mentally ill	60	9.55	38.597	3.171.154	8.114
Services for the disabled	73	4.844	53.318	1.479.394	6.653
Services for the elderly	55	3.089	17.224	851.180	6.086
Social/welfare services	40	1.852	52.600	675.142	614
Total	356	38.711	1.121.505	27.252.324	56.691

Who was John of God

Saint John of God (1495-1550) was born João Cidade in Portugal. He travelled through Spain and North Africa as a shepherd, soldier and bookseller. He was about 40 years old when he suffered a nervous breakdown. He was sent to a psychiatric hospital. After a successful treatment, he decided to learn nursing and medical skills.

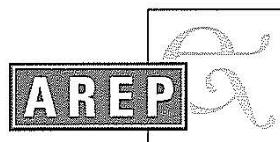
At the same time, he began to explore his **spirituality**. In Granada, in southern Spain, John set up a refuge for the sick and the poor. In 1540, he established an order, which would later become the Brothers Hospitallers of Saint John of God. The number of hospitals of the Order of Saint John of God has continued to grow to this very day.



STICHTING INTERNATIONALE ORDE
VAN HOSPITAALBROEDERS

seat at
AMSTERDAM

Financial Statements 2013



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

CONTENTS

Page

Report of the auditors

Engagement	3
General	4
Net result for the period	5

Financial report

Report of the Board of Directors	7
----------------------------------	---

Financial statements

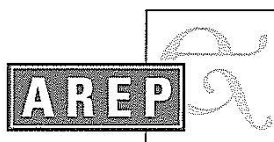
Balance sheet as at 31 December 2013	10
Income and expenditure for the year 2013	12
Cash flow statement for the year ended 31 December 2013	13
Notes to the 2013 financial statements	14
Notes to the balance sheet as at 31 December 2013	16
Notes to the income and expenditure account for the year 2013	19

Other information

Appropriation of the result	24
Auditor's report	25

Appendix

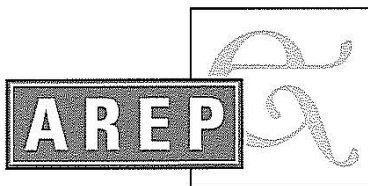
Trustees other information	28
Supported projects	29



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at **AMSTERDAM**

01400345

REPORT OF THE AUDITORS



Accountants en Belastingadviseurs B.V.

Postbus 551
3430 AN Nieuwegein
Weverstede 15
3431 JS Nieuwegein
Telefoon 030-600 47 77
Telefax 030-600 47 70
Website www.arep.nl
E-mail info@arep.nl

ABN AMRO 50 10 16 732
Iban nr. NL26 ABNA 0501016732
Swiftcode ABN ANL 2A
BTW NL 8063 58 828 B 01
KvK Utrecht 30145890

To the board of directors of
Stichting Internationale Orde van Hospitaalbroeders
Nieuwendammerdijk 530A
1023 BX AMSTERDAM

Nieuwegein, May 8, 2014

Our references: 1789/md/ed/01400345

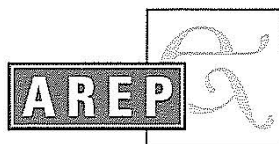
Dear board of Directors,

We hereby send you the annual report regarding the financial statements for the year 2013 of your foundation.

ENGAGEMENT

In accordance with your instructions we have audited the 2013 financial statements of Stichting Internationale Orde van Hospitaalbroeders, Amsterdam. These financial statements are the responsibility of the Board of Directors of the Foundation. Our responsibility is to express an opinion on these financial statements based on our audit. These financial statements are included, together with the Board of Directors report and the other information, in the 2013 annual accounts attached to this report.

For the audit opinion we refer to the chapter 'Other information' on page 25 of this report.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

GENERAL

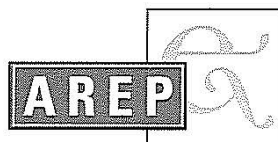
Board of directors

On 31 December 2013 the board of Directors is formed by:

- M.P. Kearns;
- G.P. Mc Crory;
- M.J. Neild;
- W. Brennan-Whitmore;
- M. Tamboer;
- J.G. Pepper.

