

**Endless Medical Advantage**  
**Unaudited Financial Statements**  
**31 May 2025**



**SAMARA & CO**  
Chartered accountant  
511 Kenton Lane  
Harrow  
Middlesex  
HA3 JW

# **Endless Medical Advantage**

## **Financial Statements**

**Period from 01 June 2024 to 31 May 2025**

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# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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The trustees present their report and the unaudited financial statements of the charity for the period ended 31 May 2025.

The Trustees confirm that they have referred to the Charity Commission's guidance on public benefit when reviewing the Trust's aims and objectives and in planning future activities.

#### Reference and administrative details

<b>Registered charity name</b>	Endless Medical Advantage
<b>Charity registration number</b>	1194717
<b>Principal office</b>	53 Kings Road London E11 1AU
<b>The trustees</b>	Ms A Patel Ms R Patel Ms L Newman
<b>Independent examiner</b>	Samara & Co 511 Kenton Lane Harrow Middlesex HA3 JW

#### Structure, governance and management

The Charity is registered with number 1194717 and is constituted as a Charitable Incorporated Organisation (CIO) dated 01 May 2021 and registered as an official UK Charity on 01 May 2021.

The Board of Trustees holds collective responsibility for its governance and strategic direction. They are accountable for ensuring the Charity operates within its charitable objectives, complies with all relevant laws and regulations, and maintains sound financial management. The Trustees approve and review policies and operational strategies and monitor the Charity's performance and impact. They are also expected to act as ambassadors for the organisation, using their networks to promote the Charity's work and build partnerships. As part of their commitment, they engage in quarterly board meetings, provide input on matters within their areas of expertise, and contribute to building a culture of good governance, innovation, and continuous improvement.

New Trustees are appointed for a term of at least two years passed at a properly convened meeting of the Board of Trustees. In selecting individuals for appointment, the Trustees must have regard to the skills, knowledge and experience needed for the effective administration of the CIO. The Board of Trustees will make available to each new charity trustee, on or before their first appointment: a copy of the current version of this constitution; a copy of the CIO's latest Trustees' Annual Report; and a statement of accounts.

All Trustees give their time voluntarily and receive no benefits from the Charity. The Charity's Medical Director is regarded as key management personnel. The pay of the Medical Director is reviewed annually and normally increased in accordance with average earnings. The remuneration is also bench-marked with other charities of a similar size and activity to ensure that the remuneration set is fair and not out of line with that generally paid for similar roles.

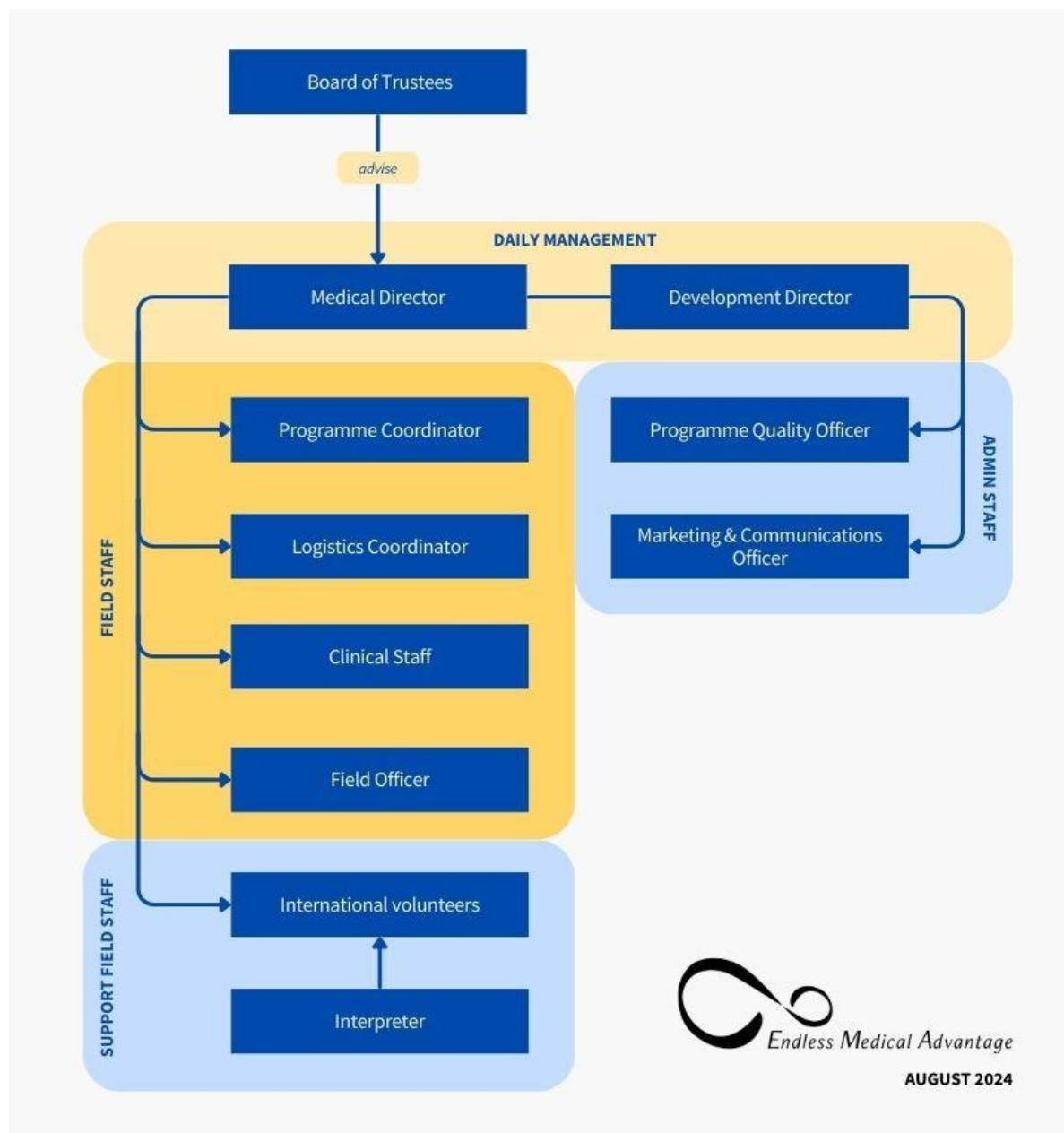
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# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

