



**YOUR  
SUPPORT  
& HOW IT  
WAS USED**



## FISCAL YEAR 2020 ANNUAL REPORT

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Backup power and medical supplies arrive in Sonoma County on October 29, 2019, when many residents had evacuated their homes due to the Kincade Fire. (Lara Cooper/Direct Relief)



**IMPROVING  
THE HEALTH AND  
LIVES OF PEOPLE  
AFFECTED BY  
POVERTY OR  
EMERGENCIES**

## **CONTENTS**

---

**04**

Fiscal Year 2020 in Review

**23**

How Direct Relief was Funded

**28**

How Your Support Was Used

**37**

Financial Statements

**40**

Corporate Partnerships

**42**

Strategic Foundation Partnerships

**44**

Investors

**55**

In Memoriam

**56**

Guiding Principles

# A YEAR LIKE NO OTHER

During the most expansive operational year in its 72-year history, Direct Relief responded to a global pandemic and multiple emergencies, while also maintaining support of the world's health systems with ongoing shipments of medical aid. The organization did this while earning distinctions for transparency and efficiency, and was awarded a "Perfect 100" rating from Charity Navigator for both financial health and accountability & transparency.

When a disaster is everywhere – at the same time – how do you respond? That was the central question Direct Relief faced this year when a global pandemic tested the mettle of the world's health systems.

Covid-19 confronted the disaster response organization with impossible decisions almost immediately. Calls for PPE rang out from every corner of the globe, even as the supply chain for such items dramatically contracted. Direct Relief staff prioritized shipments to under-resourced areas of high need, which – for the first time in the organization's history – included hospitals in the United States.

In response, Direct Relief shipped \$1 billion in medical aid to more than 90 countries. The medical aid provided included millions of respirator masks, gowns, gloves, face shields and other protective gear to doctors and health staff heroically working to treat patients. Hundreds of ICU kits, packed with lifesaving medicines for people in intensive care, departed for hospitals around the world. As the world witnessed the courageous and selfless acts of medical staff and frontline workers, legions of others stepped up to donate. The groundswell of support from individuals, companies, foundations, and others was as inspiring as it was humbling. As the pandemic tested the human spirit, generosity presented itself, in abundance.

The pandemic also created other opportunities for Direct Relief to respond within its unique operational strengths. The organization's cold chain capacity – already used extensively to supply charitable insulin, vaccines, and rare disease therapies around the world – would be called upon to act as a backstop for public health agencies planning for Covid-19 vaccine distribution, a deeply complex and difficult undertaking with enormous human impact.

At the same time, many of the disasters that Direct Relief responds to each year didn't stop because of a pandemic. Wildfires in Direct Relief's home state of California reached a grim milestone, with fires burning more than 4 million acres just this year, double the previous record. Hurricanes Sally, Laura, and Delta slammed the Gulf Coast, including communities in western Louisiana, just starting to recover from storms weeks earlier, when they were plunged into darkness a second time from power outages and left to begin rebuilding, yet again.

If the worst of times often bring out the best in humanity, countless examples shined this year, with more undoubtedly on the way. At the close of the most monumental year in its 72-year history, Direct Relief is deeply grateful for this generosity of spirit.

As the pandemic continues, and our world continues to grapple with how to respond to a disaster occurring everywhere at once, we now have an answer: We do it together.

Staff with Ampla Health Care conduct Covid-19 testing at a drive-through site in Yuba City, California, on March 27, 2020. The site was provided with protective gear from Direct Relief. (Renée C. Byer/ZUMA Wire)



**HERE  
ARE  
3  
WAYS**  
THE WORK  
UNFOLDED AROUND  
THE WORLD  
DURING THE PAST  
FISCAL YEAR >>



1

# 1 COVID-19 RESPONSE

Mobilizing PPE & Essential Medical Resources to Fight the Pandemic



2

In January 2020, Direct Relief was one of the few non-profits prepared to make a substantial and immediate impact on the crisis with a large supply of PPE that it distributed to safety-net health centers and clinics, hospitals and public health agencies around the U.S. and globally. As a result, Direct Relief has emerged as the largest charitable provider of PPE globally, delivering more than 43 million masks, 7 million gloves and millions of other PPE items free-of-charge to health workers on the frontlines of the pandemic.

Direct Relief played a lead role in organizing and funding the COVID-19 Action Fund for Africa, which is working to meet the PPE needs of up to one million community health workers serving over 400 million people. Past epidemics, including the West African Ebola crisis, have shown that disruption of essential health services often leads to higher mortality rates than the epidemic itself.

In addition to the provisions of PPE, the organization's early identification of expected intensive care medication needs made it an important source of scarce medications during the crisis. Its pre-packaged modules of ICU medications were requested by and delivered to the most advanced hospitals, from Chan Zuckerberg General to University of Miami Hospital.

1) Protective gear for health workers arrives at Ubi Caritas Free Clinic in Beaumont, Texas, in March, 2020. The shipment included N95 masks, gloves, gowns and other protective gear requested to prevent the spread of coronavirus.

2) Direct Relief CEO Thomas Tighe delivers masks to essential workers in Goleta and Santa Barbara on April 28, 2020, during the Covid-19 pandemic. (Lara Cooper/Direct Relief)



3



4

### PROVIDING FINANCIAL SUPPORT FOR SAFETY-NET HEALTH FACILITIES

Direct Relief has also provided safety-net health facilities in 54 U.S. states and territories with more than \$35 million in direct financial assistance. These funds have helped nonprofit healthcare providers sustain operability, establish telehealth offerings, and expand services to include Covid testing.

### UNCOVERING INFORMATION & INSIGHTS FOR THE PUBLIC GOOD

Direct Relief and partners in the Covid-19 Mobility Data Network created the first functional model for using digital mobility data to guide real-time emergency response activities. The Network advised public health agencies on social distancing, testing, and other measures, from the office of California's governor, to the NYC Department of Health, to the national health services in the UK, South Africa, India, Thailand, and Australia.



5

3) Protective gear for health workers arrives at Brownsville Health Center in Brownsville, Texas, in March, 2020. The shipment included N95 masks, gloves, gowns and other protective gear requested for Covid-19 response.

4) Protective gear from Direct Relief arrives at Rafik Hariri University Hospital in Lebanon in April 2020. Nonprofit organization Anera distributed the shipment, which included oxygen concentrators, N95 respirator masks, gloves, shoe covers, surgical caps, soap bars, and face shields. (Anera Photo)

5) Direct Relief staff deliver requested medical aid to health facilities in the Navajo Nation as part of the Covid-19 response in May, 2020. (Brent Baldwin)

“The ICUs at many of our receiving hospitals are filling up, and the day could come very soon when we are unable to transfer anyone out. With [Direct Relief’s] help, we feel that we’re now in a much better position to care for our community.”

- DR. CHRIS HUMMEL,  
Mammoth Hospital Emergency Department Director

Healing Hands Dentist Dylan Christian performs an emergency procedure. With the ongoing Covid-19 pandemic, the workers take extra precautions with protective eyewear, faceshields, N-95 mask and extra gowns.





## Intensive Care Medication for 50,000+ Covid-19 Patients Reached Hospitals

Responding to shortages of medicines used to treat Covid-19 patients in hospital intensive care units, Direct Relief mobilized an initial 500 “push packs,” each containing enough ICU critical medications and supplies for at least 100 hospitalized patients.

The pre-packaged modules contained 14 different medications were developed in partnership with critical care specialists and healthcare companies as the Covid-19 pandemic arose so they could be rapidly deployed in the event of drug scarcity. Direct Relief began delivering the packs in April to hospitals in some of the states hardest hit by Covid-19, including New York, New Jersey, Connecticut, and California.

Direct Relief coordinated with the Society of Critical Care Medicine, or SCCM, to prioritize hospitals for distribution of the ICU medication modules.

“SCCM was very pleased to partner with Direct Relief on the distribution of these valuable medications and equipment for intensive care professionals on the front lines of this pandemic,” said David J. Martin, CAE, CEO/ Executive Vice-President of the Society of Critical Care Medicine. “Direct Relief was there when our hospitals and ICUs were overwhelmed with critically ill Covid-19 patients, and we can’t thank the organization enough for their dedication and commitment to supporting the critical care community during these unprecedented times.”

Shipments of ICU medications were also deployed hospitals across the world dealing with surges of ICU patients due to Covid-19.

Hospitals treating severely ill ICU patients—including those on ventilators—needed medication for sedation and to address some of the secondary complications that may arise, including bacterial pneumonia and septic shock.

Until the Covid-19 pandemic struck, Direct Relief had focused its U.S. efforts on nonprofit safety-net clinics rather than on hospitals. But by March, Direct Relief had established relationships with many U.S. hospitals that needed personal protective equipment and other supplies that had become unavailable through their usual supply chains.

Direct Relief Pharmacist Alycia Clark, anticipating a surge in U.S. hospitalizations and the potential for medication shortages to arise similar to the severe shortages of PPE that occurred, led the development of the ICU Medication push pack that could be assembled, stockpiled, and rapidly deployed.

Clark used a medication-estimating tool she developed for Direct Relief to determine how much medicine an ICU would need to treat each Covid-19 patient per day, and began working with critical care specialists to confirm specific items and volumes, as well as with pharmaceutical manufacturers to secure the supplies.

“We were asking for products for ICUs when the first cases were just hitting the U.S., and we had to take a risk,” Clark said.

Direct Relief received products for the modules from Pfizer, Mylan, Sandoz, Teva, Merck, and others.

The ICU Critical Supply Modules include antibiotics such as azithromycin and ceftriaxone, vasopressors such as norepinephrine, and respiratory medications like albuterol inhalers. Some of the medicines in the modules had become scarce in U.S. hospitals, including dexmedetomidine and norepinephrine, as well as inhalers and, at times, even acetaminophen.

Hospitals that received ICU Modules included



▲ Medicines essential for ICU care of Covid-19 patients are prepped for shipment in Direct Relief’s warehouse on April 24, 2020. The modules contain medicines needed to care for complications of Covid-19, including bacterial pneumonia and septic shock. (Lara Cooper/Direct Relief)

Zuckerberg San Francisco General Hospital, Elmhurst Hospital, Bellevue Hospital, and SUNY Downstate—as well as the 17-bed Mammoth Hospital on the remote Eastern slope of California’s Sierra Nevada Mountains.

“The extra meds are a big deal for us,” said Dr. Chris Hummel, emergency department director at Mammoth Hospital, in an email to Direct Relief. “The ICUs at many of our receiving hospitals are filling up, and the day could come very soon when we are unable to transfer anyone out. With your help, we feel that we’re now in a much better position to care for our community.”

## Direct Relief Creates \$25 Million Covid-19 Response Fund for Community Health

The establishment of the Covid-19 Fund for Community Health committed a \$25 million initial infusion to support healthcare workers' safety and the essential services they provide at America's safety-net community health centers and clinics. More than 30 million of the country's most vulnerable residents rely on these local nonprofit providers for health care—over 65 percent of whom are members of ethnic and racial minority groups.

The funds were disbursed to community health centers, free & charitable clinics and pharmacies, and other non-profit health providers in Direct Relief's partner network, which includes thousands of community-run nonprofit health facilities in all 50 states and



Protective gear for health workers arrives at Faith Family Medical Center in Nashville, Tennessee, in March, 2020. The shipment included N95 masks, gloves, gowns and other protective gear requested to prevent the spread of coronavirus.

U.S. territories.

The Covid-19 Fund for Community Health was anchored by a \$10 million contribution by lead sponsor 3M, a portion of whose gift to Direct Relief was used for the organization's international efforts to address the pandemic.

Also, entertainment mogul Sean “Diddy” Combs’ Team Love Initiative organized a celebrity dance-a-thon on Easter Sunday with proceeds going to Direct Relief. CÎROC and Diageo kicked off the Dance-A-Thon by donating the first \$1,000,000. One major intended use of the funds was to help community health providers in cities that have seen high Covid-19 fatality rates among African Americans, such as Detroit, New Orleans and New York City.

“Covid-19 has affected communities across the country, but especially communities of color,” said Sean “Diddy” Combs. “The Team Love dance-a-thon gave us a chance to not only bring people together during these challenging times, but also raise funds to support our heroes working on the front lines. This partnership we’ve established with Direct Relief will allow us to continue to address the effects this terrible disease has on our most vulnerable communities.”