Appropriation of the 2013 net result

The net result over 2013 amounts to € 6,537 negative (The net result over 2012 amounted to € 43,662 negative). The analysis of the net result is presented on page 5, the appropriation of the net result is reported under Other Information of the financial statements.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at **AMSTERDAM**

01400345

NET RESULT FOR THE PERIOD

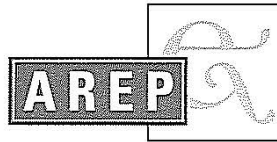
Development of income and expenses

The result for 2013 amounts to € 6,537 negative compared to negative € 43,662 for 2012. The results for both years can be summarized as follows:

	2013		2012		Difference
	€	%	€	%	€
INCOME					
Income from own fundraising	807,743	97,1	877,439	93,9	-69,696
Income / Grants by third parties	24,460	2,9	56,518	6,1	-32,058
Total income	832,203	100,0	933,957	100,0	-101,754
EXPENDITURE					
Spent on Strategic Objectives	486,464	58,5	594,213	63,6	107,749
Fundraising expenses	257,710	30,9	288,679	31,0	30,969
Management and administration	94,566	11,4	94,727	10,1	161
	838,740	100,8	977,619	104,7	138,879
Result expenditure and income	-6,537	-0,8	-43,662	-4,7	37,125

Costs

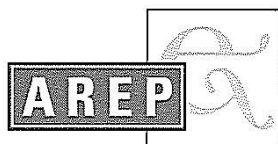
	2013		2012		Difference
	€	%	€	%	€
Project costs	225,250	26,9	355,977	36,4	-130,727
Personnel costs	155,276	18,5	144,968	14,8	10,308
Housing costs	27,897	3,3	20,719	2,1	7,178
Office costs	10,836	1,3	21,886	2,2	-11,050
Selling expenses donors	346,116	41,3	360,898	37,0	-14,782
Donor administration	18,227	2,2	19,200	2,0	-973
Costs board	1,299	0,1	1,084	0,1	215
General expenses	53,839	6,4	52,887	5,4	952
	838,740	100,0	977,619	100,0	-138,879



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

FINANCIAL REPORT



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

REPORT OF THE BOARD OF DIRECTORS

Principal activities

Stichting Internationale Orde van Hospitaalbroeders (The Foundation), located at the Nieuwendammerdijk 530A, Amsterdam, is a charity which raises funds primarily for health services in developing countries, especially in Africa. The foundation is part of the Hospitaller Order of Saint John of God, was founded 500 years ago and is active in over 50 countries worldwide.

Statement of responsibility of the board of directors

The board of directors require financial statements to be prepared for each year in accordance with the accounting policies of The Foundation. The financial statements are to give a true and fair view of the state of affairs of The Foundation and the result of the Foundation for that period.

Accordingly, the board of directors must ensure that in the preparation of the financial statements;

- Suitable accounting policies are selected and then applied consistently
- Responsible and prudent judgements and estimates are made
- Material departures from applicable accounting standards are disclosed and explained and
- Financial statements are prepared on the going concern basis unless it is inappropriate to presume that the foundation will continue

The board of directors are responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of The Foundation. They are also responsible for safeguarding the assets of The Foundation and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Books of account

The measurements taken by the board of directors to secure compliance with its obligation to keep proper books of account are the use of appropriate systems and procedures and employment of competent persons.

The books of account are kept at Stichting Internationale Orde van Hospitaalbroeders, located at the Nieuwendammerdijk 530A, Amsterdam.

Legal status

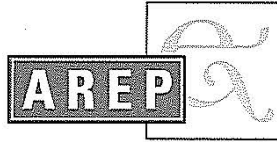
The Foundation is a foundation in accordance with article 24 sub 4 of the Successiewet 1956. Stichting Internationale Orde van Hospitaalbroeders is also registered at the Chamber of Commerce in Amsterdam at number 41058935.

Results

For the result for the year we refer to the statement "Income and Expenditure" on page 12 of this report.

Future developments

The Foundation will continue to build up the number of pledge donors and actively start sponsor program, thereby reducing the fundraising cost.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at **AMSTERDAM**

01400345

Principal risks and uncertainties

The current recession is considered to be the principal risk.