The Trustees oversee the work of the directors, staff and volunteers, delegating responsibility for day-to-day decision-making and management to the Medical Director and Development Director. See below Endless Medical Advantage's (EMA) organogram, outlining the different roles within the organisation.



In order for EMA to achieve and maintain ethical delivery of services as well as ethical workplace management, the Charity has developed several policies and are guided by them in practice to mitigate risks and ensure consistent quality of service delivery.

All paid staff and volunteers undergo a recruitment process, and they must all provide an up to date criminal record check (or equivalent) to ensure they meet EMA's safeguarding standards. Furthermore, EMA maintains accountability as a service delivery provider and humanitarian actor by

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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working collaboratively with other grassroots organisations and refugee-led initiatives in the local area whom we continue to learn from and allow us to work in a dynamically changing environment.

EMA works with a community-based approach which also promotes an ethical service delivery structure. Our services are delivered for the community, by the community whereby the team is sensitive to the needs of the communities and beneficiaries, having lived experience, cultural awareness and strong understanding of the needs of those who have been marginalised. We have developed strong communication strategies within the core team to ensure best practice is achieved and key behaviours are managed to remain aligned with EMA values.

There is a strong collaborative network of organisations, both regional and national, of which we are a part of to contribute to positive systemic shifts in refugee response. As a refugee-led organisation (RLO), working in the hearts of these communities, we are able to gain insight and understanding that is often missed by larger NGO or INGOs who are not as community-led. Our co-founder and Medical Director is a leader in the community and a part of this network which has given EMA a platform to show what the true needs are. We have an ear to the ground for big NGOs like UNHCR and we are thus able to give them insights they can't otherwise gain. In this way, we are able to support advocacy for refugees in particular to healthcare and represent a much-needed voice for the people.

#### **Objectives and activities**

EMA is a refugee-led organisation in Lebanon and Syria. Since establishment, our mission has been to support Syrian and Lebanese medical professionals in providing sustainable healthcare services and humanitarian relief to refugees and vulnerable communities in Lebanon. From December 2024, we started preparations to expand our operations to Syria. Together with the communities we serve, we aim to contribute to health and well-being by providing the best care to every patient. We do this with a holistic approach to health, addressing physical, mental and social well-being to improve overall quality of life in vulnerable communities. EMA provides healthcare for anyone regardless of race, ethnicity, age, gender, religion and other diverse backgrounds. Our programmes are affordable, accessible and sustainable. We are refugee-led and apply a bottom-up approach, with the community to the community.

During the reported year, from December 2024 onwards, EMA started preparing the expansion of its work to Syria as a direct consequence of the collapse of the regime early December 2024. While maintaining all programmes and projects in Lebanon, the senior leadership started assessing the needs and possibilities of bringing EMA's health expertise to war-torn and impoverished areas in Rif Dimashq Governorate. With strategic oversight and support of the Trustees, EMA was able to prepare the paperwork, obtain registration as a local NGO, and get several initial activities off the ground in Syria between January and May 2025.

As EMA we aim to keep building our movement by implementing integrated clinical practice with the main activities run through healthcare mobile clinics, fixed polyclinics, dental clinics and our MHPSS programme. In doing so, we aim for sustainable improvement of health in Lebanon and Syria.

