



CADUS e.V. - Redefine Global Solidarity  
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# Annual Report 2019



A CADUS Medic treating a refugee in our mobile clinic in Bosnia. Photo: Selene Magnolia

## DEAR SUPPORTER,

Usually, annual reports start with chronological breakdowns of highlights and achievements. All in all, a positive optimistic overview, justifying the use of funds and resources.

For 2019 this 'usually' seems somehow difficult and unsuitable. Indeed, there are thriving projects and achievements we can report on, such as the successful termination of our project in Bosnia and Herzegovina, provision of Water and Hygiene for people being stuck at the European border and continuous effort regarding the health structures in Northeast-Syria including setting up a field hospital. But 2019 also gave us many reasons to reflect our actions. Therefore, we want to start this annual report with a less enthusiastic and more thoughtful tone.

The invasion of Turkey and Turkish-backed militias in Northeast-Syria in October 2019 overshadowed many of our activities. The effect of the attacks on the people in Northeast-Syria has been inexpressible. Some of our international team members experienced what it means to have undeniable privileges. Our approach is to minimize the hierarchy and differences between our international and local staff as well as between 'us' and the people we work for. Anyhow, the attacks in autumn showed us unmistakably the difference between international and local staff of one and the same organization. The international staff always had the possibility to escape the hostilities, a privilege that the local team members and the population of the region did not have. This brings us to a subject influencing our work a lot during last year: Responsibility.

We once more experienced that working in crisis and conflict areas brings a huge responsibility.

A part of this responsibility is to recognize that some colleagues do not have the same privileges as others due to their nationality and place of origin. We saw this inequality clearly in 2019. What became evident is the importance of continuous critical reflection on our objective, our actions and their outcome.

CADUS aims to establish sustainable projects by including the people we work for and with in our planning processes and structures.

But the recent events showed us that humanitarian work in crisis and conflict areas can be very unpredictable. Many of our actions are defined and driven to the most possible extent by external factors which we cannot influence. The invasion of Turkey could have easily meant an end for all the projects and activities that our local partners and we have been able to build and support since 2014.

Hence, we want to take the chance of this introduction to our annual report to stress that all the support you provide to us, and that we pass on to people affected by crisis, is a support we can provide today based on the current situation. There is no protection against potential future harms and regions can be destabilized within weeks or even days, resulting in humanitarian catastrophes.

There is no guarantee of 'success' of humanitarian action, no matter how well planned or implemented. We communicate these uncertainties and challenges and make them transparent to you as our supporters, hoping that you value the transparency and feel encouraged to further support us in the future.

**Your CADUS Team**

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Medics treating a refugee in our mobile clinic in Bosnia.  
Photo: Selene Magnolia

# CADUS — REDEFINE GLOBAL SOLIDARITY

## About CADUS

CADUS e.V. is a non-profit, non-governmental, independent, self-governing and voluntary organization with its headquarters in Berlin, Germany - registered as a non-profit association. CADUS operates a sub-branch in Erbil, KR-Iraq. Our work is primarily concerned with providing medical and technical support to people in crisis situations. These can range from sudden-onset disasters to protracted and complex slow-onset emergencies. The humanitarian imperative and humanitarian principles are the foundation for all our actions. CADUS is a signatory of the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief.

We aim to enable the transformation of knowl-

edge and technology. Together with local communities, we want to develop new and innovative projects adapted to local conditions and actively shaped by beneficiaries of humanitarian aid. By working interdisciplinary, different organizations and individuals should be given the opportunity to develop innovative humanitarian solutions.

In short, our goal is working in a reflected way within the field of humanitarian aid, including a focus on engaging local communities. We want to think about the causes and not just fight the symptoms. Social, technical, economic and environmental aspects are integral parts of a crisis and essential to consider when supporting people in crisis situations.

The CADUS Team during a strategy weekend.  
Photo: Christoph Löffler



## The principles of our work

The humanitarian principles are the basis for our work. Despite modern challenges and rapid changes within the humanitarian system, these guiding principles remain essential for our work. Additionally to Humanity, Impartiality and Neutrality, CADUS considers Accountability as an essential humanitarian principle and basis for our work.

### Humanity

By humanity we understand that suffering - no matter what the circumstances, the place or the cause - must be fought. All our actions are legitimized by humanity alone and are accordingly unconditional. The goal of our work is to fight suffering, to protect life and to prevent future suffering!

