

DELIVERING A WORLD OF GOOD



Direct Relief
Deliver a world of good.

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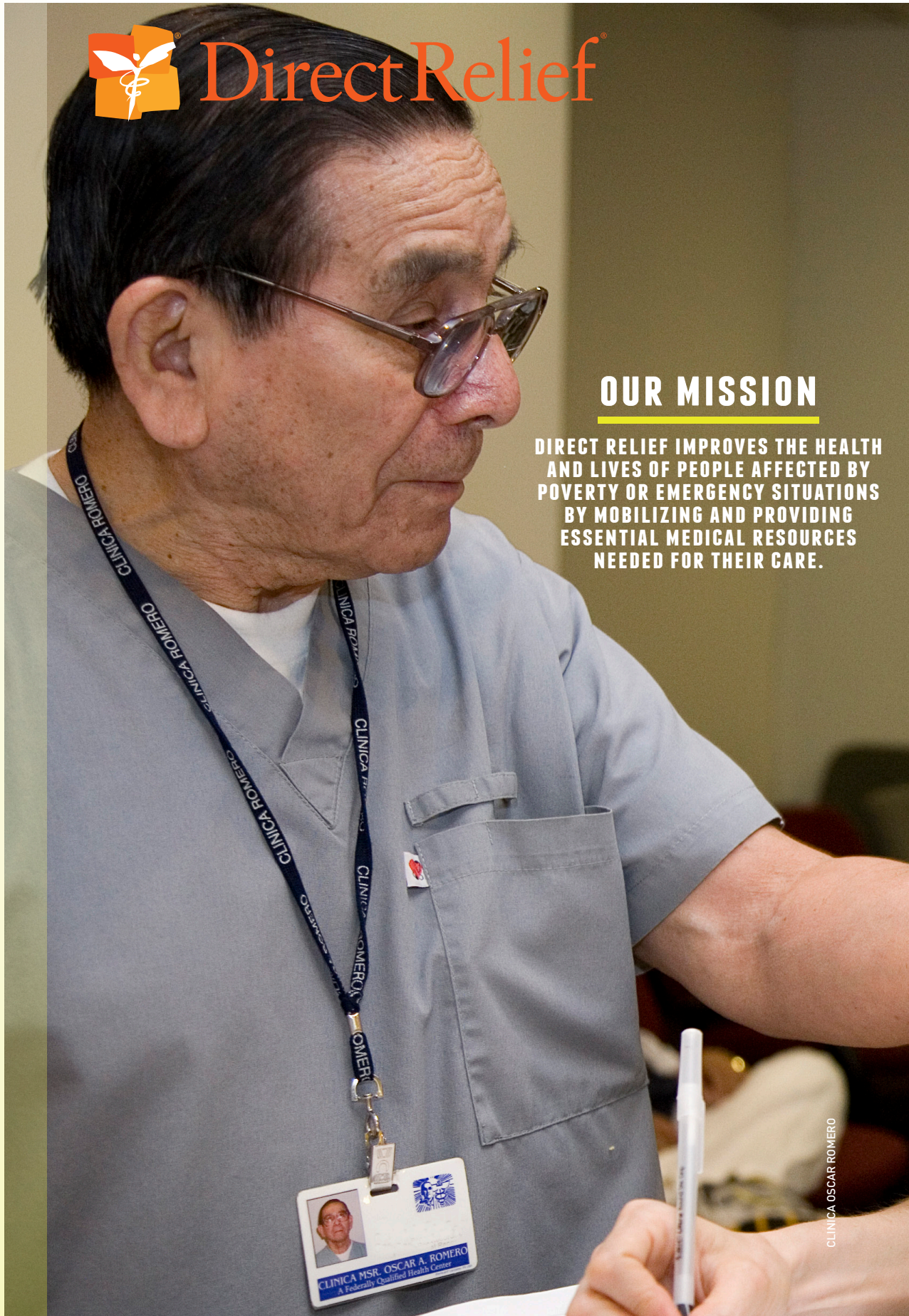
DIRECTRELIEF.ORG



Direct Relief

OUR MISSION

**DIRECT RELIEF IMPROVES THE HEALTH
AND LIVES OF PEOPLE AFFECTED BY
POVERTY OR EMERGENCY SITUATIONS
BY MOBILIZING AND PROVIDING
ESSENTIAL MEDICAL RESOURCES
NEEDED FOR THEIR CARE.**



CLINICA OSCAR ROMERO

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IN MEMORIAM

Director **William ‘Scott’ Hedrick**, whose life of extraordinary accomplishment included sharing with Direct Relief an uncommon generosity, indispensable guidance, inspiring sense of the possible, and infectious personal kindness—all of which served to better the organization, help those that it serves, and the interests of all those who participate in the organization’s mission.



MESSAGE FROM
**THE CHAIR AND
PRESIDENT & CEO**

WILLIAM VAZQUEZ



We are pleased to share this report about Direct Relief's activities during Fiscal Year 2013—July 1, 2012, through June 30, 2013. We also are pleased to report that Direct Relief was able to expand its efforts despite the challenging economic circumstances and **provide more help to more people than at any time since the organization's founding in 1948.**

Direct Relief's basic humanitarian mission has not changed since its founding. Far too many people lack access to basic necessities of life, including access to basic health services. Large-scale natural disasters, which have increased in frequency and in severity in recent years, also deliver cruel blows to the health and well-being of people and communities, particularly those who are among the least fortunate and face severe challenges as a matter of course.

Direct Relief continues to work intensely to help people in such situations so they too can live healthy, productive lives, realize their inherent potential, and experience the joys of life.

As a **privately funded charitable organization**, Direct Relief's efforts are enabled by the participation of thousands of individuals, companies, civic groups, and organizations whose involvement is essential in ways big and small. Your involvement, compassion, and generosity remain a recurring source of energy and inspiration in the most challenging of times, and we extend our deepest thanks to each of you for your continued engagement in Direct Relief's work.

Direct Relief's tradition of adapting new technologies and modern business practices for humanitarian purposes continued over the course of the past year.

In the United States, the Direct Relief USA program's networked approach and strong information backbone allowed over \$60 million in support measured by the wholesale value of medications, vaccines, and supplies provided without charge to assist low-income, uninsured patients at nonprofit health centers and clinics nationwide. As the **only nonprofit organization accredited by the National Association of Boards of Pharmacy and licensed to distribute prescription medications in all 50 states**, Direct Relief plays a unique and critical role in this area, and it was rewarding to again have delivered **over 5,000 shipments** to community-based nonprofit health centers and clinics and enable millions of people to obtain much-needed help that otherwise would be unavailable. This national reach was critical in responding fast and in a targeted manner in the aftermath of **Hurricane Sandy**, the deadly tornadoes that hit **Moore, Oklahoma**, and other events that did not make headlines but similarly threatened lives.