Furthermore, EMA commits to providing aid and relief to those living in poverty and affected by the challenging political and economic conditions in Lebanon and Syria. In emergencies, such as a storm, fire or war, we aim to be on the ground quickly, providing healthcare and supporting in the aftermath of such events by providing physical aid such as food and blankets, as well as medical checks. Hence last year, from September 2024 to March 2025, we coordinated a large-scale emergency response during the escalating war in Lebanon.

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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**EMA's general objectives** during the year reported were:

1. To create a sustainable, community-led infrastructure by sharing skills and materials to refugees to reduce the health crisis in Lebanon and help save lives. We do this by creating physical clinics run by refugees, providing long term sustainable healthcare solutions for all
2. To improve the quality of life with provision of health services that are the most needed in the community, aiming to fill the essential gaps left by the host country and larger NGOs
3. To lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources
4. To improve the provision of dental healthcare for the most vulnerable in Lebanon
5. To improve the provision of healthcare for people with disabilities and increase their awareness and knowledge in managing such conditions
6. To support advocacy for refugees in particular to healthcare and represent a much needed voice for the people
7. To manage prevention and control of epidemic outbreaks through all our healthcare activities and education

**EMA's specific objectives for 2024-2025** were:

- a) Resume and continue our primary health service through the Mobile Medical Units (*dependant on ongoing restrictions*)
- b) Train skilled medical professionals to be focal points for triage and basic medical care, to complement the provision of care through the MMU's
- c) Set up monthly, condition specific missions as a way to reach the community and their most urgent needs
- d) Provide mobile physiotherapy again to reach those most in need, to reach a larger group and with a focus on long term interventions improving quality of lives
- e) Continue dental care
- f) Set up and run mental health programmes (MHPSS) for children and youth, through music and sports activities
- g) Develop a Monitoring, Evaluation, Accountability and Learning (MEAL) tool

### Activities in Lebanon

From June 2024 to May 2025, EMA's main charitable activities were:

#### 1) **Mobile Medical Units (MMUs)**

At the start of the year reported, in June 2024, a careful lift of the restrictions to working in the camps was implemented by governmental authorities. This meant that we were able to operate our mobile clinics again in many of the camps in Bar Elias, AlMarj and Saadnayel area. During the summer months we were able to regularly start visiting most of the camps in the area again, and over the course of those months added a few new camps to our schedule. During the war in Lebanon from September 2024, we changed our mode of operation as we were running an extensive emergency response, which was the main priority of our team until March 2025.

Once the initial response was managed and especially after a ceasefire was reached in November 2024, our team gradually regained capacity to work back in the established camps.

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# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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However, this soon was followed by new restrictions and increased security risks for Syrians in Lebanon, following the collapse of the regime in December 2024. Since January 2025, our MMUs are therefore running solely through fixed clinics, schools and community centres in the area again. Despite the challenges, we have maintained our presence and primary health service in the area, which for many families is the only consistent and affordable way to see a doctor.

#### 2) **Polyclinic**

Throughout this year, we consistently worked with polyclinic Nadi al-Wehda in AlMarj. Additionally, until April 2025, we worked with polyclinic Raabta in Taalabaya. Those collaborations with local polyclinics and NGOs allow us to continue our services in a visible and accessible place throughout the many shifts in restrictions to work in the camps.

#### 3) **Women's Health Missions**

One of our focuses is strengthening women's health in disadvantaged communities, as they are an extra vulnerable group and in many families the core of community and support. Therefore, we partnered this year again with The Dignity Project by Jigsaw, to deliver health awareness and education sessions to girls and women; provide health checkups including followup if needed; and distribute hygiene packs.

#### 4) **Dental Clinic**

Throughout the year we maintained operations of our self-sustaining dental clinic, with two operational dental chairs in AlMarj and close to Bar Elias, at a central and accessible location. With our unique EMA approach, we continue setting an example and an inspiring precedent for affordable dental care in Lebanon. At our dental clinic we receive patients from all population groups such as Syrians, Lebanese, Palestinians, as well as migrant workers. People come from other regions of Lebanon as well.

#### 5) **Mental health and Psycho Social Support (MHPSS)**

From July 2024 we started preparations for a brand-new programme: our own MHPSS programme, designed with the support and knowledge of Amna Healing. The MHPSS programme was a long-cherished wish to add to our holistic services as an organisation, as we have witnessed the mental and emotional toll of stress and trauma in our communities of displaced people. Our medical team has frequently noted over the years that mental issues resulted in physical illness, and more than once envisioned the added value of a MHPSS programme tailored to support children and adolescents and their families.

After the preparatory activities by our staff, who bring their own lived experience as well, we started our first cycle of the sports and the music MHPSS programme in September 2024. The programmes are designed to equip a group of around 40 participants over the course of 3 months with tools for stress management, resilience and community building, through music and sports. After the interruption and adaptation of the programme during our emergency response in Lebanon (see below), we were able to return to our originally designed programme in January 2025 and offer 2 cycles to 4 groups in total.