The fund is supported healthcare workers and facilities facing unexpected costs due to the coronavirus pandemic and complement the extensive ongoing emergency deliveries of PPE and other essential health products that Direct Relief furnished to health facilities in all 50 states and it also support the protection and safety of health workers, telehealth service expansion, Covid-19 screening and testing, and expanded support to people who are extremely vulnerable to Covid-19

The fund also supported free and charitable clinics and pharmacies, which operate 1,400 service locations and serve 2 million patients who are among the most vulnerable members of U.S. society.

As one of the first disbursements from the fund, Direct Relief donated an additional \$1 million to the National Association of Free & Charitable Clinics, building on the \$1 million donated earlier in April.

“Covid-19 has affected communities across the country, but especially communities of color. This partnership we’ve established with Direct Relief will allow us to continue to address the effects this terrible disease has on our most vulnerable communities.”

– SEAN “DIDDY” COMBS



# 2

## CONTINUED EMERGENCY RESPONSE



### ► HURRICANE DORIAN

In response to the humanitarian crisis created by Hurricane Dorian, Direct Relief was a main supplier of emergency medical materials to the Bahamas, and provided more than 98 tons of medical aid, worth more than \$7.9 million, which represents more than 1.4 million defined daily doses of medication.

Some of these medicines included pediatric tetanus, diphtheria, pertussis (Tdap) vaccines, insulin, and injectable antibiotics to combat a local syphilis outbreak. As determined by the Bahamas Ministry of Health, Rand Hospital in Grand Bahama, Marsh Harbour Clinic on Abaco, and the National Immunization Center in Nassau received FDA-approved vaccine refrigerators and freezers, so as to keep the vaccines viable.

Direct Relief also stocked four ambulances donated by Global Medical Response.

Some of these medicines and supplies were delivered by a 757 FedEx plane and military helicopters.

In addition to medicines, Direct Relief has been involved with infrastructure projects, having supported a modular operating room attached to Rand Hospital, the main hospital in Grand Bahama. At Princess Margaret Hospital in Nassau, which absorbed refugees from other islands, Direct Relief delivered 76 hospital beds and 10 birthing beds.

For those who are unable to arrive at a hospital or clinic, Direct Relief supported the operation of a mobile medical bus on the Abacos Islands. The mobile facility is providing primary care and basic lab services.



### ► WILDFIRES IN AUSTRALIA AND THE U.S.

Unprecedented wildfires in Australia, exacerbated by severe drought and high temperatures, proved devastating to many communities and the country's wildlife. Direct Relief delivered eight emergency medical shipments in response to the fires, all of which were transported on a charitable basis by Qantas Airlines. A total of 430,000 N95 respirator masks were provided in the emergency shipments, as were essential medical supplies and financial support for local groups responding to the blaze and its aftermath.

Across the Pacific, the 2019-2020 wildfire season was also one of the worst on record in California and Colorado, and severe wildfires have devastated swathes of Oregon and Washington as well. In response, Direct Relief sent 187 emergency shipments containing more than 300k respirator masks and other wildfire-specific medical items to 88 health centers and public agencies in fire-affected areas.

## \$1 Million Enabled Safety Net Clinics Stay Open During California Wildfires and Blackouts

A Direct Relief survey in 2019 revealed that only 44% of California's community health centers have a back-up energy source available when the electricity grid fails. Even clinics that had back-up generators found the generators do not provide



enough power to operate all their systems, forcing operational triage.

In response to the unprecedented public safety power shut-offs and concurrent fires in California during the fall, Direct Relief committed an initial \$1 million in cash, stepped up emergency deliveries of essential health supplies, and made its extensive medical inventories available to community health centers and charitable community clinics throughout the state.

"Modern health care is built on the presumption of steady power from the electricity grid," said Direct Relief President and CEO Thomas Tighe.

Both wildfires and blackouts can be calamitous for public health. While wildfires exacerbate respiratory conditions and interrupt the continuity of care needed to manage chronic diseases, blackouts can force many health care providers to close their doors, jeopardize expensive medications that require refrigeration, and can even prove fatal for people dependent on electrically-powered medical devices.

The \$1 million in funding from Direct Relief will bolster California's extensive network of community health centers, which play a critical role in providing access to quality health services for seven million Californians, who are among the state's most vulnerable, especially during emergencies.

Specifically, the funds will support purchases of needed medicines and medical supplies, provide backup power to avoid losses of vaccines, insulin, and other medications that require constant cold storage, and for other emergency financial assistance for affected clinics.

## Neighbors Helped Neighbors in Fire-Ravaged New South Wales

In the town of Picton in New South Wales, Australia, fires were a near-constant presence for months as millions of acres burned across the country in late 2019 and early 2020. The town, which sits about 50 miles southwest of Sydney, and the surrounding communities, was no exception to the devastation, with many community members evacuated multiple times. All had been breathing thick, smoky air settling into every corner. About 30 homes in the surrounding areas had been lost, and residents were watchful that winds could change at any time – and with it – the situation.

Even with the hardship, residents stepped up to work overtime to help one other. One of those people was Allison Cox, a Picton resident who had been working, along with other neighbors, to care for those impacted by the fires.

“I’ve been very aware of this fire since October,” Cox told Direct Relief staff, as a wave of respiratory masks left storage in Picton in January 2020 to be distributed to the community at large. Wildfires introduce a toxic mix of particulates into the air, which can exacerbate breathing issues and have serious health repercussions.

Cox, a member of Picton Rotary, distributed masks to the community in coordination from Rotary groups in Sydney and Melbourne. Cox was also able to coordinate with local firefighters, most of whom are volunteers, and the crews picked up 15,000 masks for their ranks as well as community members.

Cox brought Direct Relief staff to the Wollondilly Emergency Control Center, where a steady hum of firefighters, logistics planners, geographers, water quality experts, and others studied the latest information on the fire lines, working to forecast how, and where, it might move next.

Because of the break in the weather, the operations center was relatively calm, and volunteers

had been encouraged to take a break and rest. Monitoring fatigue among volunteers had become essential.

Fire Inspector David Stimson said that in his decades of firefighting, this blaze was unprecedented. Firefighters and technicians had been cycling through the center, some from Canada and the U.S., to backfill operations and share expertise.

Just down the road from the control center was a small wooden building, set up not to monitor the fire, but to help people recover from it. Burned forest sat for miles around the building, and blackened fence encircling the center showed just how close the flames came.

Staffing the center was Kim Hill, a volunteer firefighter for the Rural Fire Service’s Buxton brigade, in addition to her work at the recovery center. Like many firefighters in Australia, she is a volunteer, on top of managing a day job.

Hill said about 30 homes were lost in the area, and that she and her family were evacuated just days before Christmas, when wind-whipped flames swept through her subdivision. Two homes in Hill’s neighborhood were lost, and the dramatic firefighting of that night is still obvious. A blackened hillside sits just yards from Hill’s front door, a testament to the firefighting efforts to save structures.

“We have our tears, we have our moments, but that’s part of the process,” Hill said.

While unloading masks for distribution the recovery center, Hill and Cox noticed clean-up workers nearby didn’t have any. The crew was using chainsaws to bring down unstable trees and begin mulching fallen timber safely. Through the grief that the community is processing, it helps to help others.

“It’s just what we do,” Cox said.



## As Quakes Rocked Puerto Rico, Impromptu Communities Formed

When a 6.4-magnitude temblor rocked Puerto Rico, Minerva Rodriguez was already sleeping in her tennis shoes.

Rodriguez, a pastor at Iglesia Pentecostal de Jesucristo in Yauco, said that, after smaller quakes began to cause damage to the southern part of the island, she wanted to be prepared in case something worse happened. Rodriguez and her husband headed straight for their car and drove to a site they'd chosen in advance. Neighbors saw them on the move and followed.

That exodus was the beginning of what became an approximately 280-person tent camp in Los Indios, a neighborhood in the southern Guayanilla municipality, where a number of buildings, including a church, were damaged. The camp became an impromptu community—an outdoor shelter where evacuees of all ages cooked together, sang together and cared for one another for more than two weeks. A nurse who was among the evacuees kept track of blood pressure and other health issues.

“What was amazing was that they didn’t know each other but they all worked together,” said Laura Domenech, a pediatrician at Clinica del Sur, which sent a mobile unit to the camp from Ponce to provide medical and mental health care. Dr. Domenech was particularly struck by a woman who was brewing coffee for other evacuees, using a car battery connected to an inverter. “I’ll never forget her,” she said.

At Los Indios, Rodriguez, the pastor, acted as the community’s informal leader, rising before dawn to prepare coffee, care for evacuees, and plan for community needs. “I couldn’t stop thinking about ways to help my neighbors, our elders,” she said.

After a few days, help – including supplies and medical care – began to arrive. Direct Relief organized a mobile health outpost, with healthcare providers checking in on chronic health conditions and providing psychological support.

What the people at the camp most needed, Rodriguez said, were mental health providers. “We were all scared,” she said. “When you are scared, you cannot be OK.”

Despite the uncertainty of the situation, Dr. Domenech was impressed by the sense of calm and community she found.

“They knew about other people’s needs, and they would make sure that I went to that person and nobody was left behind,” she said.



### ► PUERTO RICO EARTHQUAKES

In response to a series of earthquakes, a drought, and flooding, Direct Relief has provided \$8 million in material assistance and more than \$4 million in emergency funding to 93 local health organizations across the island. Since Hurricane Maria devastated the island in 2017, Direct Relief has provided Puerto Rico institutions with more than \$100 million in funding and material support.



Leticia Aliaga (left) is a Certified Diabetes Educator at The Institute for Family Health in Harlem, New York. In response to high demand for nutrition education and counseling services, The Institute for Family Health created the Improve Health Outcomes and Eliminate Disparities diabetes intervention program. A part of the BD Helping Build Healthy Communities initiative – a collaboration between BD, Direct Relief, and NACHC – the program combines a bilingual certified diabetes educator and health coach with primary and behavioral health care services. (Donnie Hedden)



# 3

## ONGOING SUPPORT FOR EVERYDAY HEALTH





Mexico City, Mexico (William Vazquez)

## SUPPORTING MATERNAL HEALTH AROUND THE WORLD

Direct Relief protects women through the critical periods of pregnancy and childbirth. This support includes ensuring more trained midwives are properly equipped, supporting healthy pregnancies with prenatal vitamins, expanding emergency obstetric care in areas of crisis, and supporting life-restoring surgeries for women who suffer the debilitating effects of obstetric fistula—a birth-related injury that affects women in low- and middle-income countries almost exclusively. Direct Relief assembled and delivered midwife birthing and replenishment kits to facilitate 30,000 safe births across Africa, Asia, Latin America, and the Caribbean.

## BIRTH AMID BOMBINGS: How Doctors in Syria Care for Women

Think of providing for a state in conflict, and you'll probably imagine rations of food and water. Life-saving medicines. Stitches and surgical tape.

You probably wouldn't think of birth control pills. And you wouldn't be alone.

"The humanitarian health response has focused on food, water, shelter, and primary health care," said Sara Casey, a professor of population and family health at the Columbia University Medical Center. However, that kind of thinking leaves gaps in women's health care that can sometimes prove fatal.

"Fifteen percent of pregnant women experience life-threatening complications," Casey explained.

In addition, women in the midst of a humanitarian conflict are less likely to have reliable access to birth control than women who aren't. They're more likely to experience unwanted pregnancies and unsafe abortions. Women in conflict are also vulnerable to sexual and gender-based violence, including rape and intimate partner violence. And in patriarchal societies where women are less empowered, a woman who experiences violence may be less likely to seek help.

In Syria, conflict has been ongoing since 2011. 6.5 million people are displaced within the country itself, and even more are refugees.

Among one population of Syrian refugees, a study found, rates of early marriage—itsself considered a form of gender-based violence—had doubled.

Dr. Ikram Haboosh, a Syrian obstetrician, heads a maternal and pediatric hospital in Idlib, which has frequently been the object of airstrikes. For her patients "displacement has resulted in a sharp increase in risk of morbidity and mortality among children, projecting significantly higher rates of underweight and premature births," she wrote in an email to Direct Relief.

And in a conflict in which hospitals and health workers are regularly the targets of bombing, labor can become more dangerous. Dr. Haboosh described an incident from about eight months ago: The area around her hospital came under fire, and expectant mothers and children urgently needed to be evacuated. The hospital emptied out. Dr. Haboosh, however, couldn't leave immediately. She was in the middle of performing a C-section. And while she



Dr. Ikram Haboosh, an obstetrician, performs a surgery at Idlib National Hospital. Dr. Haboosh cares for a population of primarily displaced women and children.

