

# **ST. CHARLES BORROMEIO PHILIPPINE MEDICAL MISSION 2017 ANNUAL REPORT**



## **Mission and History**

St. Charles Borromeo Philippine Medical Mission (SCBPMM) is an all-volunteer, 501(c)3 organization, dedicated to promoting the inherent right of the poor and underprivileged in the Philippines, to receive basic and adequate health care, food and shelter as well as to empower them, through education and other forms of assistance, to become responsible and productive members of society. The organization was founded in 1999 as the Philippine Medical Mission (PMM), an outreach project of the Social Justice Ministry at St. Charles Borromeo Catholic Church in Arlington, VA. It was the brainchild of two dedicated Filipino American volunteers, Maricel Bretault and Celia Coronado. In 2005, PMM obtained its tax-exempt 501(c)3 status and became SCBPMM.

To accomplish its mission, SCBPMM works in partnership with established non-profit organizations in the Philippines. SCBPMM undertakes fundraising activities to support its partners' poverty alleviation and medical outreach projects and programs.

We have six regular partners, who submit proposals for funding every year. During times of natural disasters and calamities in the Philippines, SCBPMM also assists other well-established NGOs. At times, the SCBPMM Board also approves special funding for certain established organizations. Every November, the Board meets to decide which projects will be supported for the following year.

### List of provinces in the Philippines served by SCBPMM's partners:

ANAWIM Lay Missions Foundation – Montalban, Rizal, in Luzon

Archbishop Gabriel M. Reyes Memorial Foundation, Inc. (AGMRMFI) – Aklan, in the Visayas.

Child Hope Asia Philippines (CHAP) – Metro Manila, in Luzon.

Foundation of our Lady of Peace Missions, Inc. (FOLPMI) – Paranaque, Metro Manila in Luzon.

Religious of Notre Dame Missions (RNDM) – Kulaman, Sultan Kudarat, Cotabato, in Mindanao.

Tulay ng Kabataan (TNK) – Smokey Mountain, Metro Manila, in Luzon.



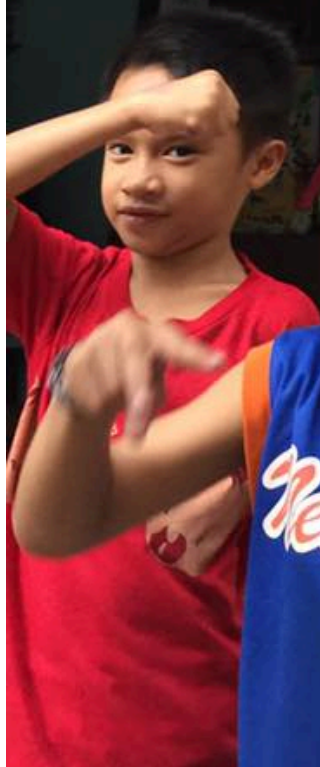
**TULAY NG KABATAAN**  
Foundation, Inc.

**VISION**

Child and protection and formation in accordance with the highest tenets of moral and spiritual values to fulfill self - autonomy, service to others and dedication to the nation. Every child is a creature of God deserving love and care. Responsible adults must help the children who are neglected, abused by irresponsible adults. The foundation is there to provide the children, at risk children from very poor families, their basic human needs and to prepare them for a brighter future through a complete education taking into account all human dimensions and skills.

**MISSION**

TNK would like to help every child to reach the fullness of his vocation, through his basic needs and rights, his desire to study and to get training, his wish to be reconciled with his family and his thirst for being loved. The goal of TNK is to give back self dignity, confidence to the children and to lead them to a complete autonomous life.



## **Letter from the SCBPMM Board of Directors**

Dear Friends of Philippine Medical Mission,

It is our wish to show all our donors and supporters how their donations of time, talent and treasure have helped so many indigent families in the Philippines. Thanks to you, St. Charles Borromeo Philippine Medical Mission, in its 19<sup>th</sup> year, continues to give hope, love and much needed assistance to the sick, hungry and poor.

