

IAHPC 2013 Annual Report



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Governance Issues: A complete list with all the names and titles of the directors can be found at the end of this report.

Chair position: Dr. Roberto Wenk's (Argentina) term as Chair ended December 31st, 2013. He will continue serving on the board as Past Chair. Professor Lukas Radbruch (Germany) will serve as Chair starting January 1st 2014 for a period of 3 years.

Terms ended: The term for six board members ended on December 31, 2013: Doctors Fraser Black (Canada), Eduardo Bruera (USA), Frank Ferris (USA), Kathleen Foley (USA), Peter Hudson (Australia) and Yvonne Luxford (Australia).

Fundraising

Grants and Donations: The names of all the donors for 2013 is listed at the end of this report. The organization received these important grants and donations over \$20K during 2013:

- Google Foundation: \$107,519 (in-kind donation in the Google Adwords program)
- Open Society Foundation: Two grants totaling \$83,200. One for core support (\$49,500) and one to support the part-time position of a Geneva based human rights expert to work with IAHPD and civil society organizations to promote the development of palliative care (\$33,700).
- US Cancer Pain Relief \$75,000 to support Opioid Price Watch project and Opioid Availability Workshops
- Grunenthal GmbH (HQ office in Germany): Unconditional donation for \$25,000
- Enrique Ospina and Liliana De Lima: Unconditional donation for \$24,347
- Pettus Foundation: \$20,250 for program support

Financial Statements: (see Annex 1, 2 and 3)

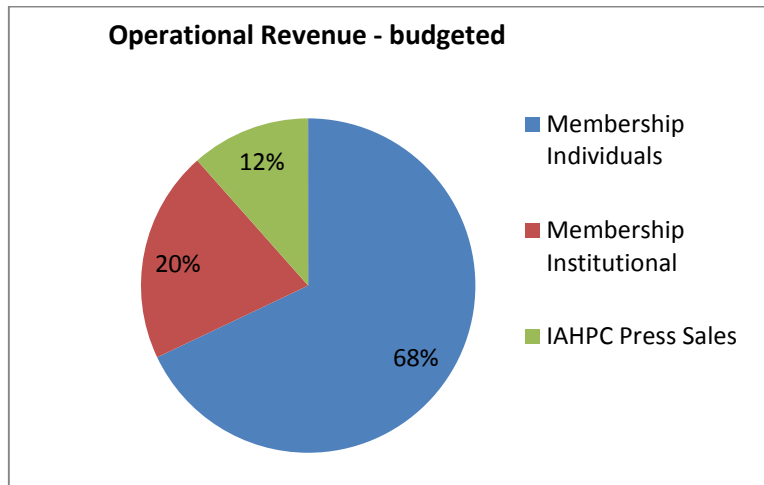
Budget:

Income: Our 2013 budget was for \$441,340. Overall we slightly exceeded our excess at the end of the year by \$89,847 or 20% higher than budgeted. A significant portion was due to the increase in donations from individuals (over 70% of what we had budgeted), the increase in grants (representing an Open Society Institute grant which had not been budgeted and the increase in membership from institutions or 230% of the amount budgeted (thanks to an institutional membership drive we implemented throughout the year).

As a result of the changes in the economy, the number of foundations and institutions donating to global palliative care decreased during 2012. However, the donations from members and individual membership were lower than budgeted.

Expenses: Overall we spent 6% or \$25,000 more than we had budgeted. This is reflects to the payment of the EBSCO service, which we paid at the end of the year for 2014.

The percentage income distribution by category during 2013 is represented below:



Compared to 2012, we decreased our operational revenue slightly in 2013 (\$35,440 vs. \$33,740 respectively). However it decreased as a proportion in overall income due to the increase in grants and donations.

Profit and Loss Statement:

All the expenses are split in two categories: conditioned and unconditioned. The revenue from our operations is used to pay the unrestricted expense, while the revenue from grants is applied to the conditioned expenses.