#### 6) **Aid & Relief**

##### **Financial Assistance of Medical Cases**

We continued supporting individuals for financial aid and medical bills, helping 846 individuals throughout the year with a combination of full and partial payments for treatments such as chemotherapy, kidney dialysis, surgery, MRI, biopsies, X-rays, emergency surgeries, ICU

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# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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admission and more - as well as basic blood and urine analysis. For those patients, we have been able to diagnose cancer early, to diagnose other internal conditions and also support life saving treatments such as chemotherapy and kidney dialysis.

#### **Rent Relief**

During the year we supported 10 families with rent relief, to help them bridge the gap during particularly difficult circumstances such as illness or unemployment of the breadwinner of the family. Rent relief is a way to prevent homelessness of entire families who only need support to bridge a gap of a few weeks or months without income.

#### **Emergency Response September 2024-March 2025**

Between September 2024 and March 2025, in response to the escalation of conflict and subsequent internal displacement in Lebanon, we launched a rapid and sustained emergency response in the Bekaa Valley. This urgent humanitarian effort focused on providing critical support in physical and mental health, shelter, and food security to communities displaced from South Lebanon. Our mobile medical units delivered essential primary healthcare services, including medication and medical supplies, with a special focus on elderly and women's health. This was crucial for many internally displaced persons (IDPs) who had to flee their homes without their necessary medications. Additionally we supported medical cases with (partial) coverage of the costs, helping individuals and families in need of surgery or treatment.

Furthermore, we addressed immediate needs through the establishing of emergency shelters, creating safe spaces for families who were often left out on the streets due to discrimination against Syrians at governmental shelters throughout the country. In our shelters and other shelter locations in our area, we distributed non-food items (NFIs) like mattresses and blankets, helping to facilitate the safe sheltering of families.

To combat food insecurity, we established a community kitchen that prepared and distributed thousands of hot meals to our own emergency shelter locations as well as those for other partner organisations in the local area. As winter approached, we implemented vital winterisation measures, providing additional blankets and fuel to ensure warmth and dignity for those residing in the shelters. While a temporary ceasefire was declared in November, the ongoing needs of IDPs who could not return home meant our operations continued, ensuring sustained support for these vulnerable communities.

To offer much needed stress relief, we ran daily MHPSS sessions at many shelters in our area, where children as well as their caregivers could forget about their worries and traumas for an hour and play, sing and move to release tension and express themselves in a safe space.

### **Activities in Syria**

#### **First Response January-May 2025**

Commencing our operations in Syria from December 2024, we provided a range of essential humanitarian services as a first response to the population in acute need. Our initial efforts focused on gathering information and conducting exhaustive assessments to then focus on restoring critical

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# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

infrastructure and providing direct support to vulnerable communities. We successfully repaired a well, which subsequently restored access to clean water for thousands of people. This initiative was complemented by the provision of vital fuel supplies to schools, helping to ensure that educational facilities could remain operational during the cold months.

In addition to these infrastructure projects, we delivered direct aid to impoverished families during significant religious holidays in the community. Our team provided thousands of meals during Ramadan and distributed fresh meat packages for both Eid al-Fitr and Eid al-Adha. Recognising the pressing need for healthcare, particularly for women, our team also conducted a dedicated women's health mission in the Al Zabadani area. We provided essential medical supplies to two hospitals in the rural Damascus area which we identified in our initial assessments and replaced vital equipment in two surgical rooms to resume operations for daily surgical procedures including c-sections for women. We also provided support for personnel across hospitals, clinics, a local disability initiative and schools, helping to sustain critical services at a time of immense strain and huge uncertainty in Syria.

#### Contribution made by volunteers

On average, EMA hosts one or two international medical volunteers per month throughout the year. However during the reported year, we did not host any international volunteers, due to safety concerns and/or foreign government travel advice. During the year we did have **10 local volunteers** helping out during our emergency response in Lebanon (September 2024-March 2025) and our first response in Syria (Ramadan/March 2025).

#### Achievements and performance

##### Impact in Numbers

GENERAL	
3	offices (from February 2025)
2	countries (from January 2025)
12	full time staff (or equivalent)
10	volunteer staff
3	crowdfund campaigns
250	individual donors across campaigns (unique number)
LEBANON	
Medical (outside of emergency responses, scroll down to see those numbers)	
~15,500	patients treated in the mobile clinics and polyclinic combined
650	patients during women's health mission