(Photo courtesy of the Syrian American Medical Society)

managed to deliver the infant safely, she credits the stress with causing her own miscarriage that day.

Even in less dramatic circumstances, it's increasingly difficult to provide health care. "For all doctors in every specialty, there is a shortage in staff, in medications, and in medical equipment and supplies," Dr. Haboosh said.

Because of the shortage of doctors, midwives have frequently been forced to fill the gap, taking on greater responsibility during deliveries.

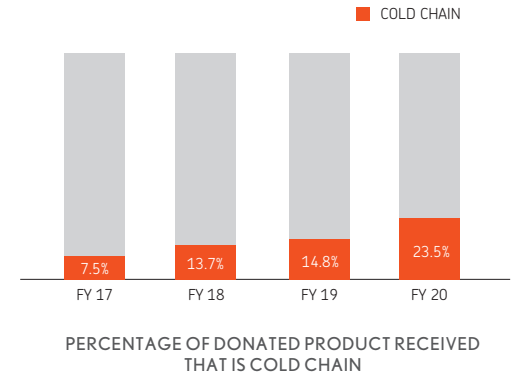
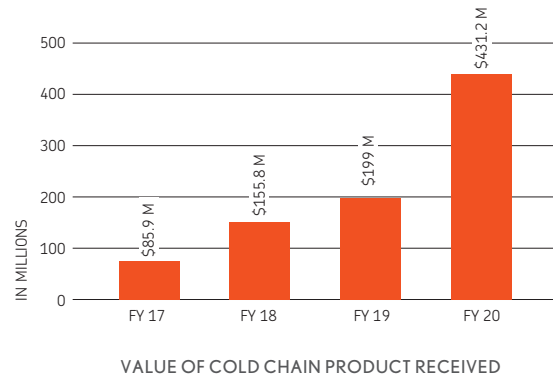
Direct Relief is working to help fill the gaps in sexual and reproductive health care in Syria, working with two organizations that support Syrian hospitals. Through NuDay Syria, an aid group that focuses on women and children, Direct Relief is supplying birth control pills to Jisr ash-Shughur, an area of the larger Idlib governorate that is currently home to a high number of displaced women and children. The hospitals that NuDay supports will provide contraception to women in their facilities and also through mobile clinics that are designed to reach displaced women living in camps.

In addition, Direct Relief has supplied 59 full midwife kits, and 12 replenishment kits, to the Syrian American Medical Society, a long-term partner. SAMS supports and provides health care throughout Syria and in a wide variety of refugee settings. Midwives will use the kits during deliveries in Syrian hospitals. "As [midwives] have taken on greater responsibilities in normal delivery, their skills, experience, and qualification have likewise improved from before" the conflict, Dr. Haboosh said.

### STRENGTHENING COLD CHAIN FOR SENSITIVE THERAPIES

Many medicines and therapies need a consistent temperature all the way through the supply chain, from packing at Direct Relief's warehouse to use by a patient. Since Direct Relief's move to its expanded headquarters in 2018, the organization has rapidly scaled up its shipment and processing of temperature sensitive medications. The organization's 2,800-square-foot cold room has been the departure point for thousands of shipments of temperature sensitive medications bound for dozens of countries.

Refrigerated products like insulin, vaccines and cancer and rare diseases therapies must be maintained between 2-8 degrees Celsius. This operational infrastructure has allowed Direct Relief to deliver 36.5 million defined daily doses of diabetes medication, including insulin for 14,000 children with Type 1 diabetes across 20 countries. Cancer treatment access has also greatly expanded as a result, and Direct Relief this year delivered more than 3.2 million defined daily doses of oncology drugs, valued at more than \$79 million (wholesale), to countries where these advanced treatments are often unavailable.



## Opioid Overdose Deaths Plunge in Virginia Counties After Influx of Naloxone

Opioid overdose deaths in Roanoke, Virginia, and neighboring counties fell last year, in some cases by more than 66% compared to 2018, after a local harm reduction group received tens of thousands of doses of naloxone — a drug that is able to reverse the effects of opioid overdoses.

The decreases in western Virginia came amidst overall increases in that state of almost 9%, totaling 1,617 deaths, according to preliminary data from Virginia’s Office of the Medical Examiner which was first reported by the Roanoke Times. Roanoke City saw a 35.29% decrease, Roanoke County saw a 31.25% decrease, while the surrounding counties of Franklin, Botetourt, and Bedford saw decreases of 53.85%, 66.67%, and 20%, respectively. This news follows a 42.5% drop in Roanoke over the last 2 years.

“Those results are amazing. It was impressive to see how big that footprint was,” said Lawson Koepfel, who runs the Virginia Harm Reduction Coalition with Tanya Segura. “Naloxone has changed the conversation and lives in our community,” he said.

Jarrett Zigon, a professor of anthropology and chair in biomedical ethics at the University of Virginia, said the result follows a well-established correlation.

“It’s not surprising at all. Basically, any place that I’ve ever seen data for, where there’s an increase in naloxone access and the distribution of it, the data show a strong correlation to the lowering of overdoses. The surprising thing is that people do not accept this,” Zigon said.

While they are unable to do mobile outreach, Koepfel said his group has been able to pivot, and now ships out packages across the state. For those who are experiencing homelessness, Koepfel said the group ships to volunteers who then distribute the

lifesaving drug to those who need it. The nonprofit also started administering nasal swab tests in Roanoke. The tests have been given to people who use drugs and people experiencing homelessness.

Though his group has shifted to help in a new way, Koepfel said, the opioid crisis is still “totally” in effect, and that new problems have emerged. Because Covid-19 has shut down transport hubs, Koepfel theorizes that drug strength as increased, to make up for the reduced quantity — something he referred to as the “bootlegger’s formula.”

“We’ve got stronger drugs in the state now,” he said. In his community, Koepfel has hopes the positive trends will continue, assuming access to naloxone continues.

“The saturation of naloxone, at a base level, is what saved lives. Two years ago when I said naloxone, no one knew what I was talking about. Now, it’s part of our culture here.”

Direct Relief has supported the Virginia Harm Reduction Coalition with more than 58,600 doses of naloxone to date, including 35,100 doses in 2020. Direct Relief shipped over 1 million doses nationally this year.

## RESPONDING TO THE OPIOID CRISIS

Direct Relief is one of the nation’s largest providers of charitable naloxone, an overdose reversing drug that has been distributed to partner health facilities and harm reduction groups across the country. Direct Relief, with support from Pfizer, provided 594,000 vials of the overdose reversal drug naloxone to recipients in 46 U.S. states. The organization has also supported health facilities with funding to address patients in recovery, including the Wright Center in Pennsylvania, helping mothers in recovery.



Lawson Koepfel, Executive Director/Co-founder of Virginia Harm Reduction Coalition, loads kits with naloxone in his Roanoke office located in an old motel, to pass out to the community to help save lives.

## Strengthening Fragile Health Systems

### IN HAITI ▶

2020 marked the 10-year anniversary of the devastating earthquake that rocked Haiti, killing 250,000 people and leveling much of the country's infrastructure. Humanitarian crisis exacerbated health needs in the country, as protests blocked supply routes and hindered medical care delivery. Direct Relief has been supporting local groups, like St. Luke's Foundation, with medical material and financial aid so they can continue their lifesaving work.



Emergency medical packs continue to support Yemen Aid relief efforts in Abyan Governorate, Yemen. The country has been devastated in recent years by armed conflict and disease outbreaks, making access to quality healthcare extremely hard to come by for most Yemenis. With support from Direct Relief, YemenAid has distributed 114,000 tons of essential medicines and supplies to healthcare facilities throughout the country.

(Photo courtesy of Yemen Aid)



### ◀ IN YEMEN

Direct Relief airlifted a large supply of life-saving medicine and medical equipment to Yemen, arriving as Covid-19 spread through a country whose health systems have been deeply disrupted by five years of civil war. The shipment included 20 ICU Critical Supply Modules, each with medications and supplies selected to treat up to 500 critically ill patients, along with 150 oxygen concentrators, five ventilators, and large quantities of PPE.

(Left) ICU Kits arriving at Dhulikhel Hospital in Nepal during the Covid-19 pandemic. Photo Courtesy of Pramesh Koju/ Dhulikhel Hospital.

### ▼ IN THE DEMOCRATIC REPUBLIC OF CONGO

At the same time that Covid-19 became a public health concern, the DRC was in the middle of battling another deadly disease: Ebola. Direct Relief shipped medical support to frontline groups battling the outbreak, and continued the infusion as PPE and other support was requested for Covid-19 response.



Photo Courtesy of Pramesh Koju/ Dhulikhel Hospital

### ▲ IN NEPAL

Monsoon rains caused devastating flooding in the country, and Direct Relief support staff from Dhulikhel Hospital in Kathmandu, which dispatched an emergency response team to southern Nepal. In support of their relief efforts, Direct Relief shipped 11 pallets of medical aid to the group, and also supported mobile medical clinics conducted by Mountain Heart Nepal, which used a 4\*4 donated by Direct Relief to safely transport their medical staff and supplies through remote and mountainous terrain. Since the 2015 Nepal Earthquake, Direct Relief has been one of the largest providers of medical aid to the country, with more than \$66 million in medical aid reaching local health providers.

In August 2019 Lisa Franklin takes a routine glucose reading from a patient at Dimock Center in Roxbury, Massachusetts. Clinicians provide comprehensive care and empower patients in their day-to-day diabetes management and vitals. (Donnie Hedden)



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# HOW DIRECT RELIEF WAS FUNDED

[ FY 2020 ]

Nongovernmental, nonsectarian, and not-for-profit, Direct Relief provides assistance to people and communities without regard to politics, religious beliefs, or ethnic identities. Direct Relief relies entirely on private contributions.

In Fiscal Year 2020 (July 1, 2019, through June 30, 2020), individuals, companies, and foundations gave in-kind and cash contributions to Direct Relief. Businesses and organizations provided products and expertise needed and leveraged for humanitarian purposes, and generous cash donations helped keep Direct Relief independent from external interests, maintaining the flexibility of its work. >>

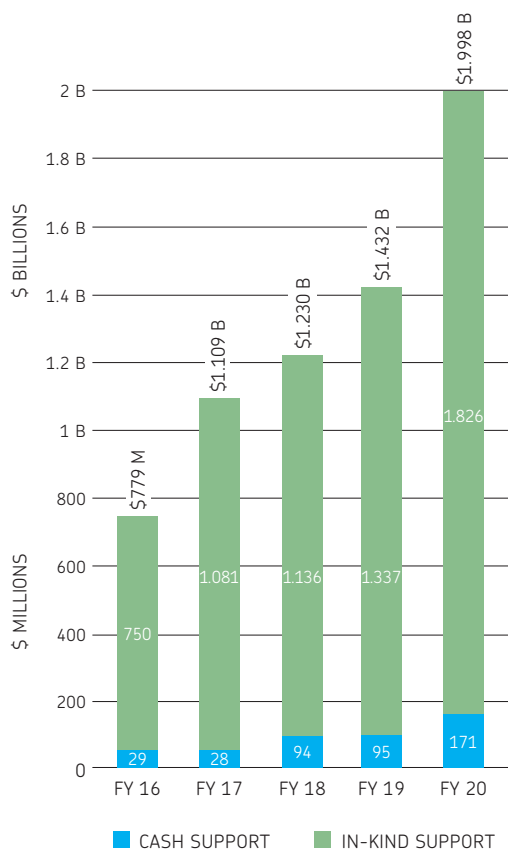
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## CASH AND IN-KIND CONTRIBUTIONS

To fulfill its mission and program objectives, Direct Relief has long sought partnerships with, participation of, and contributions of in-kind goods and services from businesses and organizations with particular expertise



FY 2020 CONTRIBUTED SUPPORT: \$2 B



that is needed for humanitarian activities. In-kind contributions typically represent more than 90 percent of the organization’s total annual revenue and also entail other significant benefits.

Direct Relief’s core activities involve the functional role of medical distributor and was the first nonprofit organization in the U.S. to obtain the highest accreditation and licensing in all 50 states to distribute Rx medications. Consistent with this role, the majority of in-kind contributions typically include substantial inventories of prescription medications, vaccines, and medical supplies from manufacturers that Direct Relief, in turn, provides at no charge to qualified healthcare organizations for patients who need and cannot afford them and during emergencies.