Internationally, Direct Relief's management of global public health and emergency-response programs also reached new milestones, providing more than **216 million defined daily doses** of therapy (the World Health Organization-developed standard to measure availability and utilization of medications) and continuing to manage both large global distribution programs, such as that which provides millions of **HIV rapid-test kits**, as well as ongoing support for partner

organizations across the globe that provide needed essential care to those who cannot afford it. Among the initiatives to strengthen maternal and child health, Direct Relief worked with global leaders in midwifery to **develop and distribute Midwife Kits**, which are being provided to trained midwives serving in high-need areas where their work has been identified as the key factor in reducing maternal and child mortality.

The powerful information backbone that Direct Relief has built over the past several years to expand assistance continues to enable a new level of transparency, analysis, insight, and precision to the organization's efforts in the United States and abroad. A new **Global Aid Map** provides a new level of precise detail regarding all Direct Relief assistance is provided. The **"Voices of the Safety Net"** report offers the differing perspectives from leaders of America's nonprofit community health centers and clinics as the Affordable Care Act was rolled out, and the **Global Fistula Map**, on which Direct Relief worked with UNFPA and The Fistula Foundation, has become a principal source of global health information and is enabling increased insight, coordination, and efficiency in addressing gaps that exist in care for this deeply ostracizing birth injury.

For these and other activities, Esri awarded Direct Relief its prestigious **President's Award** for the innovative use of GIS tools for humanitarian public health and emergency-response purposes, as well as for transparency in the use of charitable resources. Direct Relief again earned the highest "four star" rating from Charity Navigator and highest marks from other independent rating organizations.

Moving forward, we are pleased that Direct Relief remains a vibrant, vital organization, with expanded capacity to help people overcome the severe health challenges that they confront, whether in the United States, in developing countries, or because of emergency situations that threaten them.

Please accept our deepest thanks again for your involvement in this important work.



A handwritten signature in cursive script that reads "Thomas J. Cusack".

THOMAS J. CUSACK
Chair



A handwritten signature in cursive script that reads "Thomas Tighe".

THOMAS TIGHE
President & CEO

Direct Relief delivers emergency medical aid to the William F. Ryan – NENA Community Health Center in Manhattan, New York.



WILLIAM VAZQUEZ



DELIVERING A WORLD OF GOOD

Since 1948, Direct Relief has improved the health and lives of people affected by poverty or emergency situations by mobilizing and providing essential medical resources needed for their care—both within the United States and throughout the world.



DELIVERING
A WORLD OF
GOOD...

BY FOCUSING ON MOTHERS + KIDS

While Direct Relief's humanitarian efforts work to improve the quality of and access to health care for all people who need help in the U.S. and throughout the world, Direct Relief places particular emphasis on strengthening health services for women and children in poor areas where they face serious risks from preventable conditions and often lack care for treatable illness or injuries.

It is staggering that a woman dies every two minutes from complications during preg-

nancy or childbirth—more than 287,000 women each year worldwide. That's why Direct Relief's work protects women through the critical periods of pregnancy and childbirth.

This support includes ensuring more trained midwives are properly equipped, expanding emergency obstetric care in high-need areas, and supporting life-restoring surgeries for women who suffer the debilitating effects of obstetric fistula—a birth-related injury that affects deeply impoverished women almost exclusively.

3 WAYS
*Direct Relief helps
moms thrive:*

①
**EQUIPPING
MIDWIVES**

②
**EXPANDING
EMERGENCY
OBSTETRIC CARE**

③
**INCREASING
LIFE-RESTORING
SURGERIES FOR
WOMEN WITH FISTULA**

<<< Direct Relief ensures that midwives are equipped with the right tools to provide life-saving antenatal, delivery, and post-partum care. All graduates from the School of Midwifery Makeni in Sierra Leone are equipped with a Direct Relief Midwife Kit that contains essential equipment and supplies that can be used at the community health center where they are posted following their training.

MOTHER TURNED MIDWIFE

ANSWERING THE CALL TO PROTECT PREGNANT WOMEN IN SIERRA LEONE

Carrying a large banner declaring “The World Needs Midwives Now More Than Ever,” the processional of midwifery graduates and students filed into the School of Midwifery Makeni graduation ceremony, singing, “No, no, no pregnant woman should die when she is giving birth...we are going to stop that in Sierra Leone.”

Marie T. Sheriff, the President of the Student Union Association of the School of Midwifery Makeni, graduated at the top of the class of 66 midwives—the second class to be graduated by the school since April of 2012.

“You don’t send a farmer to the field without a hoe. And you can’t send a midwife to the community without the tools she needs.”

“As a woman and a mother I am happy for my sisters out there because I know more hands have been added to help them go through pregnancy and have a safe delivery,” said Marie. “[Midwifery] is a passion to me.”

WHY MIDWIVES?

The best way to keep mothers and babies safe is to make sure every birth is accompanied by a trained and equipped professional. In the developing world, where 98 percent of pregnancy- and birth-related maternal deaths occur,

midwives are the first line of assistance, providing high-quality care during routine deliveries, managing basic complications, and recognizing when to refer a mother to emergency obstetric care.

But they can only do their work if they

have the right tools. Direct Relief equips midwives with the tools they need.

With every \$25 contributed, Direct Relief can ensure one safe birth by providing a midwife with the tools needed to protect a mother and bring a baby safely into the world.



Marie T. Sheriff, center, in cap and gown, graduates from the Direct Relief-supported School of Midwifery Makeni, Sierra Leone, in April 2013.

Sierra Leone desperately needs midwives. The West African country has some of the highest maternal and infant mortality rates in the world, the most recent data (2010) indicating 616 maternal deaths per 100,000 live births. The majority of these deaths are preventable, and having a trained and equipped midwife present during delivery is one of the most critical interventions to save lives.

This fact was not lost on the graduates and dignitaries at the ceremony—the midwives committed themselves to doing whatever was in their power to always provide quality and compassionate care, and to bringing Sierra Leone up from its undesirable position at the bottom of the index for maternal and infant mortality.


Direct Relief ensures that midwives are equipped with the right tools to provide life-saving antenatal, delivery, and post-partum care. All graduates from the School of Midwifery Makeni are equipped with a Direct Relief Midwife Kit that contains essential equipment and supplies that can be used at the community health center where they are posted following their training.

“You don’t send a farmer to the field without a hoe. And you can’t send a midwife to the community without the tools she needs,” said Marie. “To be a midwife, given the skills and knowledge, and now the tools are given to me—the Midwife Kit. It’s a great thing for me.”

DELIVERING
A WORLD OF
GOOD...

RESTORING DIGNITY

FIGHTING FISTULA IN 2013



An estimated two million women worldwide suffer from obstetric fistula—a hole in the birth canal caused by prolonged and obstructed labor. If untreated, a woman with obstetric fistula will experience incontinence and many women with fistula suffer humiliation, isolation, and stigma as a result of the smell and constant leakage. Each year, an estimated 50,000 new cases develop, far surpassing the global capacity for treatment.

Jane (foreground) recovers after receiving fistula repair at JOOTRH (Jaramogi Oginga Odinga Teaching and Referral Hospital) in Kisumu, Kenya.



HOPE AMID AN UPHILL BATTLE Efforts to improve coverage of skilled providers at birth and increase access to emergency obstetric care are helping prevent new cases of fistula. Direct Relief is helping to broaden the availability of fistula treatment with targeted medical material support.