Subsequent events

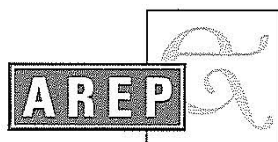
There were no subsequent events for the disclosure.

On behalf of the board of directors

Amsterdam, 2014

Signed: J.G. Pepper
Directeur (Director)

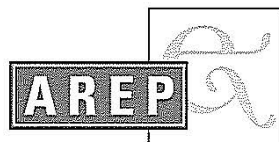
Signed: G.P. Mc Crory
Penningmeester (Treasurer)



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

FINANCIAL STATEMENTS 2013



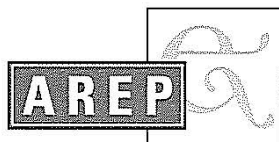
STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

BALANCE SHEET AS AT 31 DECEMBER 2013

(After appropriation of result)

		<u>31 December 2013</u>	<u>31 December 2012</u>
		€	€
ASSETS			
Fixed assets			
Tangible fixed assets	(1)		
Inventory		6,190	7,888
Financial fixed assets	(2)		
Loan		–	18,000
Current assets			
Receivables	(3)		
Guarantee capital		5,922	5,922
Other receivables and prepayments		7,526	23,820
		<u>13,448</u>	<u>29,742</u>
Cash and cash equivalents	(4)	48,771	59,051
		<u>68,409</u>	<u>114,681</u>

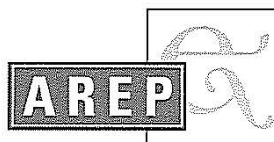


STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

EQUITY AND LIABILITIES

	31 December 2013	31 December 2012
	€	€
Reserves and funds	(5)	
Continuity reserve / surplus	12,319	36,217
Destination fund	17,361	—
	<u>29,680</u>	<u>36,217</u>
 Current liabilities	 (6)	
Trade creditors	18,171	60,398
Taxes and social securities	7,470	4,309
Accruals and deferred income	13,088	13,757
	<u>38,729</u>	<u>78,464</u>
	 <u><u>68,409</u></u>	 <u><u>114,681</u></u>



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

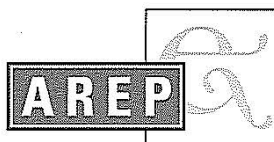
01400345

INCOME AND EXPENDITURE FOR THE YEAR 2013

		<u>2013</u>	<u>Budget</u>	<u>2012</u>
		€	€	€
INCOME				
Income from own fundraising	(7)	807,743	998,000	877,439
Income / Grants by third parties	(8)	24,460	60,000	56,518
Total income		<u>832,203</u>	<u>1,058,000</u>	<u>933,957</u>
EXPENSES				
Expenses made for Strategic Objectives	(9)			
Direct aid		269,160	487,409	397,410
Coordination		52,186	48,405	50,454
Information and awareness raising		165,118	143,625	146,349
		<u>486,464</u>	<u>679,439</u>	<u>594,213</u>
Fundraising expenses	(9)			
Existing donors		72,367	85,760	96,369
Prospective donors		185,343	200,180	192,310
		<u>257,710</u>	<u>285,940</u>	<u>288,679</u>
Management and administration	(9)	<u>94,566</u>	<u>92,621</u>	<u>94,727</u>
Total expenses		<u>838,740</u>	<u>1,058,000</u>	<u>977,619</u>
Balance of Income and Expenses		<u>-6,537</u>	<u>-</u>	<u>-43,662</u>
Appropriation of the result				
Deduction from continuity reserve		-23,898	-	-43,662
Addition to destination fund		17,361	-	-
		<u>-6,537</u>	<u>-</u>	<u>-43,662</u>

INDEX NUMBERS

	<u>2013</u>	<u>Budget</u>	<u>2012</u>
- Management and administration in % of Total expenses	11,3%	8,8%	9,7%
- Expenses made for Strategic Objectives in % of Total expenses	58,0%	64,2%	60,8%
- Expenses for Fundraising in % of income from own Fundraising	31,9%	28,7%	32,9%
- Expenses made for Strategic Objectives in % of Total income	58,5%	64,2%	63,6%