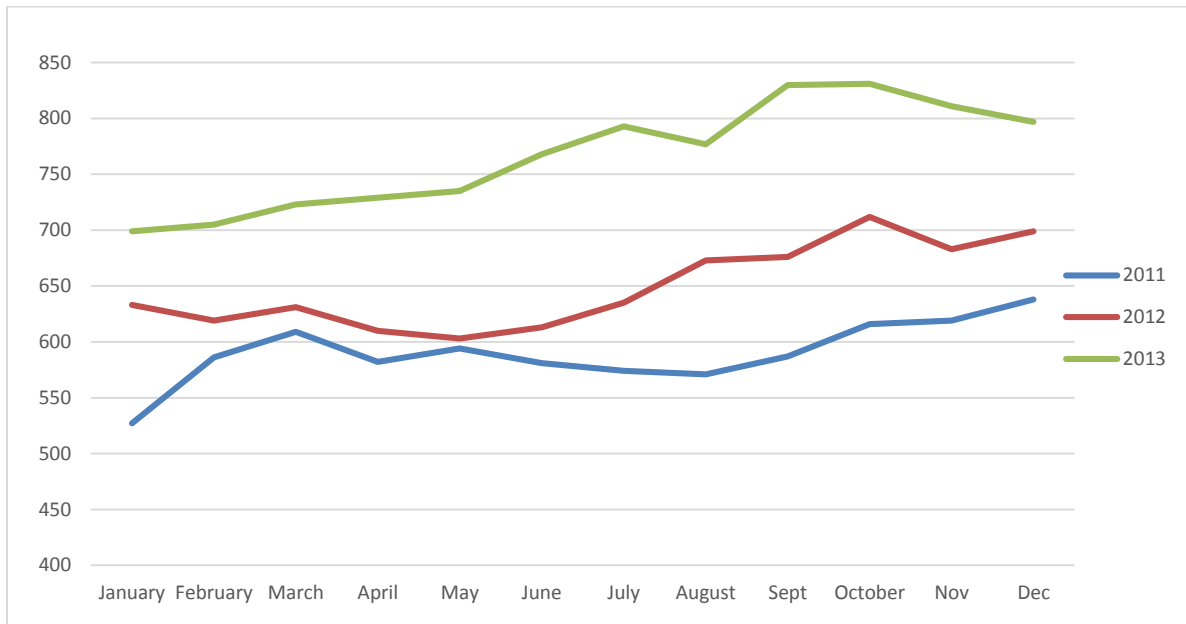
Total revenue for the year was almost \$403,000. Of these, \$241,470 were restricted, or almost 60%. The difference of \$120K with the revenue the budget statement is due to funds which were received in 2012 to be spent in 2013 and are reflected in the budget spreadsheet but not in the P&L. Google Foundation provided an in-kind donation of \$107,579 donation for the Google Ads program for website positioning with key words.

Balance sheet:

Our total assets (cash in BOFA and investments in Merrill Lynch) add to almost \$120, 200. Most of our assets are cash and money market funds plus \$10K in our office equipment (computers and monitors). We depreciate these in 3-4 years, depending on the model and type. The liabilities at the end of the year were \$20,000. Of these, \$10,000 were for grantees from the Diana Princess of Wales Memorial Fund – IAHPC TS program who were awarded grants during 2013 but the money was transferred in early 2014. Additional liabilities pending were scheduled payment for the American Express institutional card and invoices for web servicing.

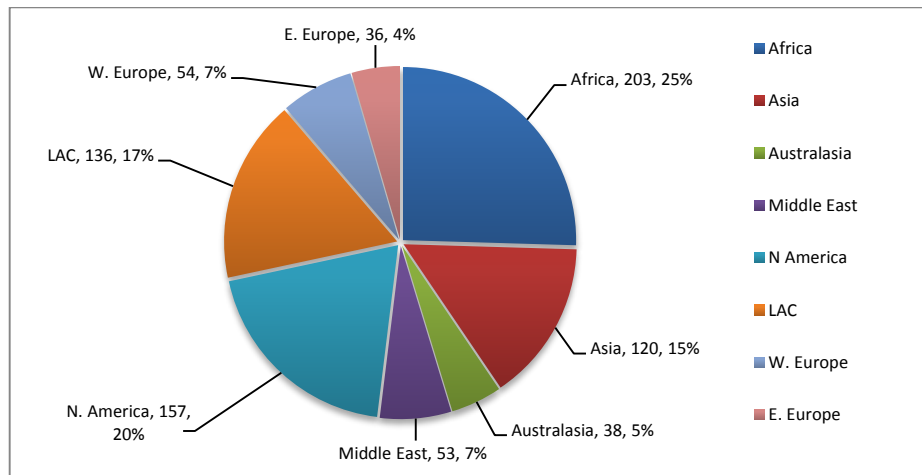
Membership Program:

Members' Profile: By the end of 2013, there were 797 members compared to 699 and 638 in 2012 and 2011 respectively. The strategies to increase membership and generate awareness about the membership program are described below.