A woman is screened for fistula by Nurse Margaret at JOOTRH in Kisumu, Kenya.



3,000 LIVES IN 15 COUNTRIES Direct Relief's health provider partners in 15 countries in sub-Saharan Africa and Asia transformed the lives of 3,000 women through fistula repair in 2013. Direct Relief provides these healthcare providers—often working in remote areas on the frontline of the fight against fistula—with the tools they need to do their jobs.

Dr. Hillary Mabeya performs fistula surgery at Gynocare Fistula Center in Eldoret, Kenya.



ENABLING HEALTH PROVIDERS Direct Relief works closely with leading healthcare companies to provide surgical and medical supplies to health providers performing fistula surgery and post-operative care. In 2013, Direct Relief more than doubled the number of hospitals performing these surgeries in their network to 22 health facilities in 15 countries.

Nurse Jeriah is the senior nursing officer at JOOTRH, charged with caring for women during their healing post-operation. “We teach them how to take care of themselves,” Jeriah says.

A FRESH START WITH NEW SKILLS

Reintegration programs focus on education and collaboration within the community of fistula survivors.

Never having gone to school, Tshara learns to read and write as part of the Danja Fistula Center’s rehabilitation program in Mardí, Niger.



RETURNING HOME, COMING TOGETHER

As part of their reintegration, many fistula survivors band together in economic cooperatives—further strengthening their return to active, happy lives.

Margaret—in her chicken coop in Mumias, Kenya—is part of a fistula-survivor support group which raises chickens as a way to get its members back on their feet. Margaret is widowed, and the money she earns through raising poultry allows her to pay school fees for her children.



BROADENING ACCESS In 2013, Direct Relief leveraged technology and built partnerships to expand access and deliver needed surgical supplies to rural communities throughout 15 countries in Africa and Asia.

Bridget (foreground) at home in Mangochi District, Malawi, after receiving fistula repair surgery at Queen Elizabeth Central Hospital, Blantyre, Malawi.



KNOWING THEY’RE NOT ALONE

Many fistula survivors help find other women with fistula, to let them know they’re not alone, that treatment is available, and their lives and happiness can be restored.

Just outside Mumias, Kenya, Habiba Mohammed (right) works to identify, refer, and support women like Selfa (left), who suffered from fistula for eight years. Selfa is now a happy new mother, earning income to support herself and her family through poultry, fish, and banana farming. Selfa also became an advocate, helping to refer another woman in her village who had suffered two decades with fistula, to restorative care.

EMPOWERING REINTEGRATION

Many Direct Relief-supported fistula-treatment centers provide reintegration programs, empowering women recovering from fistula repair surgery to return home to their communities with confidence and hope.

At Danja Fistula Center, Niger, young girls and women participate in a three-month reintegration program.



**DELIVERING
A WORLD OF
GOOD...**

**BY STRENGTHENING
THE SAFETY NET
FOR
20 MILLION
PEOPLE IN THE U.S.**



**PRECISE
MAPPING**

of every donation sent
to every clinic partner
in the U.S.

DirectRelief.org/USA

Direct Relief is the only nonprofit working with more than **1,000 clinics** in all 50 states,

providing free medications and supplies for clinics' growing number of low-income and uninsured patients.

As the first and only nonprofit accredited by the National Association of Boards of Pharmacy and licensed to distribute prescription medications in all 50 states, Direct Relief has provided \$350 million in medicines and supplies to U.S. clinics since 2004.



Clínica Monseñor Oscar A. Romero,
Los Angeles, California

DELIVERING
A WORLD OF
GOOD...

BY BEING READY +
RESPONDING FAST

WHEN

DISASTER STRIKES

The world is experiencing more destructive and more frequent emergencies. In the last couple of years, earthquakes, tsunamis, tornadoes, floods, hurricanes, volcanoes, fires, and oil spills have taken hundreds of thousands of lives, displaced millions of people, and caused unprecedented damage to infrastructure and the environment.

Whenever disaster strikes, concerned people and companies entrust Direct Relief with money and resources to help people in crisis. **Direct Relief ensures a donor's intent is honored by using 100 percent of the donor's contribution for the response effort that inspired the donation.**

Direct Relief can only do in emergencies what it does every day. The support of Direct Relief's everyday work to strengthen healthcare for people in 70 countries and the U.S. enables Direct Relief to be precise, efficient, and accurate when disaster strikes. >>>



HURRICANE SANDY RELIEF

72 shipments for emergency medical supplies to **32** partner facilities in NY, NJ, PA

\$2.1 MILLION (wholesale) worth of antibiotics, nutritionals, personal care products, vaccines, and chronic care medications

25 emergency medical packs – to equip the Point Breeze Fire Department + \$10,000 donation to rebuild their fire house

1,500 personal care packs delivered

More than **\$1.8** million in grants to help long-term recovery efforts given to 28 community service organizations, including nonprofit health centers and clinics, a local fire department, and a community counseling center



WILLIAM VAZQUEZ

U.S. MIDWEST TORNADO RELIEF

47 emergency response shipments, to **11** partner facilities containing donated medicines and medical supplies valued at over **\$1.1** million

Multiple shipments of medical and personal care products to stock the Southeast Missouri Health Network mobile medical unit

“The support and assistance [Direct Relief] provides gives us the ability to help others,” said Kimberly Crawford of Southeast Missouri Health Network

Teamed up with **Palantir Technologies** and veteran volunteer organization **Team Rubicon** to use technology to coordinate and better inform the emergency response effort. Direct Relief and Team Rubicon used Palantir mobile devices to perform door-to-door assessments and determine if residents had an immediate need for healthcare services or needed structural repairs to make their homes habitable again.



ANDREW FLETCHER

FY2013 RELIEF IN BRIEF

EXPANDING ACCESS + QUALITY HEALTH CARE

FOR MILLIONS OF PEOPLE AROUND THE WORLD

FISCAL YEAR 2013

USA

- \$ > 60,157,589
- R & X > 7,135,602 DDD*
- ⚖ > 753,428 lbs.
- 📦 > 59,001 cu. ft.

CARIBBEAN

- \$ > 42,958,427
- R & X > 66,438,989 DDD*
- ⚖ > 842,853 lbs.
- 📦 > 66,563 cu. ft.

LATIN AMERICA

- \$ > 48,011,891
- R & X > 99,289,908 DDD*
- ⚖ > 669,275 lbs.
- 📦 > 64,961 cu. ft.

**FY13
ASSISTANCE
TOTALS**

\$341.9 million in medical aid amounting to
223 million defined daily doses*:
5,552 deliveries weighing 1,550 tons and
taking up 267,342 cubic feet in volume

KEY

- \$ > TOTAL WHOLESALE VALUE
- Rx > DEFINED DAILY DOSE >>>>>>>>
- ⚖ > TOTAL WEIGHT (IN POUNDS)
- 📦 > TOTAL VOLUME (IN CUBIC FEET)

* **THE DEFINED DAILY DOSE (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. The DDD value — essentially a daily treatment measure — indicates “the assumed average maintenance dose per day for a drug used for its main indication in adults.” It is intended as an international average, for the sake of standardization and comparison between national contexts, not as a guide to actual prescriptions. For more information: www.whocc.no/ddd.