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

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<b>Dental</b>	
11,800	patients treated in the dental clinic
<b>MHPSS</b> (outside of emergency responses, scroll down to see those numbers)	
2	cycles of three-month programmes started
220	participants in three-month programmes ( <i>unique number</i> )
<b>Aid &amp; Relief</b> (outside of emergency responses, scroll down to see those numbers)	
846	individual medical cases financially supported
10	families supported with rent relief
<b>Emergency Response September 2024-March 2025</b>	
195	people supported with emergency shelter ( <i>through EMA shelters, unique number</i> )
2,300	non food items (NFIs) distributed
13,380	meals distributed from our community kitchen
~62,000	people supported with the EMA community kitchen
1,996	patients treated with emergency mobile clinic and (prevention) missions
260	individual medical cases supported
1,972	participants in emergency sessions MHPSS
22	weeks we ran the response
12	partner organisations we worked with
5	volunteers during the response
7	extra staff during the response

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

Period from 01 June 2024 to 31 May 2025

SYRIA	
First Response January-May 2025	
~50,000	people supported by the fixing of the well
10	schools supported with fuel
125	personnel supported across hospitals, clinics, local disability initiative, and schools
19,500	individuals supported with a meal during Ramadan
5	volunteers at the EMA community kitchen during Ramadan
~7,500	individuals supported with a fresh meat package during Eid al-Fitr (3,000 kilos)
2,000	individuals supported with a fresh meat package during Eid al-Adha (400 kilos)
200	patients during women's health mission

### Monitoring Impact

This was undoubtedly the most challenging year in the organisation's history, marked by two significant and rapid shifts in our working environment: the war in Lebanon, followed by the collapse of the regime in Syria. These crises profoundly impacted our team and our work, creating a volatile and emotionally charged environment where feelings of fear, sadness, happiness, gratitude and uncertainty followed one another in quick succession. Despite these unprecedented challenges, we accomplished more than ever before, assisting a greater number of people and raising more funds than in any previous year, a direct result of our extensive emergency response efforts in both Lebanon and Syria. This remarkable output was a testament to our agility as a small team. Our ability to operate with limited resources and draw on our lived experience allowed us to maximise our impact, delivering high-quality care and aid where it is needed most.

Our specific objectives for the year were:

- Resume and continue our primary health service through the Mobile Medical Units (*dependant on ongoing restrictions*)
- Train skilled medical professionals to be focal points for triage and basic medical care, to complement the provision of care through the MMU's
- Set up monthly, condition specific missions as a way to reach the community and their most urgent needs
- Provide mobile physiotherapy again to reach those most in need, to reach a larger group and with a focus on long term interventions improving quality of lives
- Continue dental care
- Set up and run mental health programmes (MHPSS) for children and youth, through music and sports activities
- Develop a Monitoring, Evaluation, Accountability and Learning (MEAL) tool

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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During this tumultuous period, we were able to partially meet objectives a) and c). We successfully met objectives e), f), and g) entirely - both our dental service and MHPSS programme are a huge success, contributing visibly to the general health and wellbeing of the communities we work with.

However, due to the intense demands and resource reallocation required for the emergency responses, we unfortunately did not have the capacity to meet objectives b) and d) as initially planned. Based on our multi-year strategy, continuous assessment and evaluation mechanisms, we continue to see the importance of those programmes as part of our holistic approach to health. We therefore will keep them (in adapted form) as part of our revised strategy for both Lebanon and Syria.

#### Financial Review

EMA relies entirely on funds both sourced from public as well as private donors, along with individual donors through PayPal and crowdfunding. Over the reported year, the total income was £357,903 with an expenditure of £405,505 Surplus/(Deficit) reserves balance of £(432).

The charity is incorporated and has actively been fundraising, the charity is being Independently Examined.

#### EMA's principal sources of funds

*Amounts in GBP below are approximate totals due to fluctuating exchange rates.*

EMA received several unrestricted funds:

- LUSH Charity Pot (£4,000)
- Network for Social Change Charitable Trust (NSC) (£20,000)
- CRLM Phase III (\$225,000 = ~£160,000)\*
- Amna Healing (€40,000 = ~£34,000)\*
- Café Averechts / Vereniging Mot (€ 1,924 = ~£1,600)
- Austin Bailey Foundation (£1,000)

to support the polyclinic and additional medical supplies for all activities.

*\*Grant spent across multiple financial years.*

During emergency response in Lebanon, EMA received the following funds from:

- Jigsaw Charity (£16,365)
- Action for Hope (€16,000 = ~£12,800)
- Cultures of Resistance (\$10,000 = ~£7,500)
- Choose Love (\$60,000 = ~£40,000)
- Amna Healing (€15,000 = ~£12,000)
- Issa Group/MDS Healthcare £7,700

In addition, EMA received private donations for the food security project during Ramadan from Issa Group/MDS Healthcare £23,370.

We have also successfully raised funds through individual giving (through PayPal) and crowdfunding (GoFundMe) to support EMAs services and aid and relief projects. We were given a number of cash donations directly in Lebanon by visiting partners, visitors, journalists and other individuals or groups connected to EMA.