### Impartiality

The right to receive humanitarian support applies to everyone, no matter what a person has done before. As humanitarian workers we are neither judges nor executors. Therefore, we treat people according to their needs and not according to whether they are considered to belong to an „ethnic“, religious or political group.

### Independence

It would be naive to claim that humanitarian work takes place completely free of financial constraints. For us, it is important to deal with these monetary constraints in a transparent and open manner. We clearly oppose any funding that is linked to the interests of any political or religious party. Furthermore, a basic requirement for any donor is that they must not influence or direct

our work and the way it is carried out. Furthermore, donors that support us must not contradict the values and principles we represent.

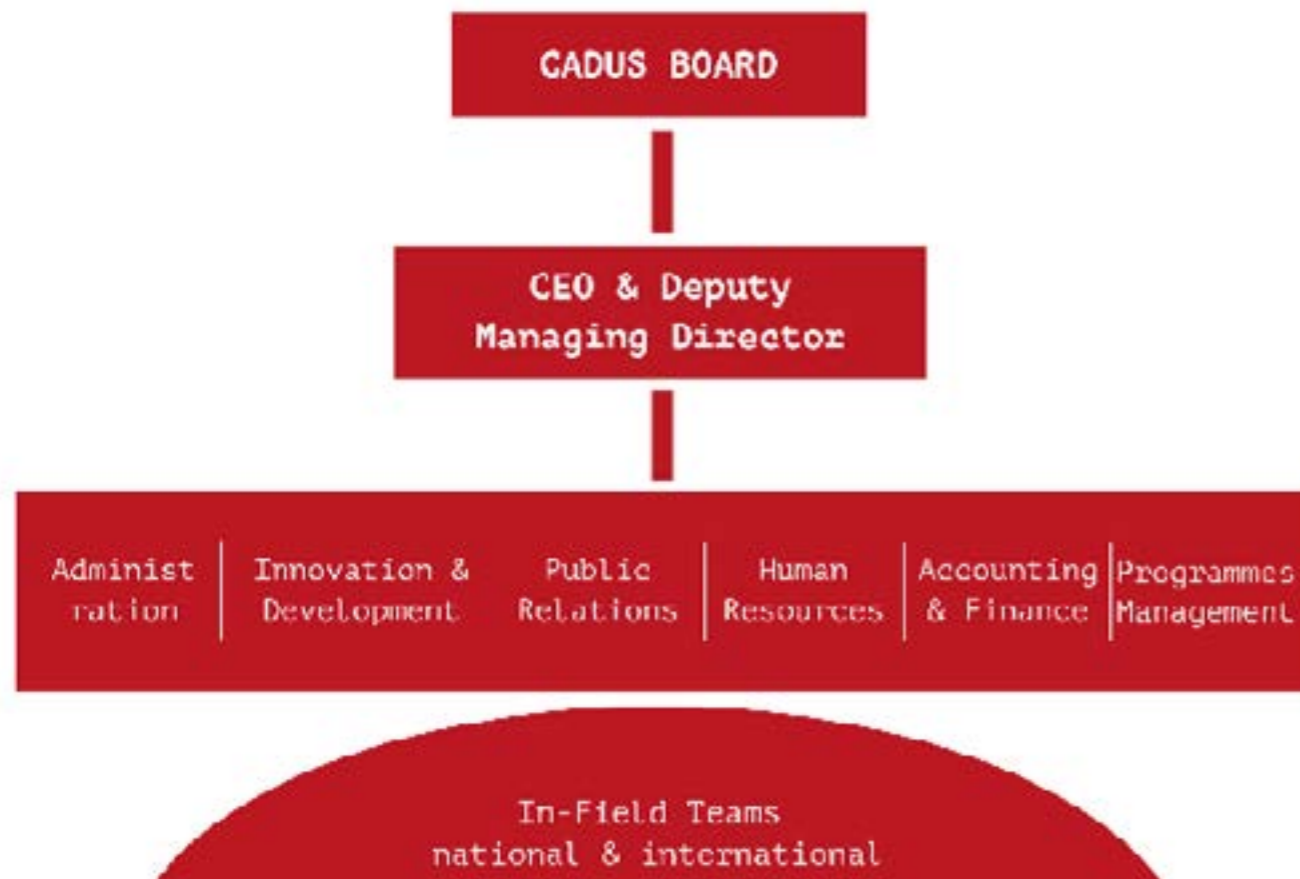
### Neutrality

In our missions we do not take sides of any political, religious or `ethnic` conflicts. We focus on supporting all people affected by crisis no matter if they align with our own beliefs and values or not. At the same time, we reserve the right to report on structures and policies that clearly violate the principles and values that we stand for and that our work is based on. Namely, political actions resulting in suffering, violation of international humanitarian law, violations of human rights and overall crimes against humanity. We furthermore report on and speak out against societal problems like racism, sexism etc. that result in structures of discrimination against groups of people. Bearing witness, advocating our core values and using our leverage as a humanitarian actor are fundamental efforts of our work.