EUROPE & MIDDLE EAST

- \$ > 9,641,902
- Rx > 6,401,169 DDD*
- ⚖ > 135,353 lbs.
- 📦 > 13,748 cu. ft.

EAST & SOUTHEAST ASIA

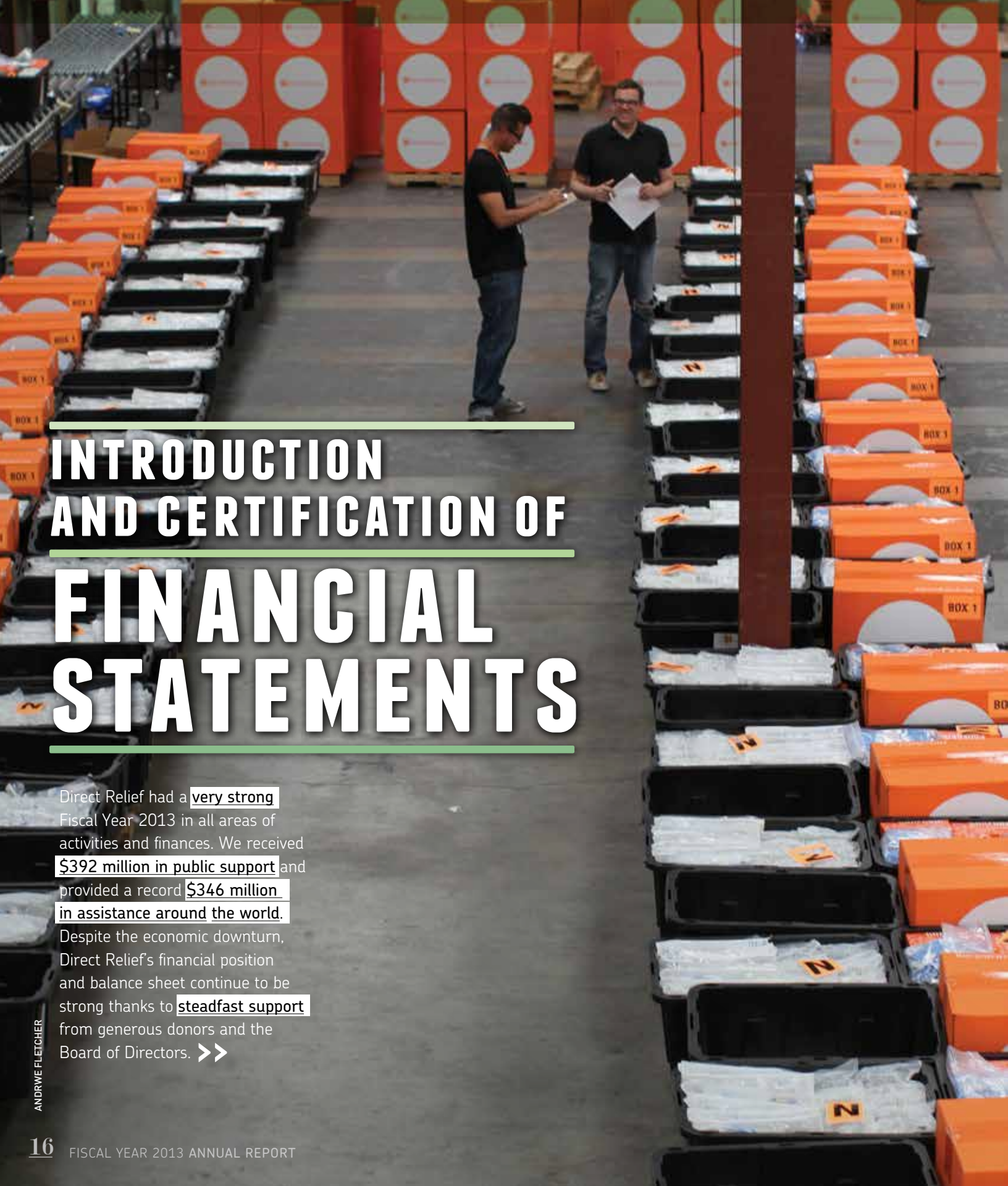
- \$ > 29,741,814
- Rx > 16,254,823 DDD*
- ⚖ > 153,464 lbs.
- 📦 > 14,098 cu. ft.

AFRICA

- \$ > 127,930,334
- Rx > 10,886,039 DDD*
- ⚖ > 207,103 lbs.
- 📦 > 18,200 cu. ft.

SOUTH ASIA

- \$ > 23,414,375
- Rx > 16,928,051 DDD*
- ⚖ > 338,820 lbs.
- 📦 > 30,772 cu. ft.



INTRODUCTION AND CERTIFICATION OF FINANCIAL STATEMENTS

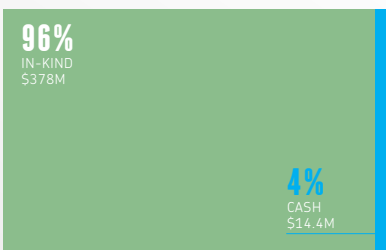
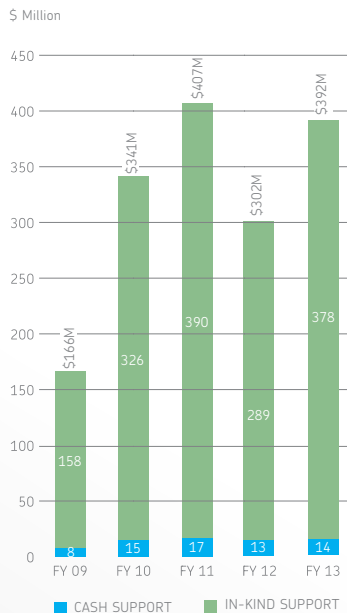
Direct Relief had a **very strong** Fiscal Year 2013 in all areas of activities and finances. We received **\$392 million in public support** and provided a record **\$346 million in assistance around the world.** Despite the economic downturn, Direct Relief's financial position and balance sheet continue to be strong thanks to **steadfast support** from generous donors and the Board of Directors. >>

CASH AND IN-KIND CONTRIBUTIONS

To fulfill its mission and program objectives, 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 more than 120 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. Direct Relief also solicits and receives cash contributions, which are used to cover internal costs and for goods and services to advance the organization's mission that cannot be obtained through in-kind donations.

The strategic pursuit of in-kind resources enables Direct Relief to provide far more humanitarian assistance than would be possible in a model that relied entirely upon raising cash and then converting the cash into goods and services. It makes little economic sense to incur the expense involved in raising funds to then purchase something that a business may be willing and able to provide directly and more efficiently as its charitable contribution.