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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#### Statement on holding reserves

At the end of the reported year, on May 31, 2025, a deficit of £(432) was held. Reserves are held by EMA to support the expenses and running costs of the organisation during transitional periods due to incremental periods of funds.

#### Investment policy

EMA does not have investments of any kind in this period. EMA will review the Investment policy as and when required.

#### Risk Management

The past year has proven to be the most challenging in our organisation's history, as our operating environment was reshaped by two significant and rapid shifts: the escalation of the war in Lebanon and the collapse of the regime in Syria. These events compounded the existing political and socio-economic instability in Lebanon, creating unprecedented risks and uncertainties to our daily operations. Despite these external pressures, our agility as a grassroots, refugee-led NGO allowed us to mitigate these risks and continue serving our communities.

The ongoing economic crisis in Lebanon still profoundly affects our work as it continues to put immense pressure on the vulnerable communities we serve. In fact, a significant proportion of the population is in need of assistance; as of July 2025, UNHCR reports that 9 out of 10 Syrian refugees in Lebanon need humanitarian assistance, while the economic crisis has left many Lebanese families in similar situations of need. Furthermore, rising xenophobia and racism against the Syrian refugee community created significant operational challenges, with stricter governmental restrictions on working in camps. We were able to overcome these obstacles and ensure the safety of our team by changing our operational approach and leveraging our strong relationships with Lebanese partners and community leaders. Our team has had to be creative and resourceful, often finding new ways to manage patient care and distribute medication to those in real need.

In response to the escalating war in Lebanon, our readiness for emergency response became a reality, enabling a rapid and sustained operation in the Bekaa Valley. Consequently, the collapse of the regime in Syria necessitated a first response as well. The humanitarian situation in Syria is particularly dire, with the World Health Organization (WHO) reporting that as of mid-2025, approximately 15.8 million people, or nearly 65% of the population in Syria, are in need of life-saving primary and secondary health assistance. No less than half of the country's infrastructure, including hospitals, schools and water supply systems, are severely damaged or destroyed. This highlights the critical need for organisations like ours to step in and provide support.

The execution of these two major emergency responses demonstrates our proactive approach to risk. By prioritising the most acute needs and reallocating resources, we were able to provide critical aid, even as it meant we had to temporarily postpone some of our planned strategic objectives, such as training medical professionals as focal points and restarting our physiotherapy programme. The team's well-being remained a priority throughout this period, and our commitment to each other's welfare has been fundamental in ensuring our capacity to serve our communities in the most challenging of times.

In this rapidly evolving landscape, managing our legal status and paperwork has become a fundamental part of our risk management strategy. To ensure the long-term sustainability and legality of our work, we've had to navigate complex and changing administrative requirements. This includes

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# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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the crucial step of pursuing registration as a local NGO in Syria, which allows us to operate transparently and effectively on the ground. Simultaneously, we updated our legal status in the UK to align with our expanding operations in Syria. These actions ensure that we can continue our life-saving work in a fully compliant and secure manner, protecting our staff and beneficiaries and building a strong foundation for future activities.

#### Plans for the future

Following a year of unprecedented challenges and rapid emergency responses, we have evaluated our capacity and impact to strategically plan for the future. The agility we demonstrated has strengthened our resolve to maintain our presence in Lebanon, continuing to provide essential support to vulnerable communities who remain in acute need. Simultaneously, we are committed to leveraging our experience to expand our operations into Syria, aiming to build a more comprehensive and holistic approach to aid across both countries. This expansion will be guided by thorough needs assessments and will be contingent on securing the necessary funds to ensure a sustainable and high-quality service delivery. We will also focus on building out new programmes, such as physiotherapy and livelihood projects, to address the long-term needs of our communities and working on our aim to build a healthy and sustainable future for the communities we serve.

To support these ambitions and ensure our continued growth and effectiveness, we are placing a strong emphasis on strengthening our organisational capacity. We will further invest in our MEAL framework to systematically assess the performance and impact of all our programmes. Concurrently, we will work to diversify our funding streams, to secure more sustainable and flexible financing.

Our plans for the coming year are focused on achieving specific, measurable goals that reflect our commitment to long-term community empowerment and resilience:

1. **Continue supporting in Lebanon:** Our commitment to Lebanon and its vulnerable communities in Bekaa Valley remains at the heart of our mission. Over the next year, we will maintain our continuous medical work, providing essential healthcare to those with limited access to care. We will also continue our dental clinic and MHPSS programmes. Additionally, our aid & relief services (such as, for example, food support during Ramadan) address the ongoing poverty and food insecurity.
2. **Expand health services in Syria:** By the end of May 2026, pending a comprehensive needs assessment and successful fundraising, we will have established a dedicated health programme in the Rural Dimashq area, including the provision of physiotherapy services; dental services and livelihood support.
3. **Strengthen MEAL framework:** By the end of 2025, we will have fully developed and implemented our MEAL tool and training programme, enabling a consistent and systematic approach to monitoring and reporting across all projects in Lebanon and Syria.
4. **Diversify funding sources:** By the end of May 2026, we will have secured at least two new funding partners, with a focus on long-term project grants to support our planned expansion and organisational strengthening. Additionally, we will strengthen our community engagement and crowdfund campaigns, focusing on several types of engagement.
5. **Grow Trustees' capacity:** By October 2025, we will have at least one additional Trustee to support the above objectives and strengthen our overall growth and development.