### Accountability

Good intention is not enough, and we want to be held accountable for our actions. People affected by crisis are ultimately our reason d`etre and should be the ones in front of whom we have to legitimize our work. The constant reflection of our work, our role and the results of our actions is essential. Only by doing this we can contradict reproducing structures perpetuating inequality and avoid producing additional harm to people already affected by crisis. As an accountable organization, we believe we must be willing to review, analyze, and critique our operations constantly, at all levels.

## Who we are



CADUS e.V. is a non-profit association registered in the district court of Charlottenburg in Berlin. CADUS is officially represented by the three board members: Dr. Matthias Grott, Simone Schrepf and Anna Sauerwein. Additionally, we are 13 people part-time or full-time employed with CADUS in Berlin. We come from various educational and social backgrounds. We are, for example, nurses, biologists, engineers, political scientists or carpenters. In our sub-branch in Erbil, KR-Iraq we have a small administration team of two people.

The senior management consists of CEO Sebastian Jünemann and Deputy Managing Director Verena Lauble.

Sebastian holds degrees in Biology and Education and Organizational Psychology, but his heart has always been with emergency medicine. He has been involved in humanitarian aid regularly for

various organizations since 1999, and has worked in a senior role in rescue services. In 2014, he founded CADUS.

Verena studied International Economy and Development, and Peace and Conflict Studies. Before joining CADUS in 2017, she worked in different countries, among others in Mexico.

Our work would not be possible without the large number of volunteers and supporters. Only together with them, we are able to manage the high workload and implement the various projects. Our supporters are as diverse as our fields of activity. From hackers to doctors to technicians, a wide variety of people are part of CADUS, who have spent so much time and energy making CADUS what it is today. In recent years, we have evolved from a small group with an idea into an international humanitarian organization, pursuing new approaches to humanitarian work.



Arrival of heavy machines in the makerspace.  
Photo: Christoph Löffler

## OUR PROJECTS

### Syria - Emergency and Primary Health Care in Raqqa

Since July 2018, we have been operating an emergency and primary health care facility in Raqqa City together with our partner organization Heyva Sor a Kurd. On average, 120 patients receive treatment within the facility every day. In the city of Raqqa, which was liberated in 2017 from the so-called Islamic State, the medical needs of the (returning) population are high. Next to emergency and pediatric services, we have been providing gynecological care since the beginning of 2019. Especially, gynecological care and women's health are systematically underserved within the region of Ar-Raqqa.

The fight of Raqqa cost thousands of lives and destroyed wide parts of the city. Under the control of the so-called Islamic State, the population was cut off from basic medical services. During the retreat, health facilities were deliberately destroyed by the 'Islamic State'. Furthermore, mines were systematically put in place within the

whole city. A tactic of war that claims serious injuries and fatalities long after the active fighting has ceased.

Since autumn 2017, more and more people have returned to the city. Among the returnees, medical needs are especially high since this population was forced to flee and live for months or years in underserved locations such as Camps.

Hence, together with Heyva sor a Kurd we decided to set up an Emergency and Primary Health Care facility in Raqqa City which became operative in July 2018. Heyva Sor a Kurd is providing a medical team of local employees consisting of internists and pediatricians as well as nurses and gynecological specialists. In addition to general medical, pediatric and gynecological care, acute emergencies are received, stabilized and transported to the nearest hospital.

The activities conducted at the Emergency and Primary Health Care Facility (EPC) in Ar-Raqqa

city aim to provide essential health care such as trauma care, emergency care, primary health care and gynecological service, including referral capacities to secondary health facilities for people in need. The patients are mainly children and women, many in need for maternity care, who have suffered from months and years of undersupply. Approximately, tens of thousands

of people have received medical care so far. From October 2019 onwards, Internally Displaced People were included as an additional beneficiary group since newly erupted hostilities led to an increase of people forced to flee to Ar-Raqqa Governorate and Ar-Raqqa City.