An important and significant fact is that the same number of individuals are renewing as those who are signing up as new members. In previous years, more than 60% of our members did not renew. This new trend may be the result of the additional benefits we are offering of discounts and the access to journals.

The data also indicate that there is an increasing trend in members from Africa, North America and Asia. All other regions, (Middle East, Latin America, Western and Eastern Europe and Australasia) continue with equal or slightly less members than in previous years. In geographical distribution, Africa has the highest proportion (25%), followed by North America (20%), and Asia (15%).



The high percentage in Africa reflects the effect of the Diana Princess of Wales Memorial Fund donation to support palliative care education in the region, as well as the extraordinary membership drive implemented by doctors Mhoira Leng and Julia Downing - two IAHPIC board members - during the African Palliative Care Association (APCA) conference and the Palliative Care Association of Uganda conference.

Almost 65% of our members are physicians, while 30% have other health care professions. The remaining 5% are institutions.

Membership Strategies: The following are the membership strategies adopted in 2011 and continued throughout 2012 and 2013:

- *50% discount from the regular membership fee* to those who join during selected congresses: This offer is given to participants in congresses where IAHPc participates with a booth and traveling scholarships. The offer will continue for regional congresses such as APCA, ALCP, EAPC, as well as to groups of individuals that may join IAHPc through one of our Board members.
- *Members’ Month*: October was designated as the Members’ Month and two prizes were given in two categories:
 - Loyal member (randomly select a current member who has been consecutive member for at least three consecutive years), was awarded to Marija Inesa Poniskaitiene from Kaunas, Lithuania.
 - Recruiting the most members’ prize was given to Ms. Grace Kuvumbi, from Kampala, Uganda for her support in recruiting new members during the African Palliative Care Association (APCA) meeting and the Palliative Care Association of Uganda congress.

Both winners received a mini iPad as a prize.

Traveling Scholarship and Fellowship Programs

Through the Traveling Scholarship we provide financial support to regional and local leaders from developing countries, to help them pay for their travel to an international meeting or congress. Scholars apply online through our website and a group of members from the board discusses and decides on the application and the amount granted to each grantee. In 2013, we awarded 38 Traveling Scholarships.

Through the Traveling Fellowship, we provide financial support to individuals who are invited to teach and train other health care workers in developing countries. Traveling Fellows should have a significant amount of experience in palliative care and sufficient expertise to be able to teach to students and others. In 2013, we awarded 4 Traveling Fellowships to the following individuals:

Name	City, country of origin	City, country traveled to	Activity
Megan Wilson	Ypsilanti , USA	Puerto Cabezas and Managua, Nicaragua	Teach palliative care with medical students
Jodan Miraglia	Charleston, USA	Mumbai and Bengaluru, India	Symposium in Palliative Care: Communication with the Child
Mereline Brown	Lantana, USA	Banapa, Nepal	Institution Scheer Memorial Hospital
Emilio Herrera	Sevilla, Spain	Buenos Aires, Argentina	Clinical activities at Instituto Nacional del Cancer

The reports from these grantees are published in the IAHPc Newsletter.

Diana Princes of Wales Memorial Fund – IAHPc Bursaries

The objective of the bursaries is to build, improve, and advance palliative care in sub-Saharan Africa. Individuals living and working in Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe are eligible to apply for these bursaries. The program was launched in September of 2011 and finished in 2013.

Bursaries were awarded in two categories:

- Post-graduate qualification courses in palliative care. Courses need to be in institutions which are government accredited and academically affiliated and for post graduate level leading to a certified and government recognized formal degree (ie Distance Learning Diplomas, MSc/MPhil).
- Research courses on basic research and methodology, including study design, statistical tools, statistical analysis and applicability, writing grant applications for research and preparing a paper for publication in peer-reviewed journals.

In 2011 we awarded 42 grants in total of which 30 were for post-graduate qualification courses and the remaining for training in research in palliative care. In 2012 we awarded 76 grants of which 52 were for post graduate courses and 24 for training in research in palliative care. Thirty four grants were awarded in 2013. Of these, seven were for research courses and seminars, while the remaining were for post graduate education. In total, 152 grantees received support from this program.