Other in-kind contributions include extensive transportation and logistics services, a broad array of software applications and technology platforms, and expertise in numerous specific functional areas inherent in managing a global medical supply chain that must meet stringent regulatory standard, which exist even in emergency situations to which Direct Relief frequently is asked to respond and does.

The longstanding approach of inviting direct support for needed goods and services has benefits far beyond merely receiving donated goods and services. It has allowed broader public participation in humanitarian efforts by commercial businesses in many industries and both far more and higher quality goods and services than could be achieved by seeking only financial support from

the public to purchase them.

In addition, the extensive contribution of goods and services allows for financial contributions entrusted to Direct Relief to be leveraged significantly.

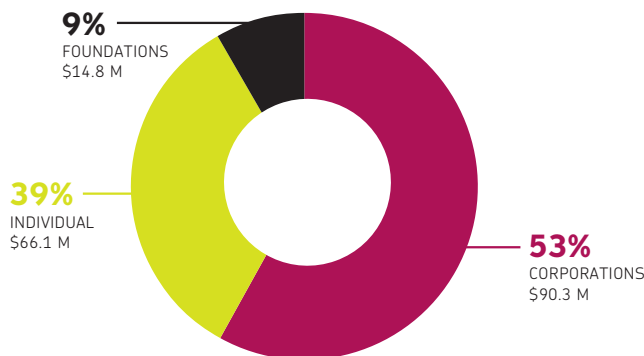
Direct Relief also seeks through and receives cash contributions, which are used to cover internal costs and for goods and services that cannot be obtained through in-kind donations and are needed to advance the organization’s mission.

Direct Relief’s financial statements must account for both cash and in-kind contributions that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2020, over 91 percent of its total public support of nearly \$2 billion was received in the form of in-kind medical products and certain other donated goods and services (such as transportation services from FedEx, online advertising from Google, and donated data analytics software from Qlik).

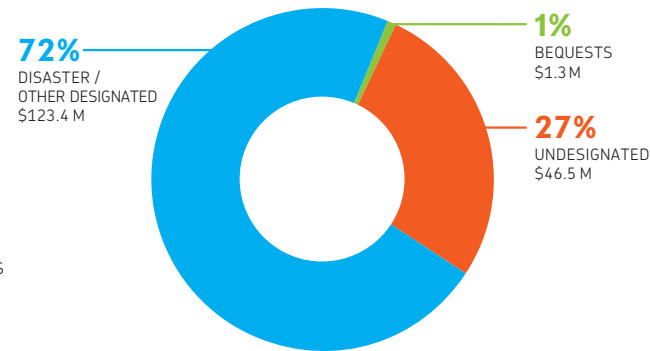
Merging cash and in-kind contributions in accordance with Generally Accepted Accounting Principles (GAAP) can be confusing to non-accountants. These notes, in addition to the financial statements on page 23, are to assist you in understanding how Direct Relief’s program model is financed and works, to explain the state of the organization’s financial health, and to inform you about how the money generously donated to Direct Relief in FY 2020 by individuals, businesses, organizations, and foundations was spent.

Direct Relief’s activities are planned and **CONT'D ▶**

SOURCES OF CASH REVENUE: \$171.2 M



CATEGORIES OF CASH SUPPORT: \$171.2 M





executed on an operating (or cash) budget that is approved by the Board of Directors prior to the onset of the fiscal year. The cash budget is not directly affected by the value of in-kind medical product contributions. Cash support—as distinct from the value of contributed products—is used to pay for the logistics, warehousing, transportation, program oversight, program and administrative staff salaries, purchasing of essential medical products, acquisition of donated medical products, and all other program expenses.

## TIMING OF REVENUE RECOGNITION & EXPENSES

When taking an annual snapshot at the end of a fiscal year, several factors can distort a realistic picture of Direct Relief’s (or any nonprofit organization) financial health and activities. One is the timing of donations being received and the expenditure of those donations, whether in the form of cash or in-kind medical products.

Donations—including those received to conduct specific activities—are recorded as revenue when they are received or promised, even if the activities are to be conducted in a future year. The in-kind product donations are also recorded in inventory upon receipt. Direct Relief’s policy is to distribute products at the earliest practicable date, consistent with sound programmatic principles. While the distribution often occurs in the same fiscal year of receipt, it may occur in the following fiscal year. An expense is recorded and inventory is reduced when the products are shipped to partners.

In both FY 2020 and FY 2019, Direct Relief received more value in product donations than was shipped out to its partner network. When each fiscal year ended, the Organization reported an increase in net assets (or net operating “surplus”).

In FY 2020, Direct Relief received public support and revenue of \$1.82 billion in product donations, \$171.2 million in cash donations and \$1.4 million in earned income. In the same period, Direct Relief provided program services including pharmaceuticals, medical supplies, equipment and related expenses of \$1.56 billion, administrative support services of \$5.9 million and fundraising costs of \$3 million. For FY 2020, the change

in net assets was a \$435 million net operating “surplus.” A fiscal year end net operating “surplus” (or “deficit”) is often due to the timing difference of when public support is received and recorded (current fiscal year) compared to when humanitarian aid or cash is granted (subsequent fiscal years).

## POLICY ON DESIGNATED CONTRIBUTIONS

Direct Relief has adopted a strict policy to ensure that 100 percent of all designated contributions for a specific program or emergency response are used only on expenses related to supporting that program or response. Direct Relief has used similar policies for all disaster responses in the last few years, including responses to the Covid19 Pandemic, Wildfires in the U.S., Australia, and the Amazon, the Congo Ebola Outbreak, Hurricanes Dorian, Harvey, Michael, Florence, Maria, and Irma, Cyclones Idai and Amphan, and earthquakes in Puerto Rico, Indonesia, Mexico, Ecuador, Nepal, Japan, Haiti, Pakistan, and Peru.

This approach is appropriate for honoring precisely the clear intent of generous donors who responded to these tragedies and to preserve the maximum benefit for the survivors for whose benefit the funds were entrusted to Direct Relief.

## VALUATION OF IN-KIND RESOURCES

Direct Relief was the first nonprofit organization in the United States to receive accreditation from the National Association of Boards of Pharmacy as a Verified-Accredited Wholesale Distributor (VAWD) licensed to distribute pharmaceutical products in all 50 U.S. states, and is among the largest-volume providers of medical donations to its partners worldwide. Direct Relief’s programs involve a wide range of functions, several of which require specialized expertise and licensing. Among these functions are identifying key local providers of health services in such areas; working to identify the unmet needs of people in the areas; mobilizing essential medicines, supplies, and equipment that are requested and appropriate for the circumstances; and managing the many details inherent in storing, transporting, and distributing such goods to the partner organizations in the most efficient manner possible.

When Direct Relief receives an in-kind donation, accounting standards require a “fair market value” to be assigned to the donation. Donations of medicines, medical equipment, and medical supplies have long been an integral part of Direct Relief’s humanitarian assistance programs. In assigning a fair market value to the in-kind medical donations received, Direct Relief uses a careful, conservative approach that complies with the relevant accounting standards, and the spirit and purpose of disclosure, transparency, and accountability to the public.

Direct Relief uses the following methodology in determining the fair market value of in-kind medical donations: U.S. Food and Drug Administration approved pharmaceuticals, branded and generic, are recorded at estimated wholesale value, which approximates fair value, on the date received, based on the Wholesale Acquisition Cost (WAC) as in the RED BOOK™ published by Truven Health Analytics/IBM Watson Health. The RED BOOK® is an industry recognized drug and pricing reference guide for pharmaceuticals in the United States. The organization uses monthly pricing information available from the RED BOOK™ online service provided by Truven Health Analytics, to ensure the most accurate and current valuation of pharmaceuticals donated to the organization.

WAC is the standard used by many U.S. states as the Federal Upper Limit pricing for drugs purchased under the Medicaid program. Alternative methods of valuing a drug donation would result in a higher valuation. For example, the commonly cited Average Wholesale Price (AWP), which also is published in the RED BOOK®, is approximately twenty-five percent higher than WAC for a particular product according to the RED BOOK®. Direct Relief determined that WAC is the more appropriate measure. Because pricing differences exist for generic and branded products, it is important to note Direct Relief applies WAC value to each specific product’s National Drug Code, which relates to the specific manufacturer and formulation of a drug. This distinction is significant because it reflects, for example, the lower price (and fair market value) of a generic product received through donation, compared to higher-priced branded product.

HOW  
DIRECT RELIEF  
WAS FUNDED  
FY 2020

CONT'D ►



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**HOW  
DIRECT RELIEF  
WAS FUNDED  
FY 2020**

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For non-FDA-approved pharmaceuticals, for example, products manufactured for use in non-U.S. markets, the organization uses independent pricing guides to determine the fair market value of the particular manufacturer's specific formulation. As is the case with FDA-approved formulations, the value relates to the specific product from the specific manufacturer. The sources of such pricing information vary, but relevant information may include the price paid by wholesalers or other third-party buyers, a favorable price negotiated by an organization for a particular drug, or other such reasonable bases.

For medical supplies and equipment, the organization determines wholesale value by reviewing the pricing information on the specific item listed for sale in trade publications, through online pricing, and through its own procurement history when purchasing. Such valuations are lower typically than published retail prices.

Different prices for similar products or services in different geographic areas can cause confusion. The specifics of Direct Relief's valuation methodology are noted here in recognition of the confusion that can arise with the value of contributed goods and services.

One source of confusion stems from the significant pricing (and therefore valuation) differences that exist in different parts of the world for similar products. With regard to pharmaceuticals, significant differences exist between a branded drug and a generic equivalent formulation even within the same market, including the U.S. Because Direct Relief operates on a global scale, such differences must be considered and reflected in the accounting and reporting of contributions.

Of course, similar pricing and valuation differences also exist for other commodities and services beyond pharmaceuticals. In the U.S., for example, 12 ounces of water is free from a public tap but can be several dollars if it comes in a branded bottle.

Similar pricing differences exist for services as well. The outsourcing and off-shoring phenomena reflect that even highly skilled services—surgery, computer programming, research conducted by Ph.D.s— are done at

vastly different prices in different countries.

Direct Relief's internal processes, information systems, and public disclosures ensure that these distinctions are clearly documented, and that the organization's financial reporting precisely and accurately reflects the fair market value of the specific items received through donation. If a low-cost generic medication is received through donation, its value is properly recorded as that of the generic medication. Similarly, if a more expensive branded product is received through donation, its value is registered as that of a branded product.

As noted above, Direct Relief has long sought the contribution of needed goods and services to use for humanitarian purposes because of the efficiencies and other benefits that result. The organization, and (more importantly) the people it serves, benefit from the lowest-cost, most efficient use of resources. Financial contributors benefit also, since their financial contributions are not being used to purchase goods or services that can be obtained directly through donations. Therefore, when it comes to accounting for, documenting, and reporting any contributions it is very important to get it right.

A strong incentive exists to use higher valuation sources, such as retail prices, or use branded product values for generic donations. However, a conservative approach provides the most accurate, easy-to-understand basis and is best to instill public confidence in Direct Relief's financial reporting.

## **DIRECT RELIEF FOUNDATION AND THE BOARD-RESTRICTED INVESTMENT FUND**

In 1998, Direct Relief's Board of Directors established a Board-Restricted Investment Fund ("BRIF") to help secure the organization's financial future and provide a reserve for future operations. The BRIF, established with assets valued at \$774 thousand, draws resources from Board-designated unrestricted bequests and gifts, and returns on portfolio assets.

In October 2006, the Direct Relief Foundation was formed and incorporated in the State of California as a separate, wholly controlled, supporting organization of Direct Relief. Effective April 1, 2007, assets in the BRIF

were transferred to the Foundation. The Foundation's investments are managed by SEI Private Trust Company, an investment firm under the direction of the Foundation's Investment Committee, which meets quarterly and oversees investment policy and performance.

The Board has adopted investment and spending policies for the BRIF assets that attempt to provide a predictable stream of funding to Direct Relief while seeking to maintain the purchasing power of these assets. Under this policy, as approved by the Trustees of the Foundation, the BRIF assets are invested in a manner that is intended to produce results that provide a reasonable balance between the quest for growth and the need to protect principal. The Foundation expects its BRIF funds, over time, to provide an average rate of return of approximately six percent annually. Actual returns in any given year may vary from this amount.

The Foundation, to satisfy its long-term rate-of-return objectives, relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The organization targets a diversified asset allocation balanced between equity and fixed income investments to achieve its short-term spending needs as well as long-term objectives within prudent risk constraints.