In 2017, we continued to work closely with our six regular partners -- The Foundation of Our Lady of Peace Mission; the Religious of Notre Dame of the Missions; Child Hope Asia Philippines; the Archbishop Gabriel M. Reyes Memorial Foundation; ANAWIM Lay Missions; and Tulay ng Kabataan.

In January last year, one of our 6 partners, Tulay ng Kabataan (TNK) reported that fire destroyed Market 3, a slum in Navotas, Manila. The TNK day care center was burned down and consequently many families lost everything. SCBPMM sent financial assistance for disaster relief.

This is just one example of how your donations have made a difference in the lives of our brothers and sisters across the seas. This is how love and caring can make the world a little smaller, a little more like family.

Please take a moment to visit our website at [www.scbphilippinemedicalmission.org](http://www.scbphilippinemedicalmission.org) for information on our mission, our partners, how to volunteer, and an opportunity to donate online.

We invite you to read on the achievements of SCBPMM in 2017. These reports were sent by our partners so you can see how your generosity has made these programs possible. We are always looking for new volunteers so if interested, please contact us!

May God bless us All.

Sincerely,

**St. Charles Borromeo Philippine Medical Mission Board of Directors**

## **About Our Partners**

### **ANAWIM LAY MISSIONS FOUNDATION (ANAWIM)**

ANAWIM is a non-profit organization dedicated to giving comfort and dignity to the elderly during the advanced stages of their lives. It manages the ANAWIM Center in Montalban, Rizal, a home for the poor and abandoned elderly, orphans, and physically and mentally handicapped persons. The center provides shelter, food, clothing and medical care to all residents. ANAWIM was founded in the early 1990s by Bo Sanchez.

### **THE ARCHBISHOP GABRIEL M. REYES MEMORIAL FOUNDATION, INC. (AGMRMFI)**

AGMRMFI was founded in 1977 and is a non-stock, non-profit foundation which aims to provide development assistance in Aklan, in the Visayas. Its programs include education for poor children, feeding centers, scholarships for higher education, rural leadership development, basic health and nutrition education and services and micro-finance to indigenous industries and small businesses for family self-sufficiency. The president is Prosecutor Philip Kimpo and executive director is Ms. Nynn Arwena Garcia-Tamayo.

### **CHILDHOPE ASIA PHILIPPINES (CHAP)**

CHAP is a non-profit, non-governmental organization established to address the plight of street children in the Philippines, especially Metro Manila. It provides among others, basic education, provision of shelter, health care services including a mobile health clinic, livelihood training, and counseling support to street children. CHAP was founded in 1990. Dr. Harvey Carpio is the new executive director.

### **THE FOUNDATION OF OUR LADY OF PEACE, INC. (FOLPMI)**

FOLPMI is a non-stock, non-profit, non-governmental institution serving the poor in Luzon through varied but integrated programs geared towards total development of individuals, families, and communities. Its projects include a hospital for the poor, feeding centers, livelihood projects, immunization programs, a shelter for female street children, and disaster/calamity relief. FOLPMI was founded in 1984 under the leadership of Sr. Eva Fidela Maamo, MD, SPC.

## **THE RELIGIOUS OF NOTRE DAME OF THE MISSIONS (RNDM)**

RNDM is an order of religious Sisters who work with the indigenous tribe, the Dulangan Manobo, in the mountains of Cotabato, Mindanao and was founded in 1987. Their ministries include community development, basic health care services, hospitalization and medical assistance, health education, nutrition programs and provision of educational opportunities.

## **TULAY NG KABATAAN (TNK)**

Tulay ng Kabataan is a non-profit organization based in Manila whose mission is to take care of street children with no families, scavenger children working in dumpsites, children living in slum areas, and poor pregnant mothers who need prenatal healthcare. Founded in 1998 by a Jesuit priest, Fr. John Francois Thomas, TNK provides poor children shelter, health care, education and nutrition. The goal of TNK is to give back to each child dignity and self-confidence and also to help him/her reach the fullness of human vocation. The executive director is Rev. Fr. Matthieu Dauchez and the communications manager is Elise Cruse.