### Syria - Field Hospital Al Hol Camp

In April 2019, CADUS supported the setting up of a field hospital in the IDP and Refugee Camp Al Hol in Northeast-Syria.

As the final strikes against the last 'Islamic State' stronghold transpired in the end of 2018. At the beginning of 2019, the number of refugees in Al Hol Camp increased immensely, rising from 10,000 to 75,000 people, thereby overstraining any infrastructural capacities. The congestion of the camp and the surrounding hospital created an overwrought atmosphere.

Providing medical care for this many people is a

difficult task, aggravated by the fact that most inhabitants have a poor general state of health. Years of IS dominance and recurrent battles in the region have left the population exhausted and malnourished, with a high child mortality rate and years without any medical attention.

The field hospital significantly improves medical care and also sustainably increases local capacities in the local health sector. In total, 30 patients can receive in-patient care at the hospital. In addition to an operating room, the hospital includes an isolation unit for infectious diseases, a laboratory, x-ray and ultrasound for diagnostics.

A patient being treated in the field hospital in al Hol Camp.  
Photo: Carolin Lebek





A patient being treated by staff from our partner organization KRC in the Tal Tamr Hospital.  
Photo: Roman Kutzowitz

## Syria - Emergency Response

After the Turkish invasion in Northeast-Syria began on October 9, 2019 we initiated our emergency aid. The humanitarian situation in Autumn in the region was dire. An estimated 200,000 people were on the run from the Turkish armed forces and their allied militias. The effects were catastrophic, as the population of the region suffered for many years from the struggle against the so-called Islamic State, and over 1.8 million

people were dependent on humanitarian support even before the Turkish attacks. Hostilities have also hit local health structures. Hospitals such as Tal Abyad and Serekaniye, ambulances and medical personnel have been targeted on several occasions. The capacities of the hospitals of Qamishlo, Tal Tamr and Hassakeh were completely overstretched.

## Syria - Emergency Response - Tal Tamr Hospital

Financed by small-scale donations, CADUS supported the Tal Tamr Hospital logistically, covered part of the hospitals running costs and medical supplies from November 2019 until the end of the year. The hospital was a crucial facility in order to treat the injured during the offensive due to its proximity to Serekaniye and its strategic position regarding healthcare.

## Syria - Emergency Response - Ambulance Center Qamishli

Since October 15, 2019, we have been operating five ambulances from the emergency center of our partner Organization Heyva Sor A Kurd in Qamishli. The vehicles are essential for medical care. They care for sick and wounded civilians and refer medical emergencies. The ambulances also supported the evacuation of 30 life-threateningly injured civilians from Serekaniye on October 19, 2019. One of our ambulances became a victim of an attack on November 9, 2019, in which our driver was injured.

## Syria - Emergency Response - Food Distribution Tal Tamr

As a further direct reaction to the hostilities and mass displacement in Autumn 2019, we started food distributions in the City of Tal Tamr. In total, we were able to distribute over 800 food baskets to internally displaced people in and around Tal Tamr. The food baskets contained basic food supplies such as oil, sugar, dates, canned meat, semolina and chickpeas.



Food for the food baskets is being packed by local staff in Tal Tamr.  
Photo: Verena Lauble

## Emergency Response Balkan

From November 2018 until March 2019, CADUS operated a mobile clinic in Sarajevo in Bosnia and Herzegovina to provide basic medical care for refugees on the Balkan route.

After a detailed assessment of Bosnia and Herzegovina in 2018, two locations were expected to have an enormous need for medical support for winter 2018/2019: the area from Bihac to Velika Kladusa in the north and Sarajevo, the capital of Bosnia. We consulted with other local organizations and decided to combine our resources to achieve the best possible benefit. Hence, we focused our activities on Sarajevo. We decided

to provide support via a mobile clinic and mobile medical team. In autumn 2018, we converted a transporter into a mobile clinic which set off for Sarajevo in mid-November.

Our mobile team provided basic medical care over the winter until March 2019. People in need of additional medical support were referred for specialized medical treatment. Thanks to good local contacts, we were soon able to refer people to a dentist or optician. Opticians were necessary, as many of the refugees on the Balkan route experienced repression regularly and so glasses and cell phones were destroyed. Already during

the assessment period, it became apparent that psychological challenges are widespread. Since our team itself did not have the capacities, we coordinated closely with other international and local NGOs in order to provide qualified psychological services and corresponding referrals if possible.