We will continue to learn from our work, and maintain a bottom up approach to ensure all our work is community-led and community driven. We hope to maintain flexibility and remain visible and active within the community in light of the ever changing operating environment in Lebanon.

# Endless Medical Advantage

## Trustees' Annual Report *(continued)*

### Period from 01 June 2024 to 31 May 2025

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We will continue to gather insight from our beneficiaries, partners and staff to understand how we can improve and develop our operations, continuing to evaluate and monitor the impact we are having to ensure they are at the core of everything we aim to achieve. By reviewing milestones and final outcomes of our projects, we hope to build systematic practices dedicated to the assessment of EMA's overall performance and achievement of our short and long term aims.

The trustees' annual report was approved on 03 December 2025 and signed on behalf of the Board of Trustees by:



Ms A Patel  
Trustee

# Endless Medical Advantage

## Independent Examiner's Report to the Trustees of Endless Medical Advantage

Period from 01 June 2024 to 31 May 2025

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I report to the trustees on my examination of the financial statements of Endless Medical Advantage ('the charity') for the period ended 31 May 2025.

### Responsibilities and basis of report

As the trustees of the charity, you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

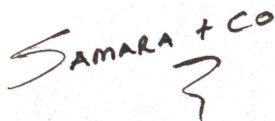
I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

### Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Independent Examiner

511 Kenton Lane  
Harrow  
Middlesex  
HA3 JW

03 December 2025



# Endless Medical Advantage

## Statement of Financial Activities

Period from 01 June 2024 to 31 May 2025

		2025		2024
	Note	Unrestricted funds £	Total funds £	Total funds £
<b>Income and endowments</b>				
Donations	4	357,903	357,903	183,290
<b>Total income</b>		<u>357,903</u>	<u>357,903</u>	<u>183,290</u>
<b>Expenditure</b>				
Expenditure on charitable activities	5,6	405,505	405,505	163,686
<b>Total expenditure</b>		<u>405,505</u>	<u>405,505</u>	<u>163,686</u>
<b>Net income/(expenditure) and net movement in funds</b>		<u>(47,602)</u>	<u>(47,602)</u>	<u>19,604</u>
<b>Reconciliation of funds</b>				
Total funds brought forward		47,170	47,170	27,566
<b>Total funds carried forward</b>		<u>(432)</u>	<u>(432)</u>	<u>47,170</u>

The statement of financial activities includes all gains and losses recognised in the year.  
All income and expenditure derive from continuing activities.

The notes on pages 17 to 23 form part of these financial statements.

# Endless Medical Advantage

## Statement of Financial Position

Period from 01 June 2024 to 31 May 2025

	Note	2025 £	2024 £
<b>Fixed assets</b>			
Tangible fixed assets	11	677	5,064
<b>Current assets</b>			
Cash at bank and in hand		30,053	64,173
<b>Creditors: amounts falling due within one year</b>	12	31,162	22,067
<b>Net current liabilities</b>		(1,109)	42,106
<b>Total assets less current liabilities</b>		(432)	47,170
<b>Net assets/(liabilities)</b>		(432)	47,170
<b>Funds of the charity</b>			
Unrestricted funds		(432)	47,170
<b>Total charity funds</b>	13	(432)	47,170

These financial statements were approved by the board of trustees and authorised for issue on 03 December 2025, and are signed on behalf of the board by:



Ms A Patel  
Trustee

The notes on pages 17 to 23 form part of these financial statements.

# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

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	2025 £	2024 £
<b>Cash flows from operating activities</b>		
Net (expenditure)/income	(47,602)	19,604
<i>Adjustments for:</i>		
Depreciation of tangible fixed assets	5,286	5,066
Accrued expenses	79	75
<i>Changes in:</i>		
Trade and other creditors	9,016	20,492
Cash generated from operations	<u>(33,221)</u>	<u>45,237</u>
Net cash (used in)/from operating activities	<u>(33,221)</u>	<u>45,237</u>
<b>Cash flows from investing activities</b>		
Purchase of tangible assets	<u>(899)</u>	<u>—</u>
Net cash used in investing activities	<u>(899)</u>	<u>—</u>
<b>Net (decrease)/increase in cash and cash equivalents</b>	(34,120)	45,237
<b>Cash and cash equivalents at beginning of year</b>	<u>64,173</u>	<u>18,936</u>
<b>Cash and cash equivalents at end of year</b>	<u>30,053</u>	<u>64,173</u>

# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

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### 1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 53 Kings Road, London, E11 1AU.