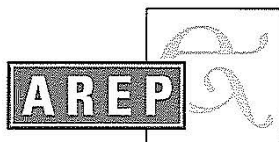
STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

CASH FLOW STATEMENT FOR THE YEAR
ENDED 31 DECEMBER 2013

(According to the indirect method)

	2013		2012	
	€	€		
Cash flow from operating activities				
Operating result	-6,537		-43,662	
Adjustments for depreciations	<u>1,698</u>		<u>600</u>	
		-4,839		-43,062
Changes in working capital:				
Movements in accounts receivable	16,294		-12,790	
Movements in current liabilities	<u>-39,735</u>		<u>27,300</u>	
Cash flow from operating activities		-23,441		14,510
Cash flow from investment activities				
Investments tangible fixed assets	-		-8,488	
Loan financial fixed assets	<u>18,000</u>		<u>-18,000</u>	
Cash flow from investment activities		18,000		-26,488
Movement in cash position		<u>-10,280</u>		<u>-55,040</u>
Compilation cash				
Cash and cash equivalents as at 1 January		59,051		114,091
Movements in cash and cash equivalents		<u>-10,280</u>		<u>-55,040</u>
Cash and cash equivalents as at 31 December		<u>48,771</u>		<u>59,051</u>



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

NOTES TO THE 2013 FINANCIAL STATEMENTS

GENERAL

Valuation of assets and liabilities and determination of the result takes place under the historical cost convention. Unless presented otherwise at the relevant principle for the specific balance sheet item, assets are presented at nominal value.

Income and expenses are accounted for the period to which they relate. Surplus is only included when realized on the balance sheet date. Deficits originating before the end of the financial year are taken into account if they have become known before preparation of the financial statements.

PRINCIPLES OF VALUATION OF ASSETS AND LIABILITIES

Tangible fixed assets

Tangible fixed assets are valued at cost less straight-line depreciation based on the estimated useful lifetime.

Financial fixed assets

Upon initial recognition the loans are valued at fair value and then valued at amortised cost, which equal the face value, after deduction of any provisions.

Receivables

Upon initial recognition the receivables valued at fair value and then valued at amortised cost, which equal the face value. Any provision for doubtful accounts deemed necessary is deducted. Provisions are recognized on basis of individual assessment of recoverability of the receivables.

Cash and cash equivalents

Cash and cash equivalents are valued at nominal value.

PRINCIPLES FOR THE DETERMINATION OF THE RESULT

General

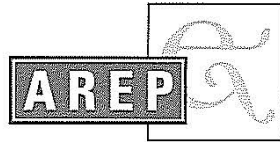
The result is defined as the difference between the revenue from delivered performances and services and the costs and expenses and other charges for that year, valued at historical costs.

Legacy

Legacies are recognized as profit when received.

Financial result

Financial income and expenses comprise interest income and expenses on loans as accounted for the current reporting period.



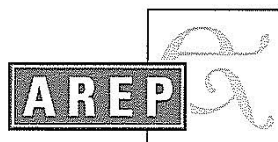
STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

PRINCIPLES FOR PREPARATION OF THE CASH FLOW STATEMENT

The cash flow statement has been prepared using the indirect method.

The finds in the cash flow statement consist of cash and cash equivalents. Cash equivalents can be considered as highly liquid investments.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

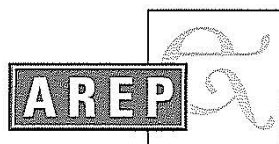
NOTES TO THE BALANCE SHEET AS AT 31 DECEMBER 2013

1. Tangible fixed assets

	<u>Inventory</u>
Balance as at 1 January:	
Acquisition costs	8,488
Accumulated depreciation	<u>-600</u>
Book-value	<u>7,888</u>
Movements during the year:	
Investments	-
Depreciation	<u>-1,698</u>
	<u>-1,698</u>
Balance as at 31 December:	
Acquisition costs	8,488
Accumulated depreciation	<u>-2,298</u>
Book-value	<u>6,190</u>