Direct Relief's financial statements must account for both cash and



FY 2013 CONTRIBUTED SUPPORT: \$392M

in-kind contributions that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2013, 95.4 percent of our total public support of \$392 million was received in the form of in-kind medical products and certain other donated services (such as transportation services from FedEx, online advertising from Google, donated volunteer services from the GSK PULSE Volunteer Partner Program in which senior professionals volunteer to be seconded to work at Direct Relief at no cost to Direct Relief). The previous pages explain where and why the in-kind medical products were provided by the organization.

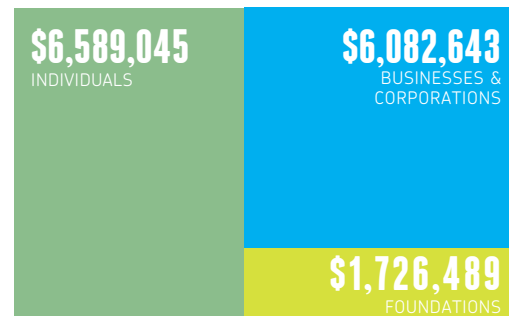
We recognize that merging cash and in-

kind contributions in accordance with Generally Accepted Accounting Principles (GAAP) can be confusing to non-accountants. The notes following the financial statements are to assist you in understanding how our program model is financed and works, to explain the state of our organization's financial health, and to inform you about how we spent the money generously donated to Direct Relief in 2013 by individuals, businesses, organizations, and foundations.

Direct Relief's activities are planned and 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 staff salaries, purchasing of essential medical products, acquisition of donated medical products, and all other program expenses.

When taking an annual snapshot at the end of a fiscal year, several factors can distort a realistic picture of our (or any nonprofit organization's) financial health and activities. Since the purpose of this report is to inform you, we think it is important to call your attention to some of these factors.

FY 2013 SOURCES OF CASH SUPPORT & REVENUES: \$14.4M



TIMING OF REVENUE RECOGNITION AND EXPENSES

First 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 our partners.

For example, in the fiscal year ended June 30, 2011, Direct Relief received a large infusion of product donations. When that fiscal year ended, the product inventories that had not been "spent" (shipped to

our partners) were reported as an increase in net assets or a “surplus.” This increase in net assets was carried forward and “spent” during the course of Fiscal Year 2012. This resulted in a decrease in net assets (or net operating “loss”) in Fiscal Year 2012 and was primarily driven by a decrease in inventory as Direct Relief shipped more in humanitarian aid than it received in product donations for this fiscal year.

For the fiscal year ended June 30, 2013, we reported a small surplus and had a relatively small difference in the value of donated product received and the value of product distributed.

MANAGEMENT AND GENERAL EXPENSES

Direct Relief has adopted a strict policy to ensure that 100 percent of all designated contributions (e.g. donations for the “Hurricane Sandy response”) are used only on expenses related to that programmatic purpose. This is the same policy followed in all of our disaster responses in the last few years, including the Indian Ocean tsunami, Hurricanes Katrina and Rita, and earthquakes in Japan, Haiti, Pakistan, Peru, China and Chile.

This policy is necessary to honor precisely the clear intent of generous donors who responded to these exceptional 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 is the only nonprofit organization in the United States, accredited by the National Association of Boards of Pharmacy as a Verified-Accredited Wholesale Distributor (VAWD) and licensed to distribute prescription medicines in all 50 U.S. states and is among the largest-volume providers of medical charitable donations 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 the world’s most vulnerable regions; 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. Specifically, Direct Relief uses the following methodology in determining the fair market value of in-kind medical donations:

For U.S. Food and Drug Administration (FDA)-approved pharmaceuticals, branded and generic, the valuation basis is the “Wholesale Acquisi-

tion Cost” (WAC) as published in the Thomson Reuters RedBook®, an industry-recognized drug and pricing reference guide for pharmaceuticals in the United States.

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 RedBook®, is approximately twenty-five percent higher than WAC for a particular product according to the RedBook®. 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.

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 price negotiated by an organization (such as the Clinton Foundation) 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 typically are substantially lower than published retail prices.

Different prices of 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 regard to 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 pharmaceutical products, 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, the commodity of water may be the easiest example, since the price that is paid for the same compound, H₂O, ranges from free in a public tap to several dollars for a “branded” equivalent bottled quantity in a hotel room. But 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. If a more expensive branded product is received through donation, its value is similarly properly recorded 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. So too do financial contributors, 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 that we get it right.

The methodology used by nonprofit rating agencies has created, unfortunately, strong incentive to use higher valuation sources, such as retail prices, or use branded product values for generic donations. Such practices are improper in our view and we believe Direct Relief's approach provides the correct, most accurate, easy-to-understand basis and is best to instill public confidence in our 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, returns on portfolio assets, and operating cash surpluses (measured annually) in excess of current operational needs. There was no operating cash surplus for the year ended June 30, 2013.

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 Board's Finance Committee, which meets monthly and oversees investment policy and financial operations.

The Board has adopted investment and spending policies for the BRIF assets that attempt to provide a predictable stream of fund-



ing to Direct Relief while seeking to maintain the purchasing power of these assets. Under this policy, as approved by the Board of Directors, 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 five percent annually. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Foundation 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. For the fiscal year ended June 30, 2013, the Foundation Trustees approved a distribution of funds to pay for 100% of fundraising, and approximately 30% of administration expenses (management and general expenses on the IRS Form 990). Upon a majority vote by the Board, the BRIF may also be utilized to meet other general operational costs, extraordinary capital expenses and advance emergency relief funding as determined by the President and CEO.

THOMAS TIGHE,
President & CEO

BHUPI SINGH
Executive VP, COO, & CFO

COMBINED STATEMENT OF ACTIVITIES

DIRECT RELIEF AND DIRECT RELIEF FOUNDATION

For the fiscal years ending June 30, 2013 and June 30, 2012

FY 2013

FY 2012

\$ IN THOUSANDS

PUBLIC SUPPORT & REVENUE

PUBLIC SUPPORT

Contributions of goods and services	\$ 378,018	95.4%	\$ 288,601	95.7%
Contributions of cash and securities—other	13,946	3.5%	13,035	4.3%
TOTAL PUBLIC SUPPORT	391,964	99%	301,636	100.0%

REVENUE

Earnings from investments and other income	4,153	1.0%	(72)	0.0%
TOTAL PUBLIC SUPPORT AND REVENUE	396,117	100.0%	301,564	100.0%

EXPENSES

PROGRAM SERVICES

Value of medical donations shipped	341,856		275,273	
Inventory adjustments (expired pharmaceuticals, etc.)	30,571		26,200	
USA programs	5,709		2,691	
International programs	10,777		11,298	
TOTAL PROGRAM SERVICES	388,913	98.2%	315,462	104.6%

SUPPORTING SERVICES

Fundraising	1,529		1,672	
Management and General Expenses	2,297		2,891	
TOTAL SUPPORTING SERVICES	3,826	1.0%	4,563	1.5%

TOTAL EXPENSES

	392,739	99.1%	320,025	106.1%
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INCREASE (DECREASE) IN NET ASSETS

	\$ 3,378	0.9%	\$ (18,461)	-6.1%
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STATEMENT OF CASH FLOWS