The flexibility and mobility ultimately paid off, even though we were only active in Sarajevo and some surrounding communities. The constantly changing political environment and the volatile security situation have led us to change our treatment

location several times. The biggest change for us came in January when we started working at a community center. The advantage for our patients was that they no longer had to wait outside as a heated waiting room was available.

By the end of the project in mid-March, our teams had carried out 2,625 treatments. In addition to the people on the street and in the squats, we were also able to take care of families with children by supporting facility for families.

A refugee is being treated for an eye infection in our mobile clinic. Photo: Oliver Wolff





## Crisis Response Makerspace

Our workshop at "Holzmarkt" has in 2019 been equipped with some further specialized tools, enabling us to do everything from project planning to prototyping, manufacturing, testing and further improving a piece of equipment. We have created Europe's first makerspace for the humanitarian sector, where our operational experience flows into the development of new technical solutions and concepts. From woodworking to welding and soldering, many techniques are available. This also includes an IT infrastructure for advanced layout design and renderings.

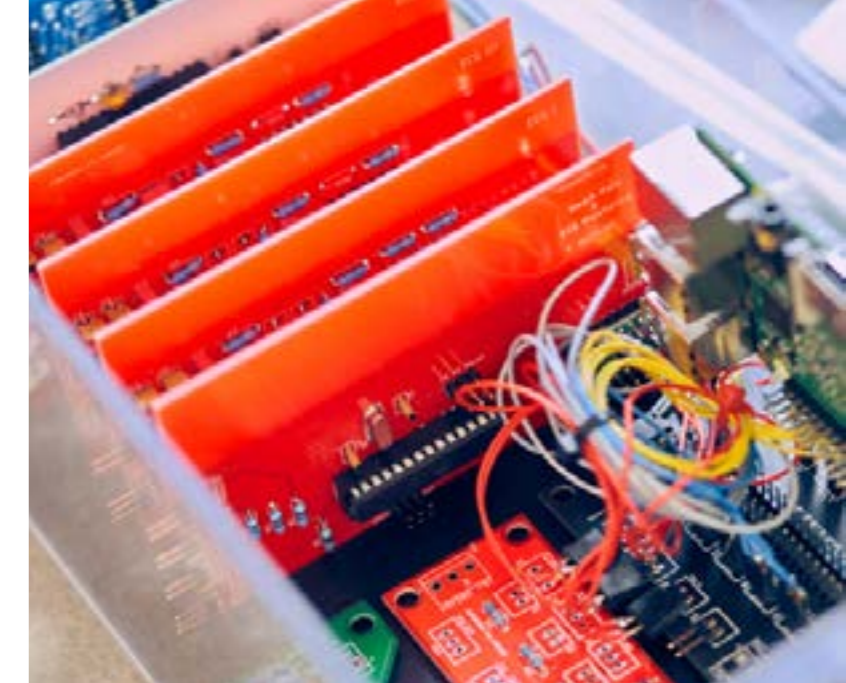
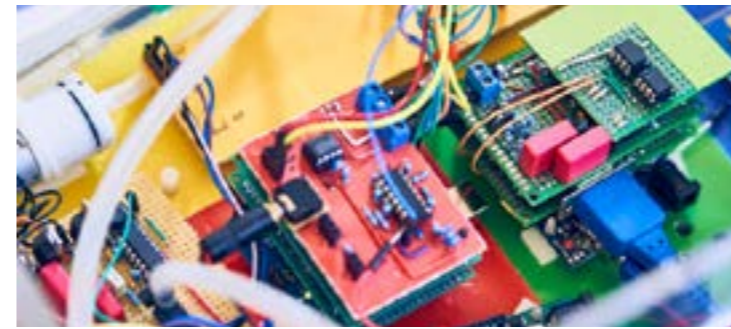
The makerspace enabled us to intensify our cooperation with universities of applied sciences and other institutions. Among other projects, a prototype of a mobile incinerator was created that is able to burn infectious waste at a very high temperature, as specified in the WHO EMT regulations. It was the result of a final project by a student of industrial design and the first of its kind in terms of the high temperature combined with the mobility of the incinerator.