	<u>31-12-2013</u>	<u>31-12-2012</u>
	€	€
2. Financial fixed assets		
<i>Loan St. John of God Catholic Hospital (Sierra Leone)</i>		
Balance as at 1 January	18,000	-
Addition for the year	-	18,000
Redemption	<u>-6,000</u>	<u>-</u>
	12,000	18,000
Donation	<u>-12,000</u>	<u>-</u>
Balance as at 31 December	<u>-</u>	<u>18,000</u>

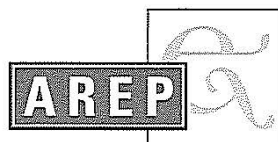
This is a loan for the St. John of God Catholic Hospital (Sierra Leone) to purchase a vehicle for the distribution of Granada Pure Drinking water. This is an interest-free loan, repayable in three equal installments on 31 March 2013, 31 March 2014 and 31 March 2015. After the first repayment, the vehicle involved in an accident. The Board has decided to donate the remainder of the loan.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

	<u>31-12-2013</u>	<u>31-12-2012</u>
	€	€
3. Receivables		
<i>Guarantee capital</i>		
Guarantee Y-maritiem B.V.	<u>5,922</u>	<u>5,922</u>
<i>Other receivables and prepayments</i>		
St. John of God Catholic Hospital (Sierra Leone)	-	15,000
Prepaid expenses	5,421	7,586
Others	<u>2,105</u>	<u>1,234</u>
	<u>7,526</u>	<u>23,820</u>
4. Cash and cash equivalents		
ABN AMRO Bank N.V. 41.45.42.940	14,159	16,409
ABN AMRO Bank N.V. 41.45.42.169	749	338
Rabobank 3844.21.733	16,479	42,284
Rabobank 1515.5720.21	17,361	10
Cash	<u>23</u>	<u>10</u>
	<u>48,771</u>	<u>59,051</u>



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

	<u>2013</u>	<u>2012</u>
	€	€
5. Reserves and funds		
Continuity reserve / surplus		
Balance as at 1 January	36,217	79,879
Appropriation of the result	<u>-23,898</u>	<u>-43,662</u>
Balance as at 31 December	<u>12,319</u>	<u>36,217</u>

The foundation wants to ensure sustainability of the organization. Therefore the foundations wants to create a continuity reserve to cover operational and program costs. This reserve is based on a prudent assessment of the time required to source additional funding. According to "The Wijffels code" this reserve should not exceed 1,5 times the operational costs. A higher reserve will need clarification. On December 31, 2013, the reserve was well below this limit. The continuity reserve is built up by income primarily from private donors or membership fees that are not specified for a particular activity.

	<u>2013</u>	<u>2012</u>
	€	€
Destination fund		
Balance as at 1 January	-	-
Appropriation of the result	<u>17,361</u>	<u>-</u>
Balance as at 31 December	<u>17,361</u>	<u>-</u>

The benefits generated from the marathon 2013 have been used for financing the studies of 33 students who will start their studies at the Nursing School in Sierra Leone. The project activities will be implemented in 2014. The funds are put separately on the Rabobank account 1515.5720.21.

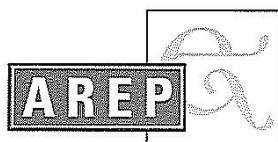
	<u>31-12-2013</u>	<u>31-12-2012</u>
	€	€
6. Current liabilities		
Trade creditors		
Trade creditors	<u>18,171</u>	<u>60,398</u>
Taxes and social securities		
Pay-roll tax	<u>7,470</u>	<u>4,309</u>
Accrued liabilities		
Accruals and deffered income	8,690	8,091
Holiday pay	<u>4,398</u>	<u>5,666</u>
	<u>13,088</u>	<u>13,757</u>

Off-balance sheet commitments

Long-term Financial obligations

Rental commitments buildings

The Foundation has long-term rental commitments, which relate to the rent of the office. The commitments amount to approximately € 24,288 (on a yearly basis).