Tools and outcomes

- *EBSCO- CINAHL – Access to Journals*. A total of 4,803 searches were done in of 2013, compared to 4,905 searches in 2012. Of these, 4,851 resulted in full articles for print or downloaded to computers.
- *List of Essential Medicines in Palliative Care for WHO*: The World Health Organization (WHO) published new editions of the WHO Model List of Essential Medicines for Adults and for Children. The new editions of the model lists include several changes, two of which are very important for the field of palliative care:
 - The lists of medicines for palliative care which were originally located under the oncology section (8.4) have been moved to a new, separate section (section 2) called Medicines for Pain and Palliative Care. The new section 2 includes three subsections: Non opioids and Non-steroidal anti-inflammatory drugs (NSAIDs); Opioid Analgesics; and Medicines for other symptoms common in palliative care.
 - A separate list of medications used to treat the most common symptoms occurring in palliative care. The previous edition of the WHO Model List did not have any medications for palliative care for adults but the following statement:
Following the development of the IAHPIC List of Medicines for Palliative Care in 2007 and a request from WHO, IAHPIC submitted in early 2013 an application of medications for palliative care to be reviewed by the WHO Expert Committee on the Selection and Use of Essential Medicines, which met in Geneva in April 2013.

To work on the application, IAHPIC formed a working committee which included board members of IAHPIC. The group was chaired by Dr. Lukas Radbruch and coordinated by Ms. Liliana De Lima. Additional members included Doctors Michael Bennett, James Cleary, David Currow, Arthur Lipman, and Roberto Wenk. Doctor Tania Pastrana (Germany) served as research adviser. In addition, IAHPIC also submitted to the WHO Secretariat, a request to move the palliative care list out of the oncology section following other requests from individuals and other similar organizations. The new Pain and Palliative Care section in the WHO Model List includes 17 medications. The children's Model List includes 14 medications. Both Model Lists can be downloaded from the WHO website at

<http://www.who.int/medicines/publications/essentialmedicines/en/index.html>

- *Opioid Price Watch*: This project was initiated in December 2011 in partnership with the World Health Organization (WHO) with funding from the US Cancer Pain Relief Committee. The objective of the project is to generate and increase awareness about the availability and affordability access to opioids around the world for legitimate medical use. OPW was implemented through a flash map displaying the different retail prices of opioids in pharmacies throughout the world. The pilot to test the data collection forms and the flash map was completed and a manuscript prepared and presented to a peer reviewed journal for publication in late 2013. The OPW map is available in <http://hospicecare.com/opioids/reports/map>
- *Opioid Workshops in Central America*: One workshop on opioid availability and accessibility was developed and implemented in November 2013 in Managua, Nicaragua. Currently, morphine is only available in hospitals and in ampoules and no inexpensive options are available for the treatment of patients with pain who stay at home. Participants to the workshop included pharmacists, pain and palliative care physicians, nurses and health systems managers. Participants identified and developed an action plan to eliminate barriers which interfere with legitimate access to the medications. The workshop was developed in collaboration with the Access to Controlled Medicines Program at the World Health Organization in Geneva and funded with grants from the De Lima Bohmer Foundation in Colombia and the Open Society Foundations in New York. Follow up strategies and plans to continue providing technical support to the country are in place.
- *Website*: One of the recommendations resulting from the 2008 strategic plan was to develop a new website. The new website was launched in August 2012, after two years in development and testing. We registered a total of 221,169 visits in 2013. Of these, more than 82% were new visitors. In the graph below the blue line represents the visitors in 2013, the orange for 2012. The number of unique visitors decreased by 27%. However, the number of new visitors and the average time spent in the website increased significantly.

Audience Overview

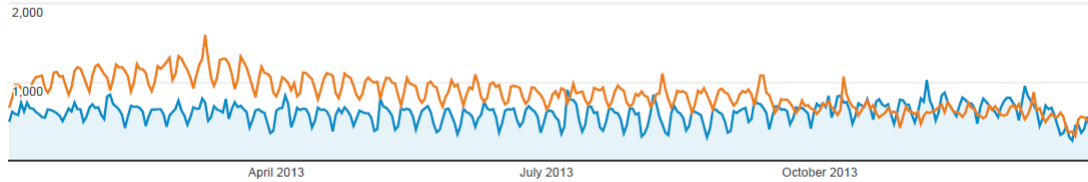
Jan 1, 2013 - Dec 31, 2013
Compare to: Jan 1, 2012 - Dec 31, 2012