### 2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Charities SORP (FRS 102)) and the Charities Act 2011.

### 3. Accounting policies

#### Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

#### Going concern

There are no material uncertainties about the charity's ability to continue.

#### Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal and fall into one of two sub-classes: restricted income funds or endowment funds.

# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

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### Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable, and its amount can be measured reliably.
- legacy income is recognised when receipt is probable, and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

### Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking activities that further its charitable aims for the benefit of its beneficiaries, including those support costs and costs relating to the governance of the charity apportioned to charitable activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

### Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been

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# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

### Period from 01 June 2024 to 31 May 2025

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recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

#### **Depreciation**

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Plant and machinery	- 25% straight line
Equipment	- 25% straight line

#### **Impairment of fixed assets**

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

#### **Financial instruments**

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes

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# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

### Period from 01 June 2024 to 31 May 2025

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recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

#### 4. Donations

	Unrestricted Funds £	Total Funds 2025 £
<b>Donations</b>		
Charitable Donations	357,903	357,903

	Unrestricted Funds £	Total Funds 2024 £
<b>Donations</b>		
Charitable Donations	183,290	183,290

#### 5. Expenditure on charitable activities

	Unrestricted Funds £	Total Funds 2025 £
Charitable Activity	398,378	398,378
Support costs	7,127	7,127
	<u>405,505</u>	<u>405,505</u>

	Unrestricted Funds £	Total Funds 2024 £
Charitable Activity	156,890	156,890
Support costs	6,796	6,796
	<u>163,686</u>	<u>163,686</u>

# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

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### 6. Expenditure on charitable activities

	Activities undertaken directly £	Support costs £	Total funds 2025 £
Charitable Activity	398,378	–	398,378
Governance costs	–	7,127	7,127
	<u>398,378</u>	<u>7,127</u>	<u>405,505</u>

	Activities undertaken directly £	Support costs £	Total funds 2024 £
Charitable Activity	156,890	–	156,890
Governance costs	–	6,796	6,796
	<u>156,890</u>	<u>6,796</u>	<u>163,686</u>

### 7. Net income

Net income is stated after charging/(crediting):

	2025 £	2024 £
Depreciation of tangible fixed assets	<u>5,286</u>	<u>5,066</u>

### 8. Independent examination fees

	2025 £	2024 £
Fees payable to the independent examiner for: Independent examination of the financial statements	<u>–</u>	<u>1,575</u>

### 9. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2025 £	2024 £
Wages and salaries and social security costs	<u>115,674</u>	<u>73,579</u>

The average head count of employees during the period was 12 (2024: 7).

No employee received employee benefits of more than £60,000 during the year (2024: Nil).

### 10. Trustee remuneration and expenses

No Trustees were remunerated and/or had expenses incurred on their behalf or re-imbursed to them.



# Endless Medical Advantage

## Notes to the Financial Statements *(continued)*

Period from 01 June 2024 to 31 May 2025

### 11. Tangible fixed assets

	Plant and machinery £	Equipment £	Total £
<b>Cost</b>			
At 1 June 2024	15,815	4,446	20,261
Additions	—	899	899
<b>At 31 May 2025</b>	<u>15,815</u>	<u>5,345</u>	<u>21,160</u>
<b>Depreciation</b>			
At 1 June 2024	11,862	3,335	15,197
Charge for the period	3,952	1,334	5,286
<b>At 31 May 2025</b>	<u>15,814</u>	<u>4,669</u>	<u>20,483</u>
<b>Carrying amount</b>			
<b>At 31 May 2025</b>	<u>1</u>	<u>676</u>	<u>677</u>
At 31 May 2024	<u>3,953</u>	<u>1,111</u>	<u>5,064</u>

### 12. Creditors: amounts falling due within one year

	2025 £	2024 £
Accruals and deferred income	1,654	1,575
Other creditors	29,508	20,492
	<u>31,162</u>	<u>22,067</u>

### 13. Analysis of charitable funds Unrestricted funds

	At 01 June 2024 £	Income £	Expenditure £	At 31 May 2025 £
General funds	47,170	357,903	(405,505)	(432)
	<u>47,170</u>	<u>357,903</u>	<u>(405,505)</u>	<u>(432)</u>
	At 1 June 2023 £	Income £	Expenditure £	At 31 May 2024 £
General funds	27,566	183,290	(163,686)	47,170
	<u>27,566</u>	<u>183,290</u>	<u>(163,686)</u>	<u>47,170</u>

### 14. Analysis of changes in net debt

	At 1 Jun 2024 £	Cash flows £	At 31 May 2025 £
Cash at bank and in hand	64,173	(34,120)	30,053
	<u>64,173</u>	<u>(34,120)</u>	<u>30,053</u>