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

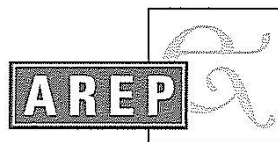
01400345

**NOTES TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR
2013**

	<u>2013</u>	<u>Budget</u>	<u>2012</u>
7. Income from own fundraising			
Donations	784,496	878,000	768,603
Legacy	6,012	80,000	107,620
Events (b)	17,235	40,000	1,216
	<u>807,743</u>	<u>998,000</u>	<u>877,439</u>
<i>(b) Events</i>			
List rental	—	—	1,216
Crowdfunding	16,705	40,000	—
Sponsoring	530	—	—
	<u>17,235</u>	<u>40,000</u>	<u>1,216</u>
8. Income / Grants by third parties			
MIVA	—	—	25,000
Wilde Ganzen	—	21,000	28,032
Haëlla Stichting	9,648	10,000	—
Dutch embassy Senegal	9,632	21,000	—
Others	5,180	8,000	3,486
	<u>24,460</u>	<u>60,000</u>	<u>56,518</u>

Commentary on actual versus budget 2013

- Income from donations actually increased compared to 2012. Our projected income from fundraising was too positive because of decreasing pledge income and higher attrition rates of structural donors.
- Income from events was budgeted at € 40,000, based on 120 runners who'd on average raise € 333. Only 47 runners eventually anticipated in the Marathon.
- Income from granters was behind, for budget 2012 and prior year actual. The primary reason was that we could not source suitable projects which met towards donor's requirements.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

9. Allocation of expenses to objectives

	<u>Strategic Objectives</u>			<u>Fundraising</u>		<u>M & A</u>			
	<i>Direct aid</i>	<i>Coordination</i>	<i>Information and awareness</i>	<i>Existing donors</i>	<i>Prospective donors</i>	<i>Management and administration</i>	<i>Total 2013</i>	<i>Budget 2013</i>	<i>Total 2012</i>
Project contributions	225,250	—	—	—	—	—	225,250	449,000	355,977
Personnel costs	34,937	34,937	34,937	7,764	7,764	34,937	155,276	147,000	144,968
Housing costs	—	4,648	4,648	4,648	4,648	9,305	27,897	26,000	20,719
Office costs	—	1,805	1,805	1,805	1,805	3,616	10,836	22,000	21,886
Selling expenses donors	—	—	112,932	40,064	158,508	34,612	346,116	362,000	360,898
Donor administration	—	1,823	1,823	9,113	3,645	1,823	18,227	20,000	19,200
Costs Board	—	—	—	—	—	1,299	1,299	—	1,084
General costs	8,973	8,973	8,973	8,973	8,973	8,974	53,839	32,000	52,887
Total	269,160	52,186	165,118	72,367	185,343	94,566	838,740	1,058,000	977,619

In the overview above all costs are incorporated. The allocation of costs over the various activities is divided in three main groups: Strategic Objectives (SO), Fundraising (FR) and Management and Administration (MA).

This allocation is primarily based on actual direct costs incurred, and the subdivision of a couple of posts and allocation of shared costs are decided on in cooperation with our accountant to ensure as accurate a basis as feasible is achieved.

Personnel Costs are divided according the following percentages: SO (67,5%), FR (10%) and MA (22,5%).
Housing Costs/office costs: SO (33,3%), FR (33,3%) and MA (33,3%).

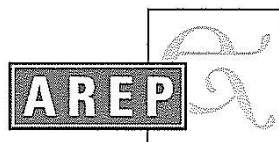
Selling expenses (both of prospective and existing donors): MA (10%). For prospective donors we've made the subdivision in Information and Awareness (25%) and Fundraising (75%). For existing donors: Information and Awareness (60%) and Fundraising (40%).

Donor Administration: Coordination (10%), Information and Awareness (10%), existing donors (50%), prospective donors (20%) and Management and Administration (10%).

General costs are equally divided between direct aid, coordination, information and awareness, prospective donors, existing donors and management and administration.

Commentary on actual versus budget 2013

- Project contributions to Africa lacked behind for three reasons:
 - Projected income from grant-makers (institutional giving) was 63% below expected;
 - Expected income from a huge legacy has been deferred to 2014;
 - Income from structural donors (pledges) decreased (16%).