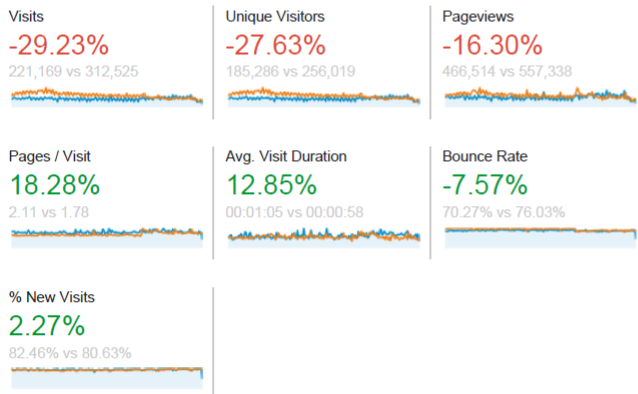
Overview

Jan 1, 2013 - Dec 31, 2013: ● Visits

Jan 1, 2012 - Dec 31, 2012: ● Visits

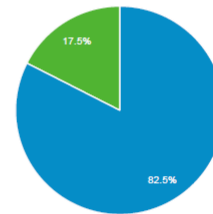


185,286 people visited this site

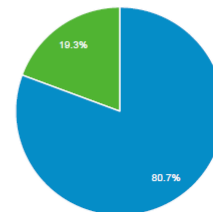


■ New Visitor ■ Returning Visitor

Jan 1, 2013 - Dec 31, 2013



Jan 1, 2012 - Dec 31, 2012



Language	Visits	% Visits
1. en-us		
Jan 1, 2013 - Dec 31, 2013	183,464	82.95%
Jan 1, 2012 - Dec 31, 2012	264,083	84.50%

The data indicates that most of our visitors are based in the USA (62,357) followed by the UK (47,474) and India (15,291). In total people from 207 different countries visited the IAHP website in 2013. However, it also indicates that we have users in almost all the countries of the world with only a few exceptions.

- *Pallipedia*: Pallipedia is our free online palliative care dictionary nurtured by the international community. The objective is to develop and continuously grow a high quality, objective educational resource for the global Palliative Care community. The dictionary is housed in www.pallipedia.org

By the end of 2013, Pallipedia had 936 terms and 1,185 definitions (several terms have more than one definition). Roberto Wenk serves as the senior editor of Pallipedia. The team at Pallium India, under the leadership of MR Rajagopal started working in the dictionary in the second semester of 2012 by suggesting, identifying and selecting definitions and terms for the dictionary.

The map below shows the utilization data for Pallipedia: In 2013 we registered a total of 94,950 visits to the website, compared to 67,595 for 2012, most of which were from the USA (22.8%) and China (32.6%), followed by the UK (4.7%) and Canada (2.8%). More than 91% were new visitors to the dictionary. A significant percentage (28%) is of unknown origin.



<http://pallipedia.org> - <http://pallipedia.org> [Go to this report](#)
pallipedia.org

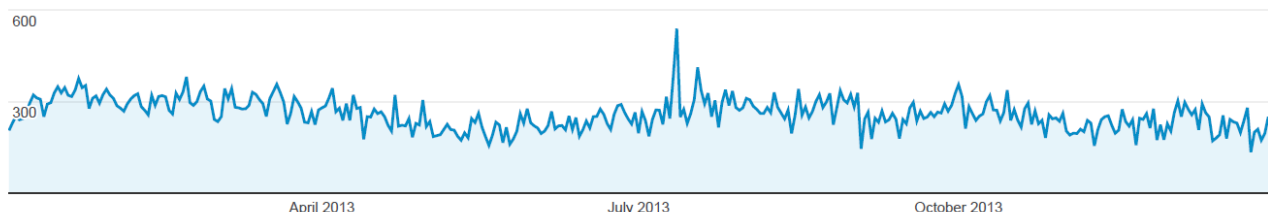
Audience Overview

Jan 1, 2013 - Dec 31, 2013



Overview

● Visits



85,940 people visited this site

Visits

94,950



Unique Visitors

85,940



Pageviews

133,873



Pages / Visit

1.41



Avg. Visit Duration

00:00:23



Bounce Rate

85.26%

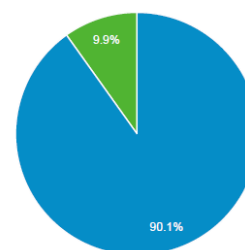


% New Visits

90.12%



■ New Visitor ■ Returning Visitor



Language

1. en-US

Visits % Visits

40,479 42.63%

Newsletter

The Newsletter continues to be an extraordinary source of information about IAHP, our programs and grant opportunities as well as a source of information about program development, events, and other news from the global palliative care community. 2013 marked the 17th anniversary of the NL.