DIRECT RELIEF AND DIRECT RELIEF FOUNDATION

For the fiscal years ending June 30, 2013 and June 30, 2012

JUNE 2013

JUNE 2012

\$ IN THOUSANDS

CASH FLOWS FROM OPERATING ACTIVITIES

Cash collected from public support	\$ 13,824	\$ 13,768
Cash paid for goods and services	(16,440)	(17,888)
Interest paid	(59)	(88)
Dividend and interest income	559	256
Other income (expense)	-	(1)
NET CASH PROVIDED BY OPERATING ACTIVITIES	(2,116)	(3,952)

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of investments	(20,076)	(28,076)
Proceeds from sale of investments	18,292	33,990
Purchase of capital assets	(151)	(161)
Unitrust distributions	13	(2)
NET CASH USED BY INVESTING ACTIVITIES	(6,922)	5,752

CASH FLOWS FROM FINANCING ACTIVITIES

Payments on long term debt	(23)	-
Net change in capital lease obligation	(1)	(5)
NET CASH USED FOR FINANCING ACTIVITIES	(24)	(5)

NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

	(9,063)	1,793
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	10,484	8,690
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 1,422	\$ 10,484

RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

Change in net assets	\$ 3,378	\$ (18,461)
ADJUSTMENTS TO RECONCILE CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
Depreciation	\$ 916	\$ 732
Change in inventory	(1,996)	13,306
Change in receivables	(557)	319
Change in prepaid expenses and other assets	464	(541)
Change in accounts payable and accrued expenses	309	(32)
Change in non-qualified deferred compensation accrual	44	-
Donated services pledged for next fiscal year	(225)	-
Donated software capitalized	(1,273)	-
Loss on exchange rate	(18)	(19)
Loss on disposal of fixed assets and other assets	-	2
Realized (gain)/loss on sale of investments	916	(653)
Unrealized (gain)/loss on investments	(4,119)	1,395
NET INCREASE IN CASH	\$ (2,116)	\$ (3,952)

STATEMENT OF FINANCIAL POSITION

For the fiscal years ending June 30, 2013 and June 30, 2012

Direct Relief

Direct Relief
Foundation

FY 2013

FY 2012

\$ IN THOUSANDS

ASSETS**CURRENT ASSETS**

Cash and cash equivalents	\$ 1,409	\$ 13	\$ 1,422	\$ 10,484
Investments	4	30,707	30,711	20,749
Inventories	195,388	-	195,388	193,394
Other current assets	2,992	(1,756)	1,236	404
TOTAL CURRENT ASSETS	199,793	28,964	228,757	225,030

OTHER ASSETS

Property and equipment	6,807	-	6,807	6,299
Remainder unitrusts	-	-	-	-
Pledged bequests	-	83	83	726
Other assets	-	128	128	-
TOTAL OTHER ASSETS	6,807	211	7,018	7,025
TOTAL ASSETS	\$ 206,600	\$ 29,175	\$ 235,775	\$ 232,055

LIABILITIES AND NET ASSETS**CURRENT LIABILITIES**

Payables and other current liabilities	\$ 1,618	-	\$ 1,618	\$ 1,299
Current portion of long-term debt	41	-	41	7
TOTAL CURRENT LIABILITIES	1,659	-	1,659	1,306

OTHER LIABILITIES

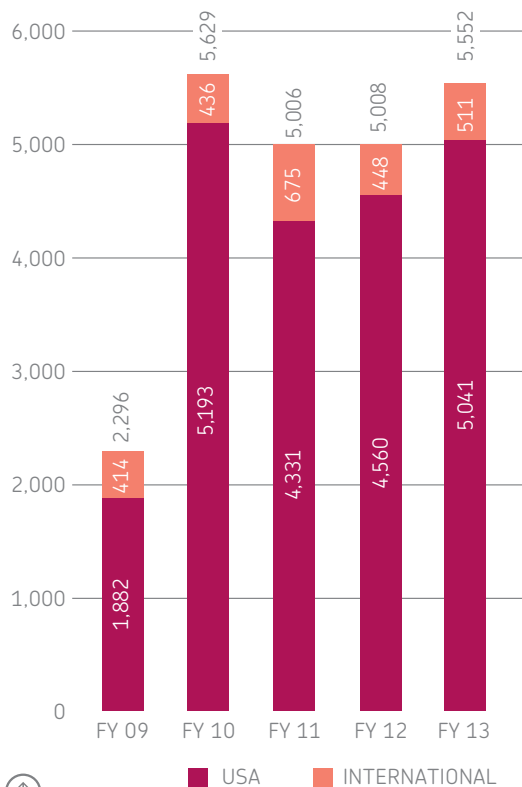
Long-term debt	1,336	-	1,336	1,400
Capital lease obligation	8	-	8	13
Deferred compensation	44	-	44	-
Distribution payable	16	-	16	3
TOTAL OTHER LIABILITIES	1,405	-	1,405	1,416
TOTAL LIABILITIES	3,064	-	3,064	2,722

NET ASSETS**UNRESTRICTED NET ASSETS**

Board-Restricted Investment Fund (BRIF)	-	30,542	30,542	30,232
Undesignated	200,169	(3,408)	196,761	192,235
TOTAL UNRESTRICTED NET ASSETS	200,169	27,134	227,303	222,467

Temporarily restricted assets	3,367	2,017	5,384	6,841
Permanently restricted assets	-	25	25	25
TOTAL NET ASSETS	203,536	29,175	232,711	229,333
LIABILITIES AND NET ASSETS	\$ 206,600	\$ 29,175	\$ 235,775	\$ 232,055

NOTES TO THE FINANCIALS



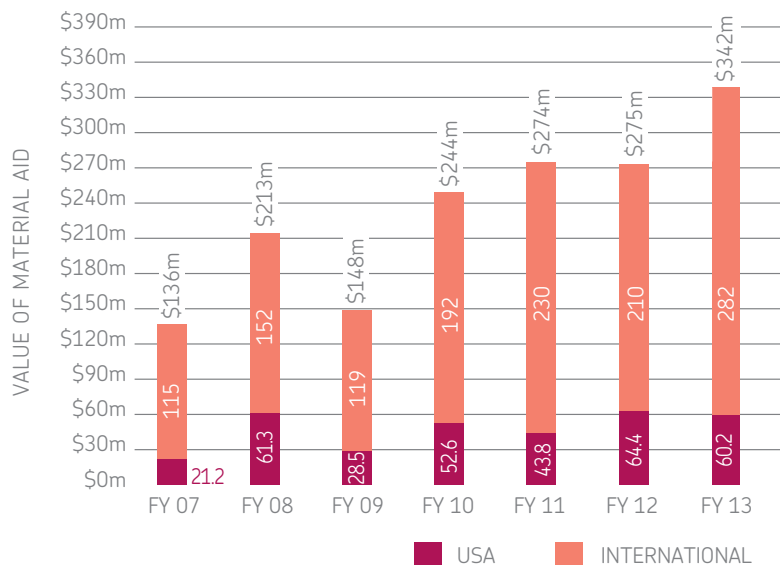
↑ NUMBER OF SHIPMENTS

↘ EXPANDING ASSISTANCE

FISCAL YEAR (FY) 2013 RESULTS

The overall assistance furnished by Direct Relief was a record \$346 million. These resources were obtained from private sources and amounted to \$396 million. Direct Relief provided 5,552 shipments of humanitarian medical material aid, including pharmaceuticals, medical supplies, and medical equipment. The more than 1,550 tons (just over 3.1 million pounds) of material aid were furnished to local health programs in 69 countries, including the United States, and had a combined wholesale (\$340m) and retail (\$1.7m) value of \$342 million. The pharmaceuticals contained in these aid shipments were sufficient to provide 223 million Defined Daily Doses (DDD). 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.