The Crisis Response Makerspace furthermore

became a hub where discussions and the exchange of knowledge take place. We were able to provide space, tools and knowledge for a further mobile humanitarian supply unit to be constructed by a different NGO that will provide support for refugees on the Balkans. An initiative for and with disabled people created a specialized bicycle for improved mobility of the affected person.

To follow our educational commitment, we started a discussion series by the name of "Debate! Humanitarian Aid". Once a month, we invite speakers for a presentation on current controversial topics in our field of work. After an input by the expert, CADUS staff, volunteers and guests enter into discussion, which is then picked up and developed further by our public relations department. Discussing questions in humanitarian aid with a broad audience serves to refine our own approaches. In advance of "Debate!", the open session "Meet CADUS" takes place, where visitors can inform themselves about the history and current projects of CADUS, and about opportunities for volunteering with us.

The CADUS Crisis Response Makerspace in Berlin under a bridge arch. Photo: Christoph Löffler



The Life Sensors circuit boards.  
Photos: IfaF Berlin

## Remo<sup>2</sup>hbo becomes the Life Sensor

The research and innovation project remo<sup>2</sup>hbo started as a collaboration between the Universities of Applied Sciences HTW and Beuth Berlin, and CADUS as an experienced humanitarian partner. CADUS initiated the project by posing a question directly from the field: taking the example of vital parameter monitoring, how can medical technology be made available to local service providers in economically weaker regions, away from traditional sales markets? How can those technologies be maintained and repaired where no industrial supplier can reach the area?

In 2017, the remo<sup>2</sup>hbo (repairable patient monitoring in mobile hospital boxes) was kick-started with the help of funding by the IfaF Berlin (Insti-

tute of applied research Berlin). After two years of research and development, the funding ended, and the remo<sup>2</sup>hbo became a community project under the name of "Life Sensor". A group of CADUS volunteers took over finalizing the construction and documentation in collaboration with students from the Technical University Berlin. In December 2019, the project was presented in Nakuru, Kenya, at the annual conference of the Global Innovation Gathering, where it was met with great interest by African and Asian tech initiatives. The documentation of the Life Sensor is now publicly accessible on GitHub.

## Collaboration with Universities and research projects

In 2019, CADUS extended the collaboration between the Universities of Applied Sciences HTW and Beuth Berlin further by combining the final thesis of several students into one project: research and innovation in the field of emergency response in outbreaks. This was done in cooperation with the RKI (Robert Koch Institute, the German Public Health Institute). The RKI contributed unsolved questions in outbreak response regarding the quality and comfort of PPE (Personal Protective Equipment) and the handling of infec-

tious dead bodies. CADUS as the humanitarian partner with operational experience posed the question of modular patient transport solutions in outbreaks and advised on challenges in the practical implementation of the developed ideas. During regular meetings of this working group, the students developed models for new solutions to the challenges in-field.

We continued hosting the HTW AWE (General Studies Supplementary Courses) at the CADUS makerspace. This year, the course with the title





Students constructing a drone in the CADUS office.  
Photo: Christoph Löffler

“Innovative Solutions in Humanitarian Emergency Response” offered two classes: in the first one, students developed a model of a mobile incinerator meeting the regulations of the WHO (also see above). This first version turned out to be not functional, but the learnings from this initial phase went into the development of the later, more successful version. During the second class, the students learned how to construct a drone from scratch. In human-

itarian response, a drone can serve to survey an area affected by disaster and bring aid quickly where it is needed. In the class, the basics of physics were taught and then applied by putting together the different parts of the drone, including writing some simple code. At the end of the class, the students had produced a flying drone, even though operating it posed yet another big challenge to the students.

## EMT classification

In 2018, CADUS decided to join the World Health Organization (WHO) classification process for Emergency Medical Teams (EMT) as an EMT 1 mobile. In 2019, CADUS structured the EMT classification process and started to work on a concrete timeframe for the classification process. Therefore, CADUS started implementing the WHO minimum standards for Emergency Medical Teams. These standards apply to all areas of an organization’s work, such as training of staff, technical standards of the material, devices the team is working with, logistics and supply chain. Our aim this year was to organize our ‘basic structure’, the organization’s backbone, and consolidate our professional standards. In the meantime, we invested a lot of time, energy and creativity in

developing new ways of setting up an emergency medical team and established new standards regarding mobility, modularity, and the quality of such a concept. A central aspect of the classification process is organizational learning, the structure and sustainability of the organization. Additionally, we managed to differentiate the needs and requirements for us as an organization active within the context of sudden-onset disasters, and in more long-term projects in crisis and conflict areas. Developing and professionalizing the related challenges are time- and capacity-consuming. Nevertheless, we are positive for the year to come and are excited for the next steps in our classification process.