The individuals responsible for the NL and who regularly contribute are:

- Roberto Wenk is the editor and William Farr senior editor. Dr. Farr assumed this role for 2012, and previous to that he was editor for 15 years, as a service to the organization.
- Roger Woodruff writes the palliative care book reviews
- Liliana De Lima is responsible for collecting the information and sending it to the editor.

- Katherine Pettus writes the Policy section piece (every other month)
- Board members contribute a monthly piece to the newsletter.
- Danilo Fritzler, the IAHPIC webmaster is responsible for layout and dissemination.

The number of subscribers by December 31st, 2013 was 6,667.

Collaboration with other Organizations

As in previous years, the IAHPIC has a policy of collaboration with international and regional organizations to support and advance palliative care globally through its programs or advocacy initiatives. The following is a brief summary of activities, opportunities and support provided during 2013.

African Palliative Care Association (APCA): IAHPIC provided two scholarships to the APCA Conference in Johannesburg, South Africa to Mwazi Batuli and Dr. Anne Merriman from Kampala, Uganda.

Asia Pacific Hospice Palliative Care Network (APHN): IAHPIC provided 4 scholarships to the APHN Congress in Bangkok, Thailand to participants from developing countries. They were:

Name of Grantee	City and Country
Shaji Nair	Trivandrum, India
Sandeep Sahu	Lucknow, India
Sandhya Puthur Muthumana	Calicut, India
Mamak Tahmasebi	Tehran, Iran

European Association for Palliative Care (EAPC): IAHPIC provided 17 scholarships to the EAPC Congress in Prague to participants from developing countries. They were:

Name of Grantee	City and Country
Loubna Batlouni	Beirut, Lebanon
Pradnya Talawadekar	Mumbai, India
Srinagesh Simha	Karnataka, India
Shoba Nair	Bangalore, India
Mohamad Bushnaq	Amman, Jordan
Dimitri Kordzaia	Tbilisi, Georgia
Narine Movsisyan	Yerevan, Armenia
Mohamad Saab	Beirut, Lebanon
Doris Xiao	Beijing, China
Dinesh Goami	Guwahati, India
Gustavo Rodio	Buenos Aires, Argentina
Sofia Bunge	Buenos Aires, Argentina
Farzana Khan	Dhaka, Bangladesh
Josephine Mary Kabahweza	Kampala, Uganda
Alick Kayange	Daar es Salam, Tanzania
Jack Turyahikayo	Kampala, Uganda
Noel Kalanga	Neno, Malawi

In addition, IAHPIC along with other organizations also supported EAPC in the development and advocacy campaign “The Prague Charter” for the recognition of palliative care as a human right. The campaign collected signatures and IAHPIC used its subscriber list to disseminate and call for action for

individuals to sign. Additional information about the Prague Charter is available in <http://www.eapcnet.eu/Themes/Policy/PragueCharter.aspx>

International Drug Policy Consortium: In 2013 IAHPc joined the International Drug Policy Consortium (IDPC) as a network member. IDPC is a global network of 107 NGOs and professional networks that specialize in issues related to the production and use of internationally controlled substances. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at the national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. The IDPC advocacy positions are based on five core policy principles. Network members do not pay any fees, but contribute to the dissemination of IDPC's ideas and materials. There are 72 network members that are part of the wider IDPC communication network and register their support for IDPC's work. As part of the effort to improve understanding of policy related to internationally controlled substances, IAHPc has developed a new section in the monthly newsletter called Policy section. This is authored by Katherine Pettus, PhD.

Palliative Care Network: Palliative Care Network's mission is to provide a free platforms aiming at empowering palliative care professionals to teach, interact, and exchange ideas with fellow colleagues globally to promote collaboration and an exchange of knowledge. PCN holds an annual online free international palliative care congress. IAHPc is the supporter of the best poster prizes. The winners of the 2013 awards were:

1st Prize: Six Steps to Success: Improving End of Life Care in Care Homes by Dr. Mary O'Brien, from England

2nd Prize: Relevance of Canadian Health Care Evaluation Project (CANHELP) questionnaire for patients on homecare in Mumbai by Dr. Arunangshu Ghoshal from India

3rd Prize: Use of Intraperitoneal Bleomycin to Relieve Distressing Symptoms in Sarcinosis-Related Malignant Ascites in a Child by Dr. Karen S. Fernandez, from USA.