In addition, the organization provided \$4.59 million in the form of cash grants to dozens of locally-run health programs in areas affected by Hurricane Sandy in November 2012, the March 2011 earthquake and tsunami in Japan, the January 2010 earthquake in Haiti, and numerous other partners providing health services in other non-disaster areas.



COMPARISON TO PREVIOUS FULL YEAR'S RESULTS

All financial statements presented in this report show both the results for FY 2013 and those of FY 2012 for comparison purposes.

LEVERAGE

In FY 2013, for every \$1 contributed and spent for our core medical assistance program (excluding emergency response), the organization provided \$49 worth of wholesale medical material assistance, as compared to \$32 in FY 2012. These program expenses totaled \$6.4 million. The expenditure of these funds enabled Direct Relief to furnish \$311 million (wholesale value) of medical material resources to 69 countries for the support of ongoing health needs.



CASH GRANTS

In addition to the core medical material assistance program, Direct Relief also provided financial assistance of \$4.59 million through cash grants. The majority of these grants (approximately \$3.6 million) were made from designated contributions received in this and past fiscal years for Hurricane Sandy in November 2012, the March 2011 earthquake and tsunami in Japan, the January 2010 earthquake in Haiti, and numerous other partners providing health services in other non-disaster areas.

In the current fiscal year, the organization incurred \$2.1 million, \$1.2 million and \$1 million in cash expenditures for the Hurricane Sandy response, the Japan earthquake and the Haiti earthquake responses, respectively. Within these amounts, \$1.8 million for Hurricane Sandy, over \$1.1 million for Japan, and \$329 thousand for Haiti, was in the form of cash grants to support essential recovery efforts conducted by local, grassroots non-governmental and community groups in those areas. As of June 30, 2013, the organization had spent nearly 88 percent of funds received for Hurricane Sandy, over

88 percent of the funds received for Japan, and over 92 percent of the funds received for Haiti.

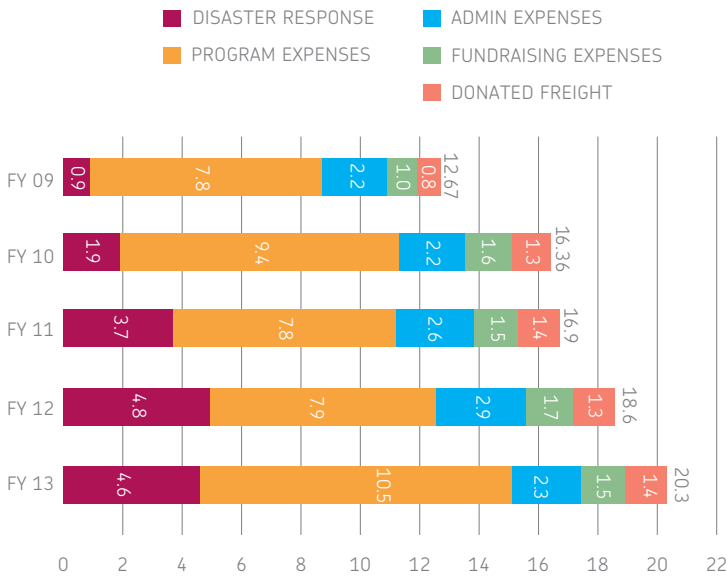
STAFFING

These activities were accomplished by a staff which, as of June 30, 2013, comprised 56 positions (51 full-time, five part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 54.3. 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, resource acquisition/fundraising, and general administration. The following sections describe the financial cost of our organizational activities, how resources are spent, and how donor funds are leveraged to provide assistance to people in need throughout the world.

PROGRAM EXPENSES

In Fiscal Year 2013, Direct Relief's expenditure on program activities totaled \$18.19 million, \$3.29 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 29 full-time and three part-time employees engaged in programmatic functions.



- Cash grants to partner organizations (\$4.59 million, including \$1.8 million in response to Hurricane Sandy, over \$1.1 million for Japan earthquake and tsunami relief, \$329 thousand for Haiti earthquake relief, and numerous other partners providing health services in other non-disaster areas)
- Ocean/air freight and trucking for outbound shipments to partners, in-country transportation, and inbound product donations (\$2.8 million, of which \$1.4 million was donated)
- Travel for oversight and evaluation (\$270 thousand); contract services (\$3.3 million, of which \$2.3 million was donated); packing materials and supplies (\$236 thousand); and disposal costs for expired pharmaceuticals (\$52 thousand)
- The value of expired products disposed of (\$30.6 million)
- A pro-rata portion of other allocable costs (see page 27)



← PROGRAM EXPENSES BY FUNCTION

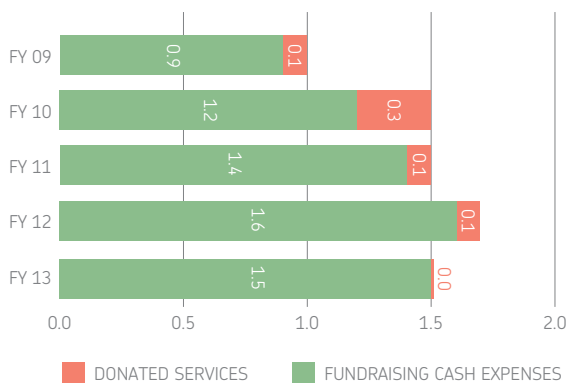
FUNDRAISING EXPENSES

Direct Relief spent a total of \$1.53 million on resource acquisition and fundraising in Fiscal Year 2013. These expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. A total of \$1.1 million was spent for salaries, related benefits, and taxes for eight full-time employees engaged in resource acquisition and fundraising.