The Foundation has a policy of appropriating for distribution each year an amount up to five percent of the assets of the BRIF. In some instances, the Board may decide to appropriate an amount greater than its stated policy if it is specifically deemed prudent to do so. The BRIF is authorized to distribute its portfolio assets to pay for Direct Relief's fundraising expenses and the salary of the President and CEO as well as advance emergency relief funding as determined by the President and CEO.

For the Fiscal Year 2020, the Foundation Trustees approved a distribution of \$2.7 million to pay for Direct Relief's fundraising expenses and the salary of the President and CEO. The Foundation also distributed \$2.4 million to Direct Relief that had been approved in prior years for the same purpose. Upon a majority vote by the Board, the BRIF may also be utilized to meet other general operational costs and extraordinary capital expenses.

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# HOW YOUR SUPPORT WAS USED

[ FY 2020 ]

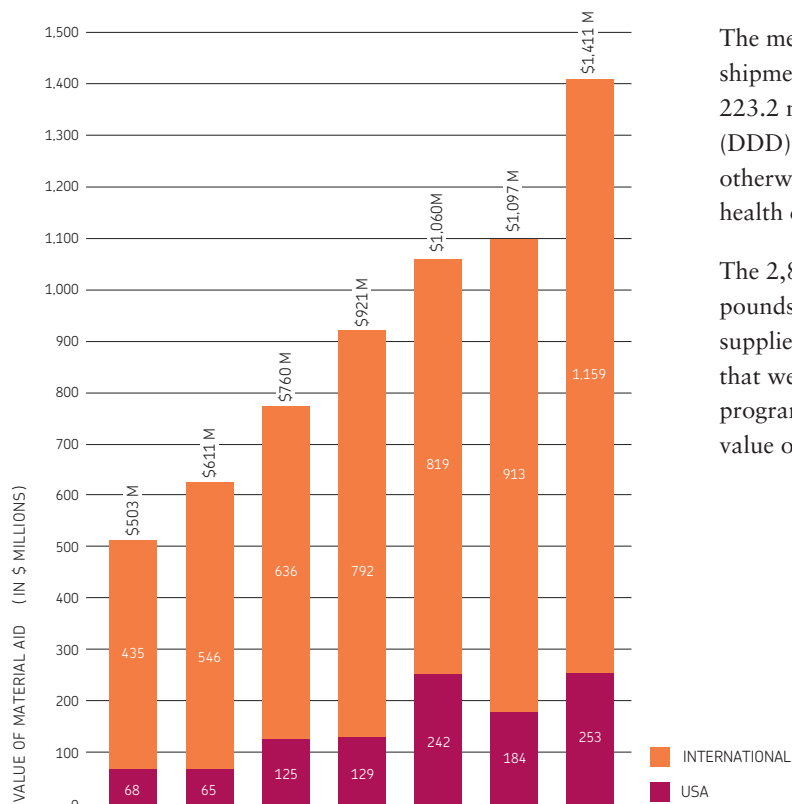
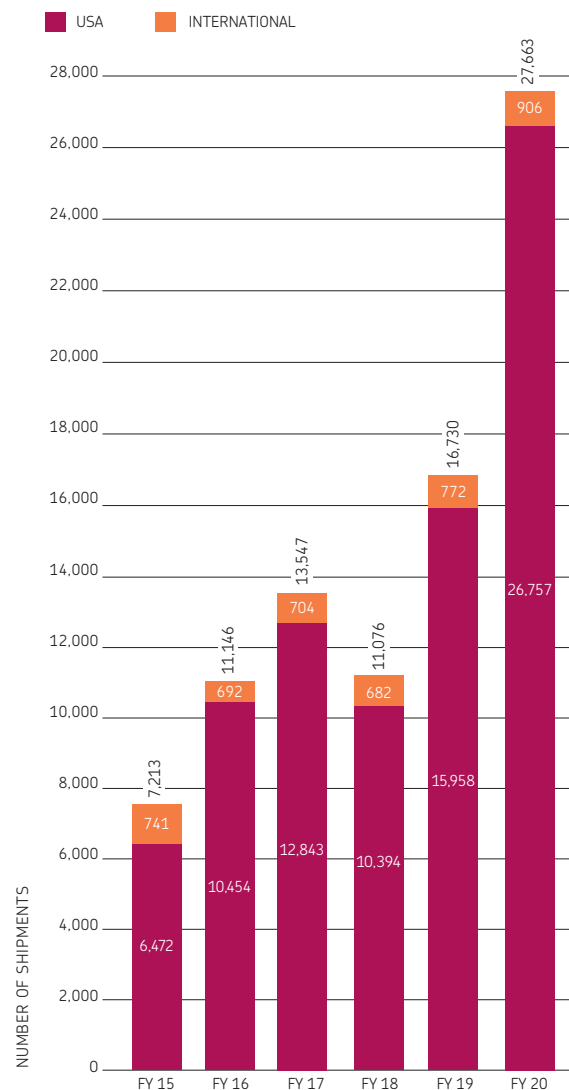
Thanks to your participation, Direct Relief helped more people in more places than ever before in its 72-year history in FY 2020.

The organization received \$2 billion in public support and provided a record \$1.46 billion in assistance around the world (including \$55.1 million in financial assistance). >>

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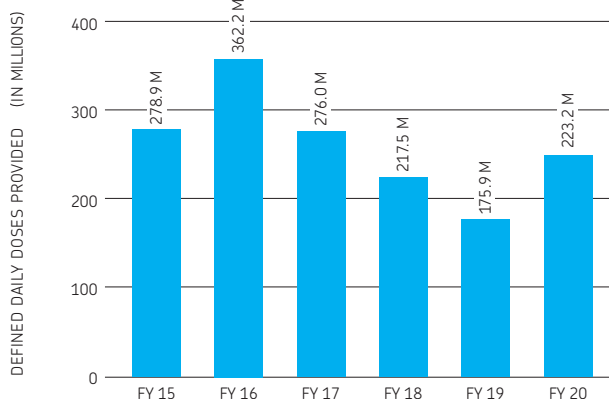
# MATERIAL ASSISTANCE

Advancing its mission to improve the health and lives of people affected by poverty or emergencies—without regard to politics, religious beliefs, or ethnic identities—Direct Relief delivered 27,663 shipments of humanitarian material aid in FY 2020 to 100 countries and all 50 U.S. states and 4 U.S. territories.



The medical aid contained in these shipments was sufficient to provide 223.2 million Defined Daily Doses (DDD) for people who may have otherwise lacked access to quality health care.

The 2,869 tons (over 5.7 million pounds) of pharmaceuticals, medical supplies, and medical equipment that were furnished to local health programs had a combined wholesale value of \$1.41 billion.



DDD is a measure of drug utilization developed by the World Health Organization (WHO) and maintained by the WHO Collaborating Center for Drug Statistics methodology at the University of Norway in Oslo. Direct Relief uses this as a measure of pharmaceutical aid provided.



Protective gear for health workers arrives at Ubi Caritas Free Clinic in Beaumont, Texas, in March, 2020. The shipment included N95 masks, gloves, gowns and other protective gear requested to prevent the spread of coronavirus. (Courtesy photo)

## FINANCIAL ASSISTANCE

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In addition to providing more essential medical material resources than ever before, Direct Relief furnished \$55.1 million in critically needed funding in FY 2020 to support the efforts of locally-run, non-governmental health facilities in the U.S. and internationally as they responded to crises, rebuilt damaged facilities, trained frontline health workers, and extended care to more patients.

Grant recipients included community-based groups responding to or recovering from emergencies, including the Covid19 Pandemic (\$29.53m), Hurricane Maria (\$8.5m), Hurricane Harvey (\$6.04m), Hurricane Michael (\$1.01m), the Sulawesi Earthquake (\$1.07m), Hurricane Florence (\$992k), California Wildfires (\$876k), and the Nepal Earthquake (\$617k).

Additional funding supported the innovative care and treatment programs of 9 community health centers in the U.S. (\$1.5m), the purchase and modification of a Firehawk helicopter for the Santa Barbara County Fire Department (\$528k), and the on-going efforts of numerous other partners to address the chronic health needs of vulnerable people in their communities.

## STAFFING & EXECUTIVE COMPENSATION

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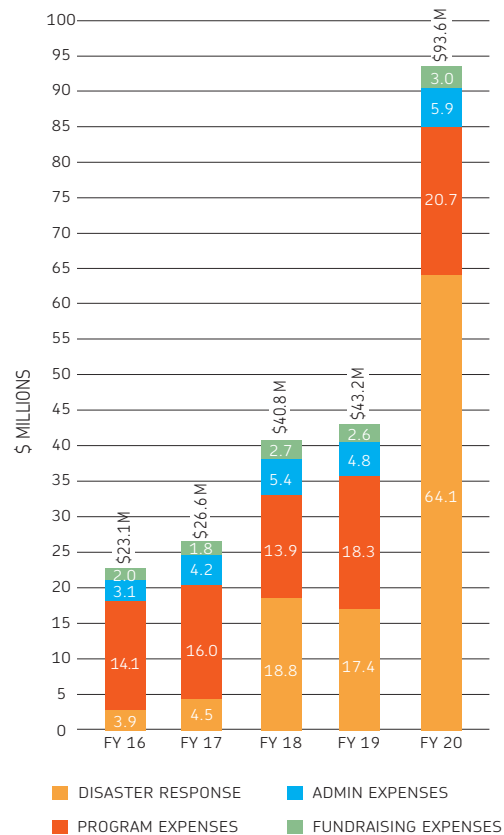
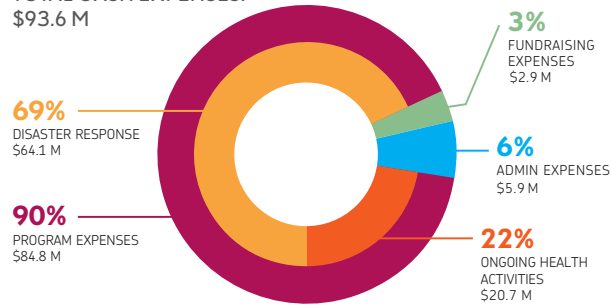
The \$1.46 billion in humanitarian assistance Direct Relief provided in FY 2020 across the U.S. and around the world was done so with a staff which, as of June 30, 2020, comprised 109 positions (104 full-time, 5 part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 98. This figure is derived by dividing the total hours worked by 2,080, the number of work hours of a full-time employee in one year. Two persons each working half-time, for example, would count as one FTE.

In general, staff functions relate to three basic business functions: programmatic activity, fundraising, and general administration. The following sections describe the financial cost Direct Relief's activities and how resources are spent to provide assistance to people in need throughout the world.

The President and CEO's compensation is paid from funds provided by Direct Relief Foundation. His compensation is allocated 50 percent to administration and 50 percent to fundraising.

# TOTAL CASH EXPENSES

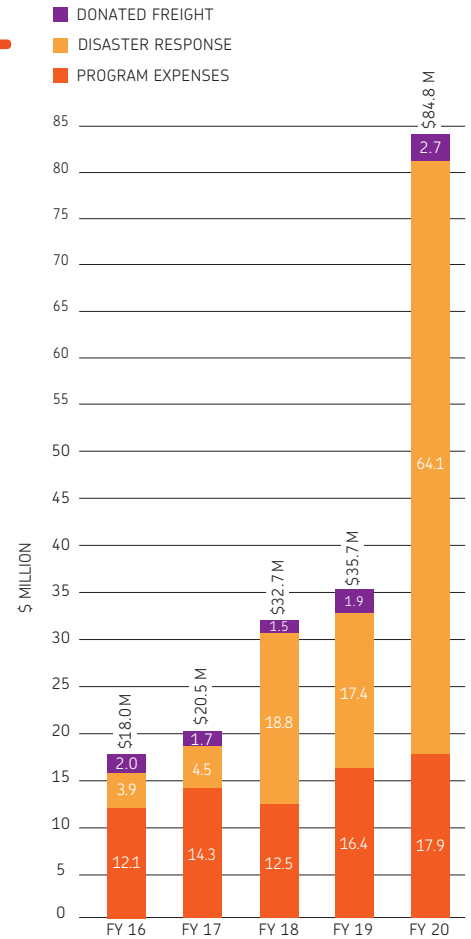
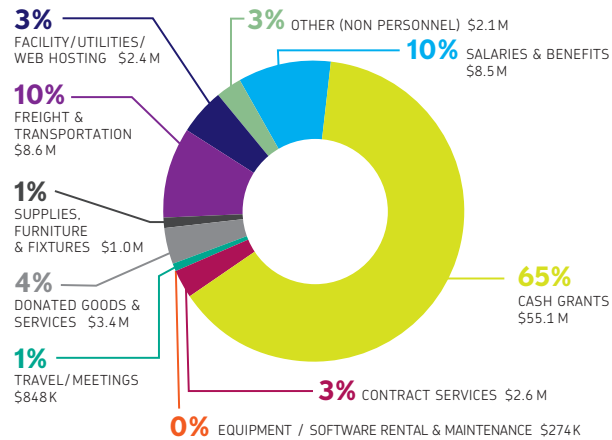
TOTAL CASH EXPENSES:  
\$93.6 M



# PROGRAM EXPENSES

To implement its humanitarian programs (\$1.4 billion in medical material aid), Direct Relief spent \$37.2 million (excluding \$55.1 million in cash grants) in FY 2020, \$8.5 million of which paid for salaries, related benefits (health, dental, long-term disability insurance, and retirement-plan matching contributions), and mandatory employer paid taxes (Social Security, Medicare, workers' compensation, and state unemployment insurance) for 62 full-time and two part-time employees engaged in programmatic functions.