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

	2013 €	Budget €	2012 €
Projects			
Malawi	105,653	286,000	182,823
Senegal	55,625	35,200	32,700
Sierra Leone	62,972	44,000	51,454
Ghana	1,000	-	-
Zambia	-	66,000	89,000
Miscellaneous	-	17,800	-
	<u>225,250</u>	<u>449,000</u>	<u>355,977</u>

Personnel costs

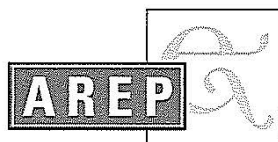
During the 2013 financial year, the average number of part-time staff employed by The Foundation was 5, converted into full-time equivalents, amounted to 2,6 (2012 : 2,8).

	2013 €	Budget €	2012 €
Wages and salaries	125,845	-	120,339
Social security charges	20,630	-	18,887
Other Personnel costs	8,801	-	5,742
	<u>155,276</u>	<u>147,000</u>	<u>144,968</u>

No members of the Board of Directors received any remuneration for the year ended December 31, 2013. The foundation did reimburse the travel expense made in order to participate in board meetings for approximately the amount of € 1,299.

	2013 €	Budget €	2012 €
Housing costs			
Rent	24,288	-	13,273
Energy costs	150	-	795
Repair and maintenance	2,955	-	3,063
Other	504	-	3,588
	<u>27,897</u>	<u>26,000</u>	<u>20,719</u>

	2013 €	Budget €	2012 €
Office costs			
Office supplies	3,158	-	7,664
Telephone, internet and postage	5,783	-	9,619
Website	1,895	-	4,603
	<u>10,836</u>	<u>22,000</u>	<u>21,886</u>



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

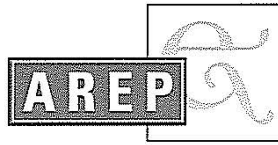
	<u>2013</u>	<u>Budget</u>	<u>2012</u>
	€	€	€
Selling expenses donors			
<i>Existing donors</i>			
Mailing expenses	88,950	90,000	97,673
Loyalty	22,339	12,000	20,116
	<u>111,289</u>	<u>102,000</u>	<u>117,789</u>
<i>Prospective donors</i>			
Canvassing	167,590	180,000	176,972
Loyalty	15,570	25,000	18,541
Telemarketing	15,008	5,000	38,257
Affiliate marketing	18,897	35,000	3,968
Events	17,762	15,000	5,371
	<u>234,827</u>	<u>260,000</u>	<u>243,109</u>
Total selling expenses donors	<u>346,116</u>	<u>362,000</u>	<u>360,898</u>
Donor administration			
Database software costs	1,452	-	-
Consultancy costs	16,775	-	19,200
	<u>18,227</u>	<u>20,000</u>	<u>19,200</u>
Costs board			
Travel expenses	<u>1,299</u>	<u>-</u>	<u>1,084</u>
General costs			
Auditor's fee	8,500	-	8,145
Administration fee	6,758	-	8,159
Bank charges	10,306	-	8,755
PR and communication	18,129	-	19,238
Depreciation	1,698	-	600
Other general expenses	8,448	-	7,990
	<u>53,839</u>	<u>32,000</u>	<u>52,887</u>

On behalf of the board of directors

Amsterdam,2014

Signed: J.G. Pepper
Directeur (Director)

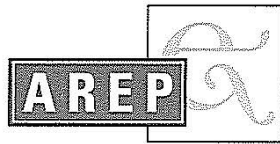
Signed: G.P. Mc Crory
Penningmeester (Treasurer)



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

OTHER INFORMATION



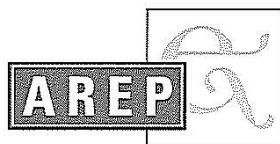
STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

OTHER INFORMATION

Appropriation of the result

The board of directors proposes to withdraw the 2013 result of the deficit for an amount of € 6,537
This proposition is already recognized in the financial statements.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of: Stichting Internationale Orde van Hospitaalbroeders

Report on the financial statements

We have audited the accompanying financial statements 2013 which are part of the financial statements of Stichting Internationale Orde van Hospitaalbroeders, Amsterdam, which comprise the balance sheet as at 31 December 2013, the income and expenditure account for the year then ended and the notes, comprising a summary of the accounting policies and other explanatory information.