## PARTNER ACTIVITIES IN 2017

### ANAWIM LAY MISSIONS

**Title of the Project: ANAWIM Elderly Medical & Nutritional Supplement**

**Implementation Period: January to February 2017**

**Grant given by SCBPMM in late 2016 for this project: US\$6,000.00**

Located in Sitio Tanag, Montalban, in the province of Rizal, ANAWIM Lay Missions provides shelter, food, clothing, medical and dental care to 60 elderly residents. ANAWIM's mission is to give dignity and comfort to poor, sick and abandoned older people.



*(resident getting dental care)*

The residents receive basic medical & nutritional care. The following services were provided:

- Physical therapy and reflexology for paralyzed residents.
- Medical consultation by a volunteer doctor in the center every week or more often when the need arises.
- Medicines of the elderly administered by care giving & nursing volunteers.
- Proper charting and documentation by medical volunteers.
- Morning Prayer & exercises daily.

- Meals cooked and served to the elderly according to the specification of volunteer nutritionist.
- Prayer meeting every Wednesday to address spiritual needs.
- Daily Mass officiated by our Parish Priest or his assistant.
- Counseling given by a volunteer nun and social workers to address the elderly's emotional needs that may affect their medical conditions.





## **ARCHBISHOP GABRIEL M. REYES MEMORIAL FOUNDATION**

**Title of Project: Community Based Supplemental Feeding Project (BULIG AKLAN)**

**Implementation Period: February 2017 to January 2018**

**Grant given by SCBPMM in late 2016 for this project: \$5,960.00**



AGMRMFI's Community Based Supplemental Feeding Project (Bulig Aklan) was developed to provide supplemental food for undernourished children and their families. SCBPMM's grant was used to assist families in Barangay Mangan, Banga, Aklan.



The grant was used for the yearlong supplemental feeding of 50 pre-school children affected by malnutrition. Thirty seven individuals (parents of beneficiaries, especially pregnant and lactating mothers) were also included. The project provided instruction in health and nutrition to parents. Families were also educated on values

formation, personality skills and gender equality. The program is located at Sitio Centro, with feeding sessions conducted 4 days a week from Tuesday to Friday from 9 to 10 in the morning.

The Foundation's partner, Vitamin Angels (VA) International provided Vitamin A to children below 6 years. Medicines were provided to children who needed deworming. Parents were instructed and assisted in planting of green, leafy vegetables for their children's improved nutrition. One family was given a piglet to raise to help augment their income.

The funds also covered monitoring and staff services including meetings and follow-up with the Project Supervisor. The rest of the grant was applied to transportation, overhead and administrative expenses such as office rental, phone and internet.

The project staff also continues to monitor the livelihood projects (swine raising) that were supported by SCBPM years ago.

## **CHILD HOPE ASIA PHILIPPINES**

**Title of the Project: Mobile Health Clinic (MHC) Project**

**Implementation Period: January to December 2017**

**Grant given by SCBPMM in late 2016 for this project: \$ 6,478.50**



Eight months into the one year project implementation, six hundred and sixty five (665) medical consultations were conducted inside the Mobile Health Clinic. Fifty three (53) were Well Child consults, and an additional sixty nine (69) were for routine physical examinations (without any complaints) with incidental findings of dental caries. Majority of these children were well-groomed, as much as their living conditions allowed them, exhibiting good personal hygiene practices that have been instilled in them through primary health care sessions. During medical consultations, CHAP's beneficiaries were also provided with medical assistance. Medicines, vitamin and mineral supplements, wound care, and minor surgical procedures were provided by the Mobile Health Clinic. Consultations with specialists, diagnostic tests and emergency referrals were carried out as needed.

The nutritional status monitoring for this period showed that seventy nine percent (79%) of the street children beneficiaries were within the normal range based on the World Health Organization's Growth Standards. However, twelve percent (12%) were undernourished, six percent (6%) were overweight, and three percent (3%) were obese. All beneficiaries were advised about good food choices during one-on-one medical consultations, and were routinely given vitamin and mineral supplements to ensure that they receive the micronutrients they otherwise lack due to limited food supply. Routine deworming was conducted in all the areas (100%) where Childhope operates to ensure that their beneficiaries do not suffer from further malnourishment due to intestinal parasites.