PROGRAM EXPENSES BY FUNCTION: \$84.8 M



## PROGRAM EXPENSES ALSO INCLUDE >>

- ▶ Ocean/air freight and trucking for outbound shipments to partners, in-country transportation and inbound product donations (\$11.3 million, of which \$2.7 million was donated)
- ▶ Travel for oversight and evaluation (\$848 thousand); contract services (\$2.9 million, of which \$202 thousand was donated); donated software \$476 thousand, packing materials and supplies (\$1.1 million) and disposal costs for expired pharmaceuticals (\$538 thousand)
- ▶ The value of expired products disposed of (\$62.3 million)
- ▶ A pro-rata portion of other allocable costs (see page 35)



A solar nanogrid is unveiled in Grand Fond, Dominica, on Oct. 4, 2019. The nanogrid provides emergency power and refrigerated storage of medicines like vaccines. (Photo by Chad Ambo for Direct Relief)



# FUNDRAISING EXPENSES

Direct Relief's FY 2020 fundraising expenses totaled \$2.96 million, of which \$419,000 (or 14 percent) was the value of donated goods and services (such as donated advertising from Google) that were noncash expenditures. Such donated goods and services of an equal amount are also reported as revenue, as explained on page 24.

FY 2020 cash expenditures for fundraising totaled \$2.54 million, which were paid were paid by the Direct Relief Foundation – not from donors' contributions – as explained on page 27. The majority of these cash expenditures, \$1.88 million or 74 percent of the total \$2.96 million, were used to pay the salaries, related benefits, and payroll taxes for 12 full-time employees. The other cash expenditures for fundraising activities are detailed in the list and chart below by type of activity, amount, and percentage of total expenditures for fundraising.

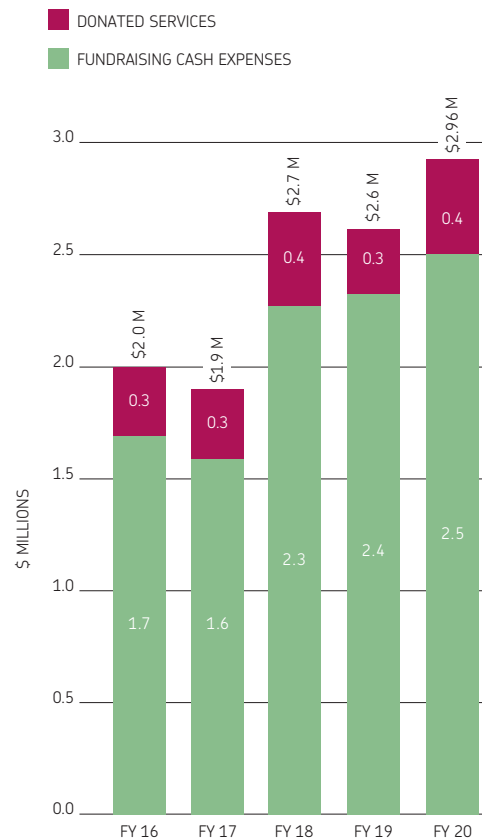
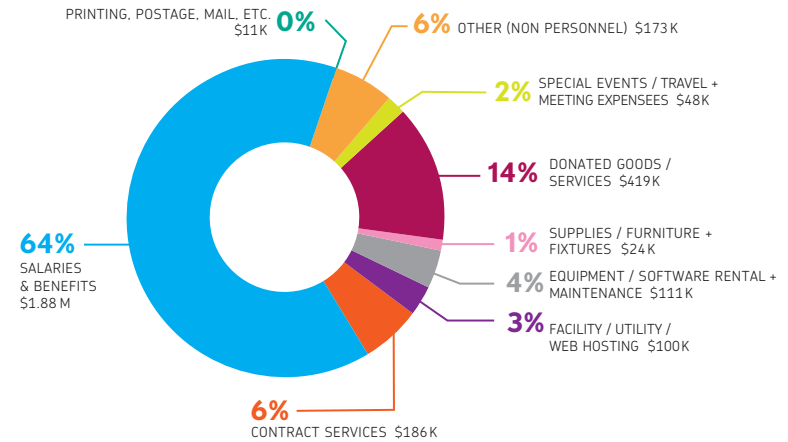
Direct Relief's longstanding emphasis on efficiency extends to its fundraising efforts. Although not paid with donor funds, Direct Relief notes for comparative purposes that its total fundraising expenses for FY 2020 of \$2.96 million (which includes noncash expenditures) equals only 1.7 percent of the \$171 million of the cash support the organization received; cash expenditures for fundraising of \$2.54 million equals 1.5 percent of cash received.

Direct Relief believes that this ratio of cash expended on fundraising to charitable cash donations received is the most appropriate measure to consider because it is most common and allows for a fair comparison with other charitable organizations that rely on charitable support.

Also, unlike Direct Relief, most charitable organizations do not receive the majority of their contributions in the form of noncash donations, which represented 91 percent of the \$2 billion in total revenue received by Direct Relief in FY 2020. Presenting fundraising expenses as a percentage of total revenue that includes extensive in-kind contributions can - provides a misleading picture of how much of its or its donors' money is being spent on fundraising.

In Direct Relief's case, the already exceptionally low ratio of 1.5 percent of funds cash received being devoted to fundraising would become statistically zero (less than two-tenths of one percent) with the inclusion of the substantial amount of in-kind contributions reflected in the total \$2 billion revenue figure for FY 2020.

FUNDRAISING EXPENSES BY FUNCTION: \$2.96 M



## FUNDRAISING EXPENSES ALSO INCLUDE >>

- ▶ \$11 thousand for the production, printing, and mailing of the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials
- ▶ \$71 thousand in advertising and marketing costs
- ▶ \$48 thousand in travel and meeting/conference expenses
- ▶ \$462 thousand in contract services (\$274 thousand in donated services)
- ▶ \$145 thousand in donated software
- ▶ \$24 thousand in supplies and furniture in support of the fundraising staff
- ▶ A pro-rata portion of other allocable costs (see page 35)



More than 1,000 shipments of protective gear are prepped for shipment in Direct Relief's warehouse on May 7, 2020, in response to the Covid-19 outbreak. (Lara Cooper/Direct Relief)

## MANAGEMENT & GENERAL EXPENSES

Direct Relief spent \$5.9 million on administration in FY 2020. Administration expenses are those that relate to financial and human resource management, information technology, communications, public relations, and general office management. A total of \$3 million was for salaries, related benefits, and taxes for 28 full-time employees and three part-time employees engaged in administration and financial management.

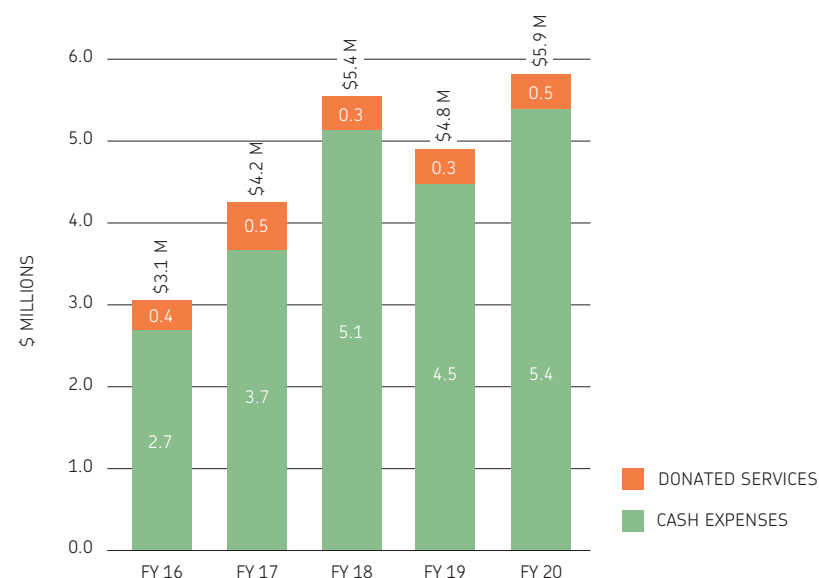
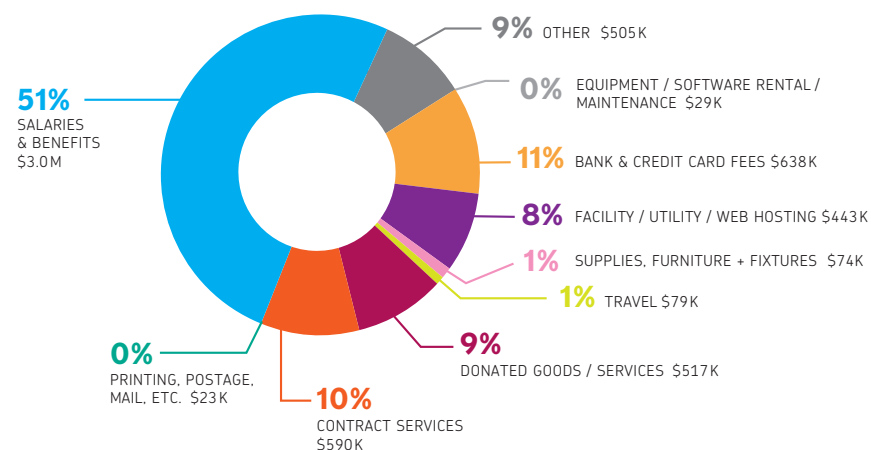
### MANAGEMENT & GENERAL EXPENSES ALSO INCLUDE >>

- ▶ \$638 thousand in credit card and banking fees
- ▶ \$79 thousand for travel, meetings and conferences
- ▶ \$864 thousand in contract services (\$274 thousand of which were donated services)
- ▶ \$243 thousand in donated software
- ▶ \$161 thousand in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- ▶ \$103 thousand in legal fees
- ▶ \$39 thousand in press releases and online advertising
- ▶ \$20 thousand in taxes, licenses, and permits (Direct Relief is registered as an exempt organization in each U.S. state requiring such registration)
- ▶ A pro-rata portion of other allocable costs (see below)

## OTHER ALLOCABLE COSTS

Direct Relief owns and operates a 155,000-square-foot warehouse facility that serves as its headquarters. Costs to maintain this facility includes interest on a line of credit, depreciation, utilities, insurance, maintenance, and supplies. These costs are allocated based on the square footage devoted to respective functions (e.g., fundraising expenses described earlier include the proportional share of these costs associated with the space occupied by fundraising staff). The cost of information technology services is primarily related to the activities of the respective functions described above. These costs are allocated based on the headcount devoted to the respective functions.

MANAGEMENT + GENERAL EXPENSES BY FUNCTION: \$5.9M





# COMBINED STATEMENT OF FINANCIAL POSITION

For the fiscal year ended  
June 30, 2020 with summarized  
totals for FY 2019. Amounts are  
presented in the thousands.