Vienna NGO Committee: In 2013, IAHPc joined the Vienna NGO Committee (VNGO) as a member. The VNGO committee is the link between NGO's and the key intergovernmental and international agencies involved in drug policy, strategy and control including the Commission on Narcotic Drugs (CND), the International Narcotics Control Board and the United Nations Office on Drugs and Crime (UNODC). Established in 1983, the Committee works with these organizations to provide information on NGO activities, draw attention to areas of concern, build partnerships between governmental and non-governmental organizations and to involve a wide sector of civil society in contributing to the development of global drug policies. The VNGOC is composed of members representing international, national and local NGOs and represents a key mechanism for NGOs to substantively contribute to global drug policy. Most members are societies and organizations related to drug dependence, war on drugs, law enforcement and access to treatment for substitution therapy. Very few are raising awareness on access to controlled medications for pain treatment, so this is a great opportunity for IAHPc. Additional information about VNGOC is available in their website in <http://www.vngoc.org/>

World Health Organization (WHO): IAHPc was accepted as an NGO in formal relations with WHO by the WHO Executive Committee in January 2013. The formal relations with WHO include the development and implementation of regional and national workshops on access to and availability of opioids and other controlled medicines, funding for Spanish translation of the *Paediatric Chronic Pain Guidelines* and the *Ensuring Balance in national policies on controlled substances: Guidance for Availability and Accessibility of controlled Medicines*, collaboration in the dissemination, implementation and use of the *WHO – INCB Guidelines on estimating requirements for substances under international control*, collaboration in the development and implementation of the *Opioid Price Watch (OPW) project*, development of the *List of Essential Practices in Palliative Care*, a list of the

palliative care skills and competencies required to perform the Essential Practices for primary care level in low and middle income countries and development of a palliative care model curriculum for education and training for primary health care workers in low and middle-income countries.

In early 2013, IAHPIC submitted to WHO a list of essential medicines for palliative care to be considered by the WHO Expert Committee on the Selection and Use of Essential Medicines during April 2013. In addition, the IAHPIC also submitted a request to move the section of palliative care medicines out of the cancer section and to a separate section (see section Tools and Outcomes above).

Worldwide Palliative Care Alliance (WPCA): IAHPIC collaborates in the promotion and dissemination of the World Hospice and Palliative Care Day. LDL is a member of the WPCA advocacy group.

Publications

1. The following manuscripts were published in peer reviewed journals in 2013:
 - Harding R, Eisenclas JH, Strauss R, Sherr L, De Lima L, Cahn P. Sexual risk-taking behaviour among HIV outpatients in Argentina, *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*. 2013; 1-6.
 - Radbruch L, De Lima L, Lohman D, Gwyther E, Payne S. The Prague Charter: Urging governments to relieve suffering and ensure the right to palliative care. *Palliative Medicine* 02/2013; 27(2):101-2. Available in open access in <http://pmj.sagepub.com/content/27/2/101.full.pdf+html>
 - Radbruch L, Payne S, De Lima L, Lohman D. The Lisbon Challenge: Acknowledging Palliative Care as a Human Right. *Journal of Palliative Medicine*. January 2013.
 - De Lima L, Wenk R, Krakauer E, Ferris F, Bennett M, Murray S, Bruera E, Radbruch L. Global Framework for Noncommunicable Diseases: How Can We Monitor Palliative Care? *Journal of Palliative Medicine*. March 2013, 16(3): 226-229. Open access article. Available in <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698669/>
 - De Lima L. How can we monitor palliative care? Suggestions from the Latin American Association for Palliative Care *International Journal of Palliative Nursing*, Vol. 19, Iss. 4, 26 Apr 2013, pp 160 – 161.
 - Pastrana T, Eisenclas J, Centeno C, De Lima L. Status of palliative care in Latin America: looking through the Latin America Atlas of Palliative Care. *Curr Opin Support Palliat Care*. 2013 Oct 21.
2. Posters presented during scientific meetings and congresses:
 - M Leon, Florez S, De Lima L. How much does it cost to deliver palliative care? Preliminary results of a pilot study of advanced cancer patients in Colombia. *World Congress of the European Association for Palliative Care*, Prague, May-June 2013.
 - T Pastrana, C Centeno, R Wenk, De Lima L. Is an Atlas the way to monitor and report on the status of palliative care in a Region? *World Congress of the European Association for Palliative Care*, Prague, May-June 2013.