Management's responsibility

The Board of Directors of Stichting Internationale Orde van Hospitaalbroeders, Amsterdam, is responsible for the preparation and fair presentation of these financial statements and for the preparation of the report of the Board of Directors, both in accordance with accounting principles generally accepted in The Netherlands.

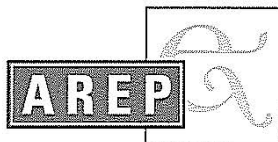
Furthermore the Board of Directors is responsible for such internal control as it determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. This requires that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

Opinion with respect to the financial statements

In our opinion, the financial statements give a true and fair view of the financial position of Stichting Internationale Orde van Hospitaalbroeders as at December 31, 2013 and of its result for the year then ended in accordance with accounting principles generally accepted in The Netherlands.

Nieuwegein, May 8, 2014

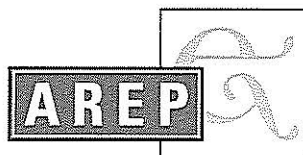
AREP Accountants en Belastingadviseurs B.V.

A handwritten signature in dark ink, appearing to be "G-J. Jordaan", written over a light blue horizontal line.

Drs. G-J. Jordaan RA

A handwritten signature in dark ink, appearing to be "E. de Kemp", written over a light blue horizontal line.

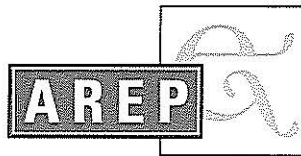
E. de Kemp AA



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

APPENDIX



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

TRUSTEES OTHER INFORMATION

Board of directors

M.P. Kearns
G.P. Mc Crory
M.J. Neild
W. Brennan-Whitmore;
M. Tamboer;
J.G. Pepper.

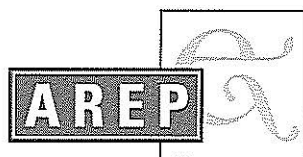
Banks

ABN-AMRO
Postbus 283
1000 EA AMSTERDAM

Rabobank
Dreef 40
2012 HS AMSTERDAM

Auditor

AREP Accountants en Belastingadviseurs B.V.
Weverstede 15
3431 JS NIEUWEGEIN



STICHTING INTERNATIONALE ORDE VAN HOSPITAALBROEDERS
seat at AMSTERDAM

01400345

SUPPORTED PROJECTS

Project	Country	Centre	Total
			€
Scholarships (Haella)	Malawi	Mzuzu	9,648
Skills lab equipment	Malawi	Mzuzu	34,500
Books for skills lab	Malawi	Mzuzu	24,005
General support	Malawi	Mzuzu	13,000
Umsuma agricultural project	Malawi	Mzuzu	9,000
Bricklaying training facility	Malawi	Mzuzu	10,500
Extension of addiction centre	Malawi	Mzuzu	5,000
Refund to MIVA	Senegal	Fatick	3,658
Solar project	Senegal	Fatick	28,000
Air fares for water project	Senegal	Fatick	1,267
Lab renovation	Senegal	Fatick	5,390
Water project	Senegal	Fatick	17,310
Teacher salaries	Sierra Leone	Lunsar	21,421
Tickets dentist group	Sierra Leone	Lunsar	6,045
Tickets Cork group	Sierra Leone	Lunsar	3,814
Dental equipment transport costs	Sierra Leone	Lunsar	1,468
UMC doctors tickets	Sierra Leone	Lunsar	7,488
Sponsorship of nurse tutor	Sierra Leone	Lunsar	10,736
Granada Water	Sierra Leone	Lunsar	12,000
Mental health awareness	Ghana	Accra	1,000
Total			<u>225,250</u>



HOSPITAALBROEDERS

HospitaalBroeders
Nieuwendammerdijk 530 A, 1023 BX Amsterdam
Tel. (020) 636 07 52 | www.hospitaalbroeders.nl
facebook.com/hospitaalbroeders | twitter.com/Hosp_Broeders