	FY 2020						FY 2019	
	Direct Relief	Direct Relief Foundation	Direct Relief Mexico*	Direct Relief South Africa**	Direct Relief Property 1, LLC	Inter-Organization Transaction Eliminations	Consolidated Total	Consolidated Total
<b>\$ IN THOUSANDS</b>								
<b>ASSETS</b>								
Cash & cash equivalents	\$ 158,388	\$ 173	\$ 373	\$ 2	\$ 116	\$ -	\$ 159,052	\$ 87,422
Investments	1,103	43,952	-	-	-	-	45,055	51,805
Contributions and other receivables	7,719	4,848	8	-	-	(2,432)	10,143	12,431
Inventories	753,972	-	70	-	-	-	754,042	386,361
Prepaid expenses	7,055	-	175	-	-	-	7,230	3,094
Property & equipment - net of accumulated	2,130	-	-	-	37,667	-	39,797	38,986
Investment in subsidiary	39,617	-	-	-	-	(39,617)	-	-
Other assets	1	-	-	-	-	-	1	1
<b>Total assets</b>	<b>\$ 969,985</b>	<b>\$ 48,973</b>	<b>\$ 626</b>	<b>\$ 2</b>	<b>\$ 37,783</b>	<b>\$ (42,049)</b>	<b>\$ 1,015,320</b>	<b>\$ 580,100</b>
<b>LIABILITIES</b>								
Accounts payable	\$ 4,472	\$ -	\$ -	\$ -	\$ 3	\$ -	\$ 4,475	\$ 3,628
Accrued liabilities	11,436	3,352	17	-	31	(2,432)	12,404	5,180
Long-term debt	-	6,000	-	-	-	-	6,000	13,400
<b>Total liabilities</b>	<b>15,908</b>	<b>9,352</b>	<b>17</b>	<b>-</b>	<b>34</b>	<b>(2,432)</b>	<b>22,879</b>	<b>22,208</b>
<b>NET ASSETS</b>								
Without donor restrictions	812,298	34,600	232	2	37,667	(39,617)	845,182	454,654
With donor restrictions	141,779	5,021	377	-	82	-	147,259	103,238
<b>Total net assets</b>	<b>954,077</b>	<b>39,621</b>	<b>609</b>	<b>2</b>	<b>37,749</b>	<b>(39,617)</b>	<b>992,441</b>	<b>557,892</b>
<b>Total liabilities and net assets</b>	<b>\$ 969,985</b>	<b>\$ 48,973</b>	<b>\$ 626</b>	<b>\$ 2</b>	<b>\$ 37,783</b>	<b>\$ (42,049)</b>	<b>\$ 1,015,320</b>	<b>\$ 580,100</b>

\* Direct Relief Mexico is a wholly owned subsidiary of Direct Relief and commenced operations in Mexico on August 1, 2014.  
Direct Relief-Mexico was registered in Mexico as a public benefit corporation in July 2014.

\*\* Direct Relief-South Africa is a wholly owned subsidiary of Direct Relief and commenced operations in the Republic of South Africa on July 1, 2009.  
Direct Relief South Africa was registered in South Africa as a public benefit corporation in October 2007.

# COMBINED STATEMENT OF ACTIVITIES

For the fiscal year ended June 30, 2020 with summarized totals for FY 2019. Amounts are presented in the thousands.

	FY 2020						FY 2019	
	Direct Relief	Direct Relief Foundation	Direct Relief Mexico*	Direct Relief South Africa**	Direct Relief Property 1, LLC	Inter-Organization Transaction Eliminations	Consolidated Total	Consolidated Total
<b>\$ IN THOUSANDS</b>								
<b>PUBLIC SUPPORT</b>								
In cash & securities:								
Contributions	\$ 69,033	\$ 1,719	\$ 573	\$ 30	-	\$ (9,664)	\$ 61,691	\$ 29,884
Business & foundation grants	104,071	-	1,092	-	-	-	105,163	62,799
Workplace giving campaigns	4,384	-	-	-	-	-	4,384	1,746
Special events	14	-	-	-	-	-	14	86
<b>Total public support from cash &amp; securities</b>	<b>177,502</b>	<b>1,719</b>	<b>1,665</b>	<b>30</b>	<b>-</b>	<b>(9,664)</b>	<b>171,252</b>	<b>94,515</b>
From contributed goods & services:								
Pharmaceuticals, medical supplies & equipment	1,820,783	-	695	-	-	-	1,821,478	1,334,805
Contributed freight	2,679	-	-	-	-	-	2,679	1,944
Contributed goods - other	864	-	-	-	-	-	864	116
Professional services received	1,349	-	-	-	-	-	1,349	508
<b>Total from contributed goods &amp; services</b>	<b>1,825,675</b>	<b>-</b>	<b>695</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,826,370</b>	<b>1,337,373</b>
<b>Total public support</b>	<b>2,003,177</b>	<b>1,719</b>	<b>2,360</b>	<b>30</b>	<b>-</b>	<b>(9,664)</b>	<b>1,997,622</b>	<b>1,431,888</b>
<b>REVENUE</b>								
Investment income	1,274	1,042	-	-	-	-	2,316	2,260
Realized loss on sale of investments	5	1,002	-	-	-	-	1,006	1,266
Unrealized gain on investments	6,179	(8,150)	-	-	-	-	(1,971)	(48)
Program service fees	-	-	-	-	-	-	-	-
<b>Total revenue</b>	<b>7,458</b>	<b>(6,106)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,352</b>	<b>3,478</b>
Net assets released from restrictions	-	-	-	-	-	-	-	-
<b>Total public support &amp; revenue</b>	<b>2,010,635</b>	<b>(4,387)</b>	<b>2,360</b>	<b>30</b>	<b>-</b>	<b>(9,664)</b>	<b>1,998,974</b>	<b>1,435,366</b>
<b>PROGRAM SERVICES</b>								
Program related expenses	1,554,881	7,741	1,749	53	845	(9,664)	1,555,605	1,171,628
<b>SUPPORTING SERVICES</b>								
Administration	5,473	270	92	-	32	-	5,867	4,824
Fundraising	2,901	23	-	-	29	-	2,953	2,641
<b>Total supporting services</b>	<b>8,374</b>	<b>293</b>	<b>92</b>	<b>-</b>	<b>61</b>	<b>-</b>	<b>8,820</b>	<b>7,465</b>
<b>Total expenses</b>	<b>\$ 1,563,255</b>	<b>\$ 8,034</b>	<b>\$ 1,841</b>	<b>\$ 53</b>	<b>\$ 906</b>	<b>\$ (9,664)</b>	<b>\$ 1,564,425</b>	<b>\$ 1,179,093</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$ 447,380</b>	<b>\$ (12,421)</b>	<b>\$ 519</b>	<b>\$ (23)</b>	<b>\$ (906)</b>	<b>\$ -</b>	<b>434,549</b>	<b>\$ 256,273</b>

# COMBINED STATEMENT OF FUNCTIONAL EXPENSES

For the fiscal year ended June 30, 2020  
with summarized totals for FY 2019.  
Amounts are presented in the thousands.

	FY 2020			FY 2020		FY 2020	FY 2019
	PROGRAM SERVICES: Pharmaceuticals, Medical Supplies, Equipment & Related Expenses			SUPPORTING SERVICES		TOTAL PROGRAM & SUPPORTING SERVICES	TOTAL PROGRAM & SUPPORTING SERVICES
	USA	International	Total	Administration	Fundraising		
\$ IN THOUSANDS							
<b>COMPENSATION AND RELATED BENEFITS</b>							
Salaries	\$ 2,660	\$ 4,049	\$ 6,709	\$ 2,423	\$ 1,503	\$ 10,635	\$ 8,600
Payroll taxes	184	276	460	153	99	712	574
Employee benefits	523	784	1,307	391	281	1,979	1,528
<b>Total compensation and related benefits</b>	<b>3,367</b>	<b>5,109</b>	<b>8,476</b>	<b>2,967</b>	<b>1,883</b>	<b>13,326</b>	<b>10,702</b>
<b>OTHER EXPENSES</b>							
Pharmaceuticals, medical equipment & supplies distributed - donated	248,931	1,147,467	1,396,398	-	-	1,396,398	1,093,372
Pharmaceuticals, medical equipment & supplies distributed - procured	4,616	7,461	12,077	-	-	12,077	3,812
Inventory adjustment (expired pharmaceuticals)	16,503	45,825	62,328	-	-	62,328	38,698
Accounting & legal fees	90	65	155	264	2	421	249
Advertising	2	2	4	39	71	114	84
Bank charges	0	1	1	638	0	639	293
Contract services	1,075	1,517	2,592	590	186	3,368	1,931
Contributed services	53	149	202	274	274	750	551
Contributed freight	721	2,014	2,735	-	-	2,735	1,913
Contributed goods	156	320	476	243	145	864	117
Disposal costs (expired pharmaceuticals)	150	388	538	-	-	538	162
Dues & subscriptions	67	206	273	85	52	410	306
Duplicating & printing	45	39	84	18	4	106	60
Equipment & software maintenance	65	146	211	27	109	347	291
Equipment rental	31	33	64	2	1	67	80
Freight & transportation	3,128	5,430	8,558	-	-	8,558	4,689
Grants & stipends	50,192	4,906	55,098	-	-	55,098	16,902
Insurance	62	162	224	253	8	485	271
Interest	111	300	411	25	14	450	508
Meetings, conferences, special events	175	72	247	25	36	308	330
Miscellaneous	439	14	453	70	33	556	133
Outside computer services	2	-	2	-	-	2	22
Postage & mailing services	24	43	67	5	7	79	46
Rent & other occupancy	88	230	318	13	7	338	333
Supplies, furniture & fixtures	421	683	1,104	74	24	1,202	802
Taxes, licenses & fees	16	35	51	20	1	72	61
Training & education	2	7	9	4	(0)	13	19
Travel & automobile	214	387	601	54	12	667	794
Utilities & telephone	102	286	388	35	18	441	214
Web hosting	110	218	328	56	3	387	314
<b>Total expenses before depreciation</b>	<b>327,591</b>	<b>1,218,406</b>	<b>1,545,997</b>	<b>2,814</b>	<b>1,007</b>	<b>1,549,818</b>	<b>1,167,357</b>
Depreciation & amortization	311	821	1,132	86	63	1,281	1,034
<b>Total functional expenses June 30, 2020</b>	<b>\$ 331,269</b>	<b>\$ 1,224,336</b>	<b>\$ 1,555,605</b>	<b>\$ 5,867</b>	<b>\$ 2,953</b>	<b>\$ 1,564,425</b>	
<b>Total functional expenses June 30, 2019</b>	<b>\$ 218,286</b>	<b>\$ 953,342</b>	<b>\$ 1,171,628</b>	<b>\$ 4,824</b>	<b>\$ 2,641</b>		<b>\$ 1,179,093</b>

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# CORPORATE PARTNERSHIPS

[ FY 2020 ]

To fulfill its mission, Direct Relief has long sought partnerships with businesses and organizations with particular expertise that is needed and can be leveraged for humanitarian purposes. This approach has led to 200+ healthcare manufacturers and other corporations, in sectors ranging from technology to transportation, providing in-kind contributions in the form of needed goods (primarily medical products) and services that would otherwise have to be purchased. >>

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## CORPORATE PARTNERSHIPS

### MANUFACTURERS & DISTRIBUTORS PROVIDING MEDICAL MATERIAL DONATIONS

3M	Eli Lilly	Ledvance	Sandoz
Abbott	FIGS	LifeScan	Sanofi Cares North America
AbbVie	Genentech	Liquid IV	Sappo Hill Soapworks
Alcon Laboratories	Gillette	LuminAID	Seqirus
Amazon	GoA Foundation	Lupin Pharmaceuticals	Shield HealthCare
Amgen	Grifols	Marlex Pharmaceuticals	Shire
Amneal Pharmaceuticals	GSK	Masimo	Siemens Healthineers
Apotex	GSMS	Medline Industries	Simple Human
Apple	Henry Schein	Medtronic	Sirum
Ascend Pharmaceuticals	Hikma	Merck & Co.	Takeda Pharmaceuticals
AstraZeneca	Home Depot	Merck Group	Tea Tree Therapy
Baxter International	Hyperbiotics	Midmark	TeePublic
Bayer	ICU Medical	Mono Machines	Tesla
Bayer de México	Inogen	Mpowerd	Tatra Park
BD	InTouch Health	Mylan	Teva Mepha Schweiz
Biogen	Janssen Pharmaceuticals	Neora	Teva Pharmaceuticals
Boehringer Ingelheim Cares	Johnson & Johnson Patient Assistance Foundation	Novartis	Tibco
BYD Care	Johnson & Johnson Medical	Novo Nordisk	Tife Humanitarian
Casetify	Johnson & Johnson de Mexico	Novo Nordisk A/S	Tom's of Maine
Cisco Systems	Kaleo Pharm	Omron Healthcare	Trip.com
Clean the World	Kate Farms	Pelican Products	Unilever
Covidien	Kedrion Biopharma	Pfizer	Unite to Light
CVS Health	Kind Cup	Prestige	Westminster Pharmaceuticals
Days for Girls	Kirk Humanitarian	Brands	Zhejiang Bohaihu Biotechnology
ET Browne Drug Company	LifePlus Foundation	Pro2 Solutions	
Dynavax		Row Pharma	

### COMPANIES PROVIDING SERVICES, VISIBILITY, AND OTHER IN-KIND SUPPORT

Balcony Lab Inc.	FedEx	Microsoft Corporation	Safegraph Inc.
Cuebiq Inc.	Google	OKTA	SAP
Esri	LanguageLine Solutions	PricewaterhouseCoopers	TimeXtender
Facebook, Inc.	McKinsey & Company	Qlik Technologies Inc.	