## E-learning and Telehealth platforms

At the start of the year, we had to move a step back with the digital implementation of the E-learning and Telehealth Platform project for remote areas with scarce (educational) resources. Unfortunately, the provider of the platform we were working with could not deliver the necessary service anymore. CADUS and the provider went separate ways. Nevertheless, we developed the E-learning content further, and finally first training classes were provided with the material in Northeast-Syria. In live sessions for medical service providers at Al Hol Camp, the teaching material could illustrate medical care techniques according to international standards. The concept of crowd-based telemedicine was further tested and partially implemented within our project in Bosnia. While we had to discon-

tinue the initially constructed digital platform (see above), the planned collaborative work of our geographically widespread network of medical specialists started by using already established messenger services. Our international medical volunteers were able to consult a wide range of medical specialists for advice when confronted with rare medical conditions. A medical team undertook a field test of conservative tele-medical equipment in collaboration with the University Hospital Oldenburg during the CADUS mission in Bosnia. This test demonstrated that the concept of crowd-based telemedicine is more suitable for our operative settings than traditional approaches. CADUS will continue to expand and intensify the use of crowd-based telemedicine in the next year.

Our medics giving online trainings to their colleagues in Northeast-Syria.  
Photos: Christoph Löffler



## FINANCES

In 2019, CADUS continued to steady its financial flows. Regular income from donations, foundations and institutional funding allowed greater freedom and flexibility in project implementation. CADUS has also made a longer-term commitment to constructing of a field hospital in North-

### Revenues

In 2019, CADUS was able to significantly increase its realized funds. Overall, the total financial volume amounted to EUR 1.894.078EUR. This was mainly due to the increase in institutional and project-related funds. Most of these grants were realized through our activities in Northeast-Syria.

east-Syria. With additional permanent staff and comprehensive aid projects in various locations, CADUS continues to grow and become a major actor in humanitarian aid, specifically in North-east-Syria and Iraq.

In addition, the number of regular small donors increased and we could acquire new permanent donors. Most non-institutional funds were used for our medical activities in Bosnia and Herzegovina. The funding from foundations was mostly invested into medical and technical devices.

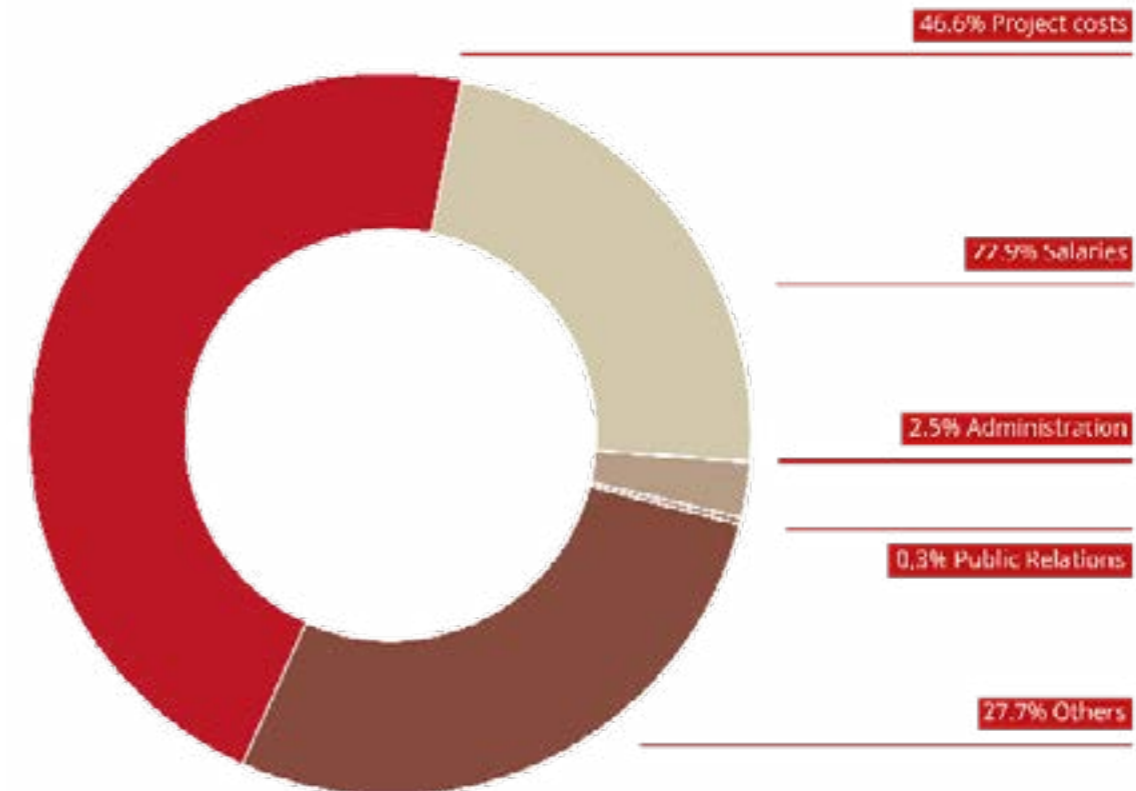
### 2019 we received:

<b>514</b>	individual donations	<b>1024</b>	recurring donations
<b>21</b>	corporate donations	<b>1</b>	institutional funding (WHO)
<b>15</b>	other institutional donations (associations, foundations, etc.),		

### Expenditures

As a result of the expansion of activities and project work, our expenditure increased to a total of around 1.824.771 EUR. Project-related costs accounted for 849.843 Euros (46,6% of the total expenditures) and administrative costs amounted to 45.516 Euro (2,5% of the total expenditures). With the start of the hospital activities in North-east-Syria, CADUS increased its number of staffs

significantly. Salaries accounted to 417.960 Euro (22,9% of the total expenditures), with 124.169 Euros of salaries paid to our staff in Iraq and Syria, 2.160 Euros paid as compensation to our volunteers and 1.700 Euros paid for trainers. Public relations and representation accounted for 4.959 Euro (2,7% of the total expenditures).



## Statement of financial activities

(all figures in Euro)

	2019	2018
<b>A. Intangible Assets/Goodwill</b>		
<b>I. Non-taxable income</b>	1846434,80	1236689,17
<b>II. Non-taxable costs</b>		
1. Depreciations	50413,63	46177,38
2. Personnel costs	417960,39	187618,52
3. Travel costs	68536,84	80032,11
4. Occupancy costs	61900,61	39380,03
5. Other costs	1219059,14	704203,07
	<b>28564,19</b>	<b>179278,06</b>
<b>B. Tax-neutral assets</b>		
<b>Paid donations/grants</b>	300,00	22802,00
	<b>300,00</b>	<b>22802,00</b>
<b>C. Fund management</b>		
<b>Income tax exempt income</b>	28773,89	0,00
<b>Income-related expenses</b>	42164,45	0,00
	<b>-13390,56</b>	<b>0,00</b>
<b>D. Other businesses</b>		
<b>Income from other operation units</b>	18869,40	0,00
<b>Costs for other operating expenses</b>	14850,00	0,00
	<b>4019,40</b>	<b>0,00</b>
<b>E. Annual result</b>	18893,03	156476,06
1. Withdrawals from revenue reserves	44.551,10	0,00
2. Transfers to revenue reserves	60.000,00	15.647,61
<b>F. Sum of expenses and result</b>	<b>3444,13</b>	<b>140828,45</b>

## Balance sheet

(all figures in euro)

	2019	2018
<b>Assets</b>		
<b>A. Fixed Assets</b>		
<b>I. Property, plant and equipment</b>	150550,00	141119,00
<b>B. Current Assets</b>		
<b>I. Receivables, other assets</b>	18019,62	12178,14
<b>II. Cash-in-hand, Bank</b>	741767,78	442241,77
	<b>910337,40</b>	<b>595538,91</b>
<b>Liabilities</b>		
<b>A. Association assets</b>		
<b>I. Revenue reserves</b>	430000,00	44551,10
<b>II. Association results</b>	467623,58	326795,13
<b>III. Profit brought forward</b>	3444,13	140828,45
<b>B. Liabilities</b>		
1. Bonds	8506,00	83251,56
2. Other liabilities	0,00	112,67
<b>Balance of VAT accounts</b>	763,69	0,00
	<b>910337,40</b>	<b>595538,91</b>

The 2019 annual financial statements of CADUS e.V. were prepared by the auditing and tax consulting firm Kowert, Schwanke & von Schwerineiner. An unconditional audit opinion was issued on 16.03.2021.

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