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IAHPC Donors – 2013

Over \$100,000

Google Foundation (in-kind)

Between \$20,000 and \$49,999

Open- Society Foundation

US Cancer Pain Relief Foundation

Grunenthal GmbH

Enrique Ospina and Liliana De Lima

Pettus Foundation

Between \$1,000-\$19,999

Molly Claiborne

Carlos Calbarcas and Mrs. Maricel Marquez

Alberto A. Pena

Kathleen Foley

Between \$300 and \$999

Laura Gallier (in-kind)

Between \$100 and \$299

Barbara Kane

Bernard Lapointe

Bo Ryding

Christopher & Kimberly Mitchell

Daryl and Lana Gee

David and Carol Howley

Gary Reese

Harry Singleton

Kara Kobak

Kristen Fricione

Larry and Sharon Rusell

Linda Cross

Michael J. Flora

Palliative Care Victoria

Sherri Doty Ramos

Sidney Roberts

Susan Robohm

Tracy Davis

Miguel Eduardo Rodriguez

Bryan Kendrick

Molly Singleton

Sonja Fischer

Stacey Schrader

William Farr

School Street School Staff

Kathleen Faulkner

Matthew McDonald

Tye Ribbie

Wendy Williams

Srini Chary

Up to \$99

Barbara Ikin

Enrique Benito Oliver

Mariela Hidalgo

Agustina Hana Rizmadewi

Andres Medina

Anze Habjan

Deiann E Sobers

Erna Rochmawati

Geralyn McGee Hicks

Iraima Matos

Janice McKeever

Jinxiang Li

John Jairo Vargas

Judith Bezuidenhout

Kimberly Arguello

Laura Tupper

Maria Witjaksono

Michael Patton

Monica Osio

Natalia Carafizi

Nicola Gunclark

Pamela Were

Patricia Cury

Paula Aranibar

Robert Durkee

Sabar Clinics Home Hospice

Silvia Rivas

Tiago Branco

Diana Cardenas

Andrea Iancu

Beatriz Thompson

Bobbi and Jim Moss

Bonnie Clark

Coleman and Jo Casey

Crystal Creely

Daniel and Kathy West

Debbie and Steve Crossman

Denice A. Baur

Elizabeth Williams

Fariba Nadimi

Gregory N Mewett

Joseph A. Cleland

Judee Malis

Ken and Sally Warner

Krishna M. Nair

Lalchhanhima Ralte

Lelana Crayne

Louise Welch

Lynne Brown

Upt to \$99 (contd.)

Margaret Thomas Kahdeman
Marianne and Joni D'Amico
Matthias Brian
Mellar Davis
Nightingale Nursing Services Inc
Patricia Ruggeri
Penelope Wirtzbiki
Pugnetti Brickell Family
Robert E McKee
Ruth Powys
Sandee and Dough Scott
Thai Palliative Care Society
Tim Slimp
Uta Quint
Nebraska Furniture Mart
Alexander Nesbitt
Frank Manase
Krista Siniscarco
Lien Phuong Nguyen
Marlene Wanjala
Patricia and Patrick T. Doll
KASD Faculty and Staff
Margaret Chwalek
Stephen Yates
Anne Hayes
Barbara Silfer
Bruce and Cheryl Swift
Charles H Watson
Christine and Anthony Borgese
Dana Navins
David and Tracy Herson
David Edwards
Fay Jones
George Russell
Gregory J Hartwick
Gwenn Farrell
Hannaford Trucking
Herman Goff
Holly Tillman
Holly Yang
Jack and Sandra Eitelgeorge
Janet & Robert Rosen
Jeff and Dawn Welter
John Stiney
Judith A. Paice
Mildred Mitchell
Mizoram State Cancer institute

Monica Manna
Myra Clark
National Retail Tenants Association
Richard P Travers
Robert Roskam
Stanley & Jeanette Yoder
Stephen Birnbaum
Theodora Fazzini
Thomas Miller
Auto-Owners Insurance
Jennifer Pikowski
Sara Hopfensperger