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# STRATEGIC FOUNDATION PARTNERSHIPS

[ FY 2020 ]

Direct Relief was able to provide more help to more people than ever before this fiscal year due in part to coordinated efforts with these leading foundations that share commitments to improve health and lives across the U.S. and around the world. >>

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## STRATEGIC FOUNDATION PARTNERSHIPS

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All Within My Hands Foundation  
Amazon Smile Foundation  
The Annenberg Foundation  
The Arthur M. Blank Family Foundation  
Bill & Melinda Gates Foundation  
Bright Funds Foundation  
California Community Foundation  
The California Endowment  
California Fire Foundation  
Center For Arab American Philanthropy  
Charles Stewart Mott Foundation  
Chicago Community Foundation  
Clara Lionel Foundation  
ClimateWorks Foundation  
CohnReznick Foundation, Inc  
Conrad N. Hilton Foundation  
Crown Family Philanthropies  
The Entertainment Industry Foundation  
The Errett Fisher Foundation  
Ethel Kennedy Foundation  
Farvue Foundation, Inc.  
Fidelity Charitable Gift Fund  
Fistula Foundation  
The Florence and Laurence Spungen Family Foundation

The Fred Maytag Family Foundation  
Fredman Family Foundation  
The George Link, Jr. Foundation  
Gilhuly Family Foundation  
Goldman Sachs Philanthropy Fund  
The Green Foundation  
The Hearst Foundations  
The Henry J. Kaiser Family Foundation  
The Hexberg Family Foundation  
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Hutton Parker Foundation  
The Ilsababy Foundation  
ImpactAssets The Giving Fund  
Jadetree Foundation  
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Steinmetz Foundation  
The Tides Foundation  
Together Rising, Inc.  
W.M. Keck Foundation  
Walter J. and Holly O. Thomson Fund  
The Wasily Family Foundation  
We The Best Foundation  
The Wood-Claeyssens Foundation  
Wurwand Family Foundation

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# INVESTORS

[ FY 2020 ]

Our deepest thanks to Direct Relief's investors, whose generosity has enabled service to millions of people throughout the world. >>

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## LEGACY SOCIETY

The Legacy Society exclusively recognizes those caring individuals who have included Direct Relief in their estate plans. Their commitment and dedication are shining examples of generosity that will help Direct Relief continue its efforts to improve the health and lives of people affected by poverty or emergency situations by mobilizing and providing essential medical resources needed for their care.

Anonymous (32)	Mr. and Mrs. Robert A. Culp	Gerhart Hoffmeister	Harry and Jacquie McMahon	June H. Schuerch
Dotsy and Jack Adams	Roy R. and Laurie M. Cummins	Sibyl Wilma Holder	Ms. Estelle Meadoff	Mr. Kevin Segall
George M. Adams	Lawrence W. Dam	Terrence Joseph Hughes	Mr. and Ms. Michael J. Mendelson	Ms. Susan Sher
Peter and Rebecca Adams	Margaret E. Davis	Dorothy Humiston	Mr. and Mrs. Frank B. Miles	Mr. and Mrs. Philip M. Sheridan
Jane H. Alexander	Gwen Dawson	Wendell Ing	Ms. Marianne Minor	Harold and Carol ShROUT
Robert and Debra Allian	Peter M. Dearden	Mr. and Mrs. Donald Jackson	Patricia McNulty Mitchell	Benjamin Siegel, Jr.
Ms. Rose A. Ament	H. Guy Di Stefano	Virginia E. James	Charles J. and Esther R. Mlynek	Leon Sledge
Marilyn E. Amling	CD	Mrs. Christine Jent	Victoria E. Monroe	Connie Smith
George and Cynthia Anner	Bobbi and Paul Didier	Ellen and Peter Johnson	Keith Whiting Moore	Margaret H. Smith
Romuald and Barbara R. Anthony	Dr. Wilton A. Doane	Pat and Dick Johnson	Velma Morrell	Marion B. Smith
Rhea Applewhite	Mr. Philip M. Dorrington	Ms. Beverly A. Jones	Helga Morris	Thelma R. Smith
Dr. and Mrs. Gilbert L. Ashor	Grant C. Ehrlich	Judith Jones	Regis J. Morris	DJ Smith-Brooks
Ms. Judith Babcock	Paul and Madelaine Einbinder	Kristine Karlin	J. Vincent Moskaitis	Mr. Scott Smoot
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Laurie Converse	Betty and Stan Hatch	Alix Reed Mattingly	Kathleen Schepanovich	
The Crosby Fund	Robert and Shauna Hirsch	Kathleen and Bruce McBroom	Harvey Schildkraut	
Marjorie B. Cullman	Dorothy S. Hitchcock	Jacqueline and Jay McMahan	Nancy and Bill Schlosser	



# FY 2020 INVESTORS

Contributors to Direct Relief from July 1, 2019, to June 30, 2020

## \$10,000,000 +

Anonymous  
3M

## \$5,000,000 +

Abbott Fund  
AbbVie

## \$2,250,000 +

Aflac  
The Clorox Company Foundation  
Virgil Elings  
Micky and Madeleine Arison Family  
Foundation  
Pfizer Foundation  
Unilever-Vaseline  
Verizon

## \$1,000,000 +

Activision Blizzard  
Amgen Foundation  
Bayer Healthcare  
BD  
CBRE  
The Crown Family  
Diageo  
Eli Lilly & Company  
Houlihan Lokey  
HP Foundation  
Humble Bundle  
The Match  
The P&G Fund of The Greater  
Cincinnati Foundation  
The Setzman Family Fund  
Start Small LLC  
Takeda Pharmaceuticals North  
America, Inc.  
The Tides Foundation  
United Health Foundation  
Vertex Foundation  
Vicks

## \$750,000 +

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The Coca-Cola Foundation  
The Entertainment Industry  
Foundation  
GUESS Foundation

## \$500,000 +

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Aegon Transamerica Foundation  
Allergan, Inc.  
AmerisourceBergen Foundation  
Bethesda Softworks  
Biogen Idec Foundation  
The Bristol-Myers Squibb Company  
Carnival Cruise Line  
Cisco Systems, Inc.  
Edison International Foundation  
FedEx Corporation  
Genentech, Inc.  
General Atlantic Service Corp.  
Medtronic Philanthropy through  
Medtronic Foundation  
NBA Cares  
PriceWaterhouseCoopers LLP  
Mike Schroepfer and Erin Hoffman  
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Visa Foundation  
The Wood-Claeyssens Foundation

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Allegis Group Foundation  
American Red Cross Puerto Rico  
AstraZeneca  
Avanos Medical  
Barclays  
Baxter International Foundation  
BD Foundation  
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The Arthur M. Blank Family  
Foundation  
Ms. Nina B. Bogosian Quigley and Mr.  
Matthew W. Quigley  
Otis and Bettina Chandler Foundation  
Ms. Laurie Converse  
Danaher Corporation  
Discovery Land Company Foundation  
Dow Company Foundation  
Dow Jones Foundation  
Mr. and Mrs. Paul Einbinder  
Eli Lilly & Company Foundation  
Farvue Foundation, Inc.  
GlaxoSmithKline Foundation  
Global Impact  
Harmell Cellars

The Hearst Foundations  
Jeremy Lin Foundation  
KPMG Foundation  
Jeremy Lin  
Merck & Co., Inc.  
Pfizer, Inc.  
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Ross Stores Foundation  
S&P Global Foundation  
The Starbucks Foundation  
TE Connectivity  
Tiffany and Co.  
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## \$100,000 +

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All Within My Hands Foundation  
Apax Foundation  
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Bitsy Becton Bacon  
The Bank of New York Mellon  
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BMO Charitable Fund Program  
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Cohreznick Foundation, Inc.  
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Diabetes NSW  
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Donaldson Foundation  
The Errett Fisher Foundation  
The Estee Lauder Companies Inc.  
Facebook, Inc.  
Fortive Foundation  
Mr. and Mrs. Gregg L. Foster  
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Ned Gilhuly / Gilhuly Family  
Foundation  
Google  
The Green Foundation  
Mr. Bryce Harper  
Betty and Stan Hatch  
HDR Foundation  
Henry Crown and Company  
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The Ilsababy Foundation  
Jackbox Games, Inc.  
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LanguageLine Solutions  
Legacy Global Charities  
LGR Foundation  
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Madaus Family Fund  
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MiTek  
Monster Energy Cares  
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Parker-Hannifin Foundation  
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Workday Foundation  
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## \$50,000 +

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Anthem Foundation  
Arch Capital Group  
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Ms. Denise S. Chedester  
The Chispa Foundation  
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Roy R. and Laurie M. Cummins  
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Foundation  
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Linda P. Dotson Charitable Fund  
The Edwards Lifesciences Fund

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- WELS  
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**\$10,000 +**

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 Li Zhuang  
 Zilbershatz Family Charitable Fund  
 Zisson Foundation, Inc.  
 Mr. and Mrs. William M. Zoffer

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Gary Brusse  
 Carolyn Chandler  
 Vevon Chen  
 Days for Girls Goleta Team, led by  
 Patti Weber, Marty Frolli, and  
 Julie Aguiniga  
 Direct Relief Women  
 Beth Green  
 Cindy Hou  
 Wendy Huang  
 Sharon Hughes  
 Trung Mai  
 Microsoft Corporation  
 Geoff Slaff  
 Christian Smith  
 Ellen Zeng



## IN MEMORIAM

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For their extraordinary generosity, personal kindness, passionate guidance, and bountiful energy, and for their dedication to the health and welfare of people everywhere. They will be greatly missed.

George M. Adams

Marilyn E. Amling

Elizabeth Atkins

Ursula Banning

Merle E. Betz

Helen J. Brown

Dolores J. Cathcart

Philip M. Dorrington

Terry Fiske

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William Van Hart Laggren

Dorothy D. Winkey

# GUIDING PRINCIPLES

## SERVE PEOPLE

---

Improve the health of people living in high-need areas by strengthening fragile health systems and increasing access to quality health care.

## LIFT FROM THE BOTTOM, PULL FROM THE TOP

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Focus on serving the most medically underserved communities in the U.S. and abroad, working with the world's leading companies, greatest thinkers, and best institutions.

## BUILD UPON WHAT EXISTS

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Identify, qualify, and support existing healthcare providers over the long-term and serve as a catalyst for other resources.

## REMOVE BARRIERS

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Create transparent, reliable, and cost-effective channels to enable medically underserved communities access to essential medical resources (particularly medicines, supplies, and equipment).

## PLAY TO STRENGTHS, PARTNER FOR OTHER NEEDS

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Engage in activities that address a compelling need and align with our core competencies and areas of excellence. Ally with an expanded network of strategic partners who are working on related causes and complementary interventions to leverage resources.

## ENSURE VALUE FOR MONEY

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Generate efficiencies, leverage resources, and maximize health improvement for people with every dollar spent. Maintain modest fundraising and administrative expenses.

## BE A GOOD PARTNER & ADVOCATE

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Give credit where due, listen carefully, and respect those served and those contributing resources.

## RESPOND FAST WHILE LOOKING AHEAD

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Support the immediate needs of survivors by working with local partners best situated to assess, respond, and prepare for the long-term recovery.

## DO NOT DISCRIMINATE

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Deliver aid without regard to race, ethnicity, political or religious affiliation, gender, sexual orientation, or ability to pay.

## AIM HIGH

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Combine the best of business, technology, and public policy approaches for the benefit of people in need.