Routine circumcisions were offered to boys ten years old and above to avoid wound infections they can acquire from circumcisions performed by traditional healers, as well as to decrease the risk of urinary tract infections, sexually transmitted infections, and penile cancer in the future.



Fortunately, only five (5) children needed referral for urgent medical care, which were all carried out. One child was referred to the emergency room for vaccination and wound care due to a dog bite. Two children were brought to the Child Protection Unit due to separate incidents of mauling. A teenage girl was referred to an Ophthalmologist due to a sudden onset of strabismus, and was treated for Optic Neuritis. Lastly, an adolescent boy was admitted to the hospital due to difficulty of breathing, and was treated for Pulmonary Tuberculosis.



The Junior Health Workers (shown above) were instrumental in multiplying the number of beneficiaries provided with health services. For this period, they provided first aid and wound care to six hundred and eighty four (684) of their fellow street children, assisted one hundred and fifty four (154) children in personal grooming, and conducted one-on-one health sessions to four hundred and twenty nine (429) beneficiaries.



The MHC provided medical check-ups to other indigents where Childhope operates, and to beneficiaries of Childhope's sister organizations – Tahanan Sta. Luisa and Families and Children for Empowerment and Development – upon request. The MHC Physician also served as the Company Physician for Childhope's employees and as the Field Preceptor for the community rotation of medical students from Ateneo.

Childhope's approach to health stays true with the Declaration of Alma Ata, which defines health as the "complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity." The Mobile Health Clinic played a vital role in ensuring that Childhope's street children beneficiaries had access to health services. However, the impact of the other social determinants of health clearly demonstrated that the Mobile Health Clinic cannot stand alone in ensuring the health and wellbeing of the children. Through Childhope's Street Educators, CHAP beneficiaries were taught basic knowledge and skills, including primary health care, to survive in the streets and to eventually leave the streets for a better and more productive life. They also ensured that the children received basic education through basic literacy and numeracy classes, alternative learning system (ALS) classes, and vocational and technical skills training. Childhope's Social Workers, on the other hand, provided psychosocial intervention that targeted problems that our street children may have had with their families, the community, the school, and with the

law. With the three main arms of Childhope's Street Education Program working hand in hand, the children were able to benefit from what Childhope had to offer them.

The major challenge Childhope faced in the implementation of the Mobile Health Clinic Project was the continued "rescues" or roundup operations of street dwellers by the local government. These rescues, although done regularly, were intensified during international events (such as the ASEAN Summit this August 2017) held in Metro Manila. Ideally, the rescued street dwellers are dropped off in processing centers and immediately reunited with their families or transferred to long-term residential facilities for proper case management. Although theoretically beneficial for street dwellers, and for street children in particular, the implementation was still far from ideal. As a result, the street children just got in and out of the center several times, disrupting Childhope's health, education and psychosocial services they receive while under CHAP's care. To manage this problem, the Social Workers intensified their coordination with the residential centers to endorse the cases of beneficiaries and ensure the continuity of services. For health in particular, beneficiaries with medical concerns were provided medical assistance and regularly followed-up to safeguard their health while in the custody of residential facilities until such time that the street children are reunited with their families, or the residential facilities can fully take-over the case management.



*(Ateneo medical students assist CHAP as part of their internship)*

Number of street children provided with <b>medical check-up and other medical assistance</b> through the Mobile Health Clinic (MHC) / MHC Physician	800 to 1000 medical consults
Number of street children beneficiaries with improved health-seeking behavior, measured in terms of number of <b>Well Child consults</b>	200 consults
Percentage of street children beneficiaries who are able to practice <b>personal hygiene</b>	50% of beneficiaries
Percentage of street children beneficiaries with <b>normal weight or nutritional status</b>	70% of beneficiaries
Percentage of areas of operations where regular <b>mass deworming</b> was conducted	95% of operation areas
Number of street children beneficiaries who underwent <b>routine circumcision (or “tuli”)</b>	25 beneficiaries
Number of street children beneficiaries with serious medical/health problems who were <b>referred to hospitals or clinics</b> for proper treatment	90% of patients needing immediate referral
Number of street children beneficiaries assisted with <b>first aid</b> treatment by Junior Health Workers	400 street children
Number of (group and one-on-one) <b>Primary Health Care sessions</b> conducted by the Junior Health Workers among the street children beneficiaries	40 sessions



**FOUNDATION OF OUR LADY OF PEACE MISSION, INC.**

**Title of the Project: Supplemental Feeding for a Fisherman's Village  
(Sitio Wawa, Brgy. Longos, Bacoor, Cavite Philippines )**

**Period Covered: July 2016 – December 2016**

**Grant given by SCBPMM in late 2015 for this project: US\$ 5,000.**

**(Report was submitted in 2017 so will be included in this annual report)**

The Supplemental Feeding Project served 50 malnourished children, 2 – 4 years of age. At the end of 6 months, almost 40% of the enrolled children were able to move from undernourished to the normal level of nutritional category.

Mothers of malnourished children enrolled in the feeding class worked in groups of 5. Each group took turns to do the tasks assigned. These tasks were: planning the menu with the nutritionist; buying and preparing the food; cooking; feeding the children and washing dishes.

Fifty Mothers were educated on the basics of nutrition. Classes were also given on various topics such as parenting and proper hygiene. The mothers learned proper preparation of healthy, nutritious and inexpensive meals for their families.

The children were fed at the center once a day, 5 days a week. The food served included vegetables, chicken and/or fish and rice.

A food supplement rich in vitamins is Vitameal but this is not given regularly because of limited donations.

Some challenges identified by FOLPMI include severe poverty of the families. Despite this 5 day a week feeding program, it is not enough as the children sometimes have nothing to eat at home. Another challenge were some parents identified as being involved in vices that took money and resources away from the family's basic needs.

## **RELIGIOUS OF NOTRE DAME MISSIONS**

**Title of the Project: Medical Assistance and Health Education for the Dulangan Menubo Tribe**

**Implementation Period: January – December 2017**

**Grant given by SCBPMM in late 2016 for this project: \$ 6,000.00**

*“A big challenge for the project is the poverty of the tribe. Sometimes it is easy for us to judge the people for not doing all they can to support their needs. The challenge for us working at the grassroots is to really experience the life of the people and to see-judge-act accordingly. Practically, people are doing back breaking jobs in their farm. These are mostly done manually on sloping terrain which prevents the use of the carabao in ploughing. Transport of produce is difficult on muddy foot tracks with only small horses to rely on. The cost of transport is so expensive that the farmers are almost left with nothing after they have paid the operational costs. The buying price also drops at harvest time. The greatest challenge, then, for us is to continue to be with the people in the depth of their poverty and love them unconditionally. “*

*Sr. Catherine O’Neill, RNDM*



The number of beneficiaries served by the RNDM health program was more than anticipated. Through collaboration and partnership with the Local Government Unit (LGU), RNDM was able to extend services to more people. They assisted some patients to avail of government vehicles for emergency transportation. The Menubo people continue to experience the hardships brought about by last year's El Niño and rat infestation. Some have not yet fully recovered from their effects. There is very little improvement in relation to local infrastructure that could assist the Menubo living in the remote areas, thus, they continue to remain in deep poverty. It was necessary for RNDM to subsidize some of their medical costs through provision of prescribed medicines, diagnostic and hospital funds and emergency transport services.

The families try their best to bear some of the hospitalization costs. There is a good increase in mothers who come to the center to access the birthing center for safe delivery of their babies. There were some under-aged mothers who were assisted. The network of community health workers and the health team monitor and educate communities regarding the importance of hygiene and sanitation. However, due to weak resistance because of lack of food and other resources, there are still a significant number of patients this year. June and July were the months with the highest number of patients. This is the time when the resources are really scarce as people wait for the harvest season usually after the month of August.



*(Sr. Janette teaching hygiene)*

The following is the number of patients served from January to August 2017:

- 384 Dulangan Menubo patients were provided medical, diagnostic, hospital and transportation assistance including emergency ambulance service.
- 175 Dulangan Menubo patients/watchers were provided with accommodation and food.
- 20 Dulangan Menubo health volunteers were provided health training.
- 10 tribal communities were closely monitored and provided health education and awareness.
- 9 vulnerable and severely malnourished children were provided nutrition assistance and health monitoring.



*(Mode of transportation in the village)*

### **Networking with Government/Accessing local resources**

The newly elected mayor has a heart for the Dulangan Menubo which facilitates easier access to available government resources. He has a good relationship with the tribe and they feel that he is approachable.



*(9 month old baby boy receives supplements every month)*

### **Training and Developing Network of Community Health Workers**

The community health workers, although volunteers, have sincerely committed themselves to assisting their tribe access local resources. RNDM has built a relationship of trust and friendship with them. This relationship is enabling the Menubo community health workers to build their self-confidence and dedication to serve.



### **Voluntary Work and Counterpart System**

The people, in the spirit of “*dagyaw or pintakasi*,” which could be loosely translated as “mutuality,” usually come to serve in the center in order to show their gratitude. They also try to give 10% counterpart of the cost of medicines.



### **Instability of the Health Care Services of the Government**

The local hospital, although already open for admission, is not yet Philhealth accredited. The people still need to pay for the medicines and accommodation costs. The patients can only access their Philhealth benefits in the Provincial Hospital which is three hours away, making it difficult for them to sustain their food and other needs.

## **TULAY NG KABATAAN**

**Title of the Project: Day care center for poor children in shanties of Metro Manila (Santo Nino, Tondo, Manila): Education, health care, feeding and nutrition.**

**Implementation Period: School year 2016/2017 (10 months project).**

**Grant given by SCBPMM in late 2015 for this project: \$6,000**



The SCBPMM grant was used to provide services at the Santo Nino TNK center, where 80 children, 0 – 6 years of age, are daily beneficiaries. Sixty children, 2-6 years old, were enrolled in preschool classes of the Santo Niño center. Ten children availed of tutorial services. This is provided in the afternoon for children older than 6 who are in elementary school or are not attending elementary school.

TNK provided free medical checkups and follow ups to all the beneficiaries. Parents were also trained on health, hygiene and nutrition.

The Santo Niño center proposes a nutrition program that offers daily meals to all children in the center and that also educates mothers on how to feed the children properly through the “MaPa’s club” (for Mama and Papa of the slum). Twenty five percent of the children in the Santo Nino Day care center have stunted growth due to chronic malnutrition. Currently, only twenty percent of the 80 beneficiaries are part of the feeding and nutrition program.

**Emergency Disaster Funds Distributed for victims of January 2017 fire in Market 3, Tulay ng Kabataan Day Care Center**  
**Amount provided by SCBPMM \$3,000**

In January 2017, fire broke out in market 3 and destroyed homes of many poor families. The TNK day care center burned to the ground. Families and staff lost everything.

Most of the families affected by the fire have since returned to rebuild their makeshift homes on the site of the fire. Tulay ng Kabataan started construction of the day care center late last year.





## **SCBPMM EVENTS AND ACTIVITIES**

Christmas Campaign 2017 – In November 2017, volunteers gathered together to stuff envelopes for SCBPMM’s direct mail fundraising.

Participated in International Monetary Fund Helping Hands employee fundraising campaign.

Participated in World Bank Community Connections employee fund raising campaign.

Visits to Partners in 2017 - St. Charles Borromeo Philippine Medical Mission affirms the great work that our partners perform in some of the most under-resourced areas and communities in the Philippines. Every year since 1999, the U.S.-based members of SCBPMM have kept close contact with the various partners in the Philippines. Through phone calls, email reports, and site visits, SCBPMM has been able to monitor its partners’ activities and projects.



## **TO OUR DONORS**

We would like to thank all those who have made donations in 2017 and in previous years. All gifts of time, talent and treasure to help with the projects of SCBPMM are deeply appreciated. It is only because of you that we are able to continue the mission of SCBPMM.

### **2017 Major sources of SCBPMM revenue:**

Individual donors

World Bank Community Connections Employee Giving

International Monetary Fund Giving Together Campaign

IMF Civic Program

Bank of America (employee) Gift Matching Fund



## **SCBPMM Leadership**

SCBPMM is managed by a volunteer Board of Directors and by a core of committed volunteers of various backgrounds. Through SCBPMM, volunteers provide their special knowledge and expertise to fulfill the mission of the organization. The Board meets twice a year and the core group meets every quarter or as needed.

### **Board of Directors**

Maricel Bretault

Peggy Carrington

Fr. Gerry Creedon (Emeritus)

Emeterio Roa III

Juliet Teodosio

Ferdie Manibog

Jan Martin

Vanessa Lagera

### **Officers**

Treasurer – Peggy Carrington

Bookkeeper– Elizabeth Medina-Tata

Secretary - Linda Tan Roll

Administrative Assistant - Pamela Michalegko

Partner Coordinators – Maricel Bretault and Cecile Motus

### **Core Volunteers**

THANKS TO ALL THOSE WHO VOLUNTEER. WITHOUT YOU, SCBPMM WOULD NOT BE ABLE TO CONTINUE ITS GOOD WORKS.

## **HOW YOU CAN HELP**

### **DONATE**

Donations to SCBPMM are tax deductible. Checks should be made out to St. Charles Borromeo Philippine Medical Mission (or simply, SCBPMM) and mailed to:

St. Charles Borromeo Philippine Medical Mission P.O. Box 101923 Arlington, VA 22201-9998

If you would like to donate to a specific partner, or for a specific project, please indicate that in the memo line of your check.

You can also make a secure online donation through PayPal on our website at [www.scbphilippinemedicalmission.org](http://www.scbphilippinemedicalmission.org) and on our Facebook page.

### **VOLUNTEER**

We welcome all volunteers of various backgrounds and skills, with or without experience. We are willing to train, and there are many diverse opportunities to help. For students or interns, we would be happy to write your school about how you volunteered with us.

Contact us at [pmm@stcharleschurch.org](mailto:pmm@stcharleschurch.org)

Like us on our Facebook Page: St. Charles Borromeo Philippine Medical Mission.

**FINANCIAL REPORT FOR 2017**  
**In US Dollars**

**STATEMENT OF ACTIVITIES**

<b>Operating Revenues:</b>	
General donations	\$ 43,541
Restricted donations	34,218
Donated services	34,150
Interest income	74
<b>TOTAL OPERATING REVENUES</b>	<b>\$ 111,983</b>
<b>Expenses:</b>	
Program Services-Distributions	\$ 51,937
Program Services-Donated Support	34,150
Office	\$ 1,246
Professional fees	3,400
Fundraising costs	276
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 91,009</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$ 20,974</b>

**PROGRAM SERVICES-DISTRIBUTIONS**

Childhope Asia Philippines	7,249
Foundation of Our Lady of Peace	7,688
The Religious of Notre Dame of the Missions	7,000
ANAWIM Lay Missions Foundation	7,000
Archbishop Gabriel M Reyes Memorial Foundation*	13,000
Tulay Ng Kabataan	7,000
Emergency Disaster Relief**	3,000
<b>Total Distributions</b>	<b>\$ 51,937</b>

\*Includes 2016 grant award of \$6,000 distributed in 2017.

\*\*Emergency relief for TNK victims of fire.

**STATEMENT OF FINANCIAL POSITION**

Cash and cash equivalents	\$78,811
<b>Total Assets</b>	<b>\$78,811</b>
Net assets	
Restricted net assets	\$52,339
Unrestricted net assets	26,472
<b>Total net assets</b>	<b>\$78,811</b>
<b>Total Liabilities and Net Assets</b>	<b>\$78,811</b>



*In memory of Father Gerry Creedon  
(1944 - 2017)*

St. Charles Borromeo Philippine Medical Mission was saddened to hear of the passing of our dear friend, Fr. Gerry Creedon, Pastor of Holy Family Church in Dale City and former Pastor of St. Charles Borromeo Church in Arlington.

Fr. Creedon was a faithful supporter of SCBPMM, as he was of many other organizations and programs that furthered social justice. We will miss you, Fr. Creedon. We keep you in our hearts and in our prayers.