- \$59 thousand for the production, printing, and mailing of newsletters, the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials
- \$4 thousand in advertising and marketing costs
- \$26 thousand in travel and mileage-reimbursement expenses
- \$63 thousand in contract services (\$10 thousand of which were donated services)
- \$28 thousand in supplies in support of the fundraising staff
- \$35 thousand in outside computer services related to fundraising
- A pro-rata portion of other allocable costs (see page 27)

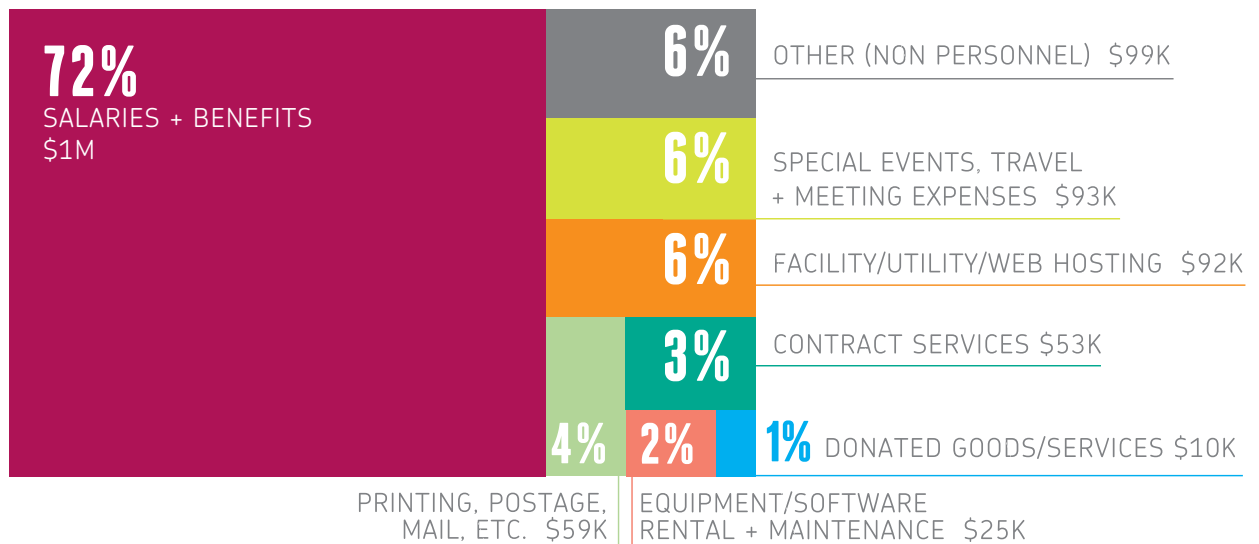
FUNDRAISING EXPENSES



NOTE:

It should be noted that Direct Relief does **not** classify any mailing expenses or costs for informational materials as “jointly incurred costs”—an accounting practice that permits, for example, the expenses of a newsletter containing information about programs and an appeal for money to be allocated partially to “fundraising” and partially to “public education,” which falls under program costs. The \$62 thousand that was incurred for such mail expenses was allocated only between fundraising and administration expenses.

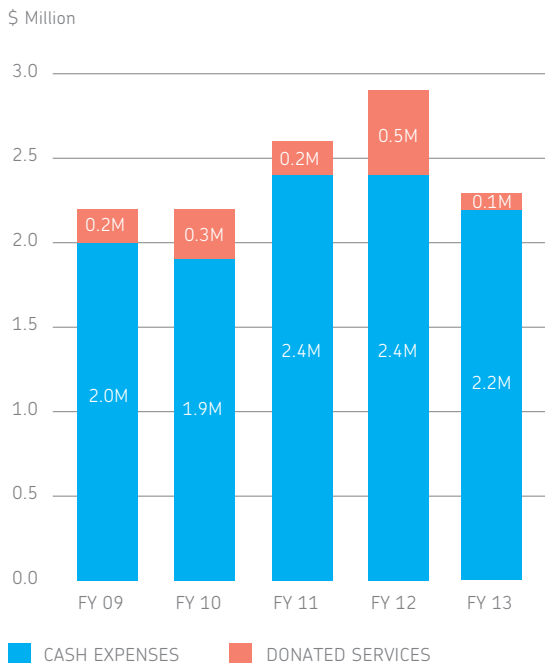
FUNDRAISING EXPENSES BY FUNCTION



MANAGEMENT AND GENERAL EXPENSES

Direct Relief spent a total of \$2.3 million on administration. Approximately \$490 thousand of this amount was paid from funds received out of the assets of the Direct Relief Foundation. Administration expenses are those that relate to financial and human resource management, information technology, communications, public relations, and general office management. A total of \$1.35 million was for salaries, related benefits, and taxes for 14 full-time employees and two part-time employees engaged in administration and financial management.

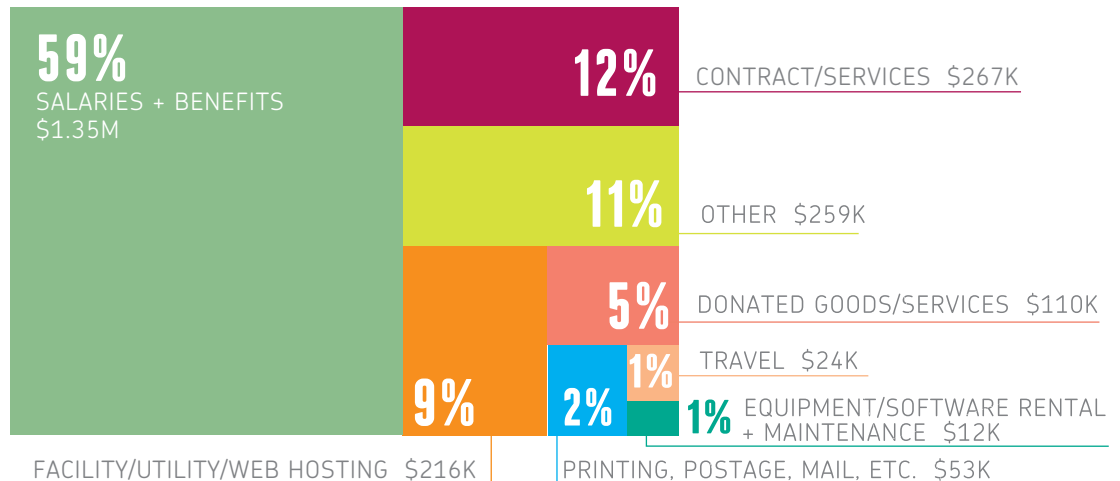
- \$59 thousand in credit card, banking, and brokerage fees
- \$51 thousand for duplicating and printing
- \$377 thousand in contract services (\$109 thousand of which were donated services, GSK PULSE Volunteers \$55 thousand, Google Advertising \$25 thousand)
 - \$34 thousand in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
 - \$34 thousand in legal fees, of which \$26 thousand was provided pro bono for legal representation related to general corporate matters
 - \$7 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 page 27)



MANAGEMENT & GENERAL EXPENSES ALSO INCLUDED:

MANAGEMENT & GENERAL EXPENSES

MANAGEMENT & GENERAL EXPENSES BY FUNCTION



OTHER ALLOCABLE COSTS

Direct Relief owns and operates a 40 thousand square-foot warehouse facility that serves as its headquarters and leases another 23 thousand square-foot warehouse. Costs to maintain these facilities include mortgage interest, depreciation, utilities, insurance, repairs, 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.



THOMAS TIGHE

“We efficiently and effectively use the resources entrusted to us by our donors to provide extraordinary value for money so that we can help more people and fulfill our mission of a healthier world.”

◀ **BHUPI SINGH,**
Direct Relief
Executive VP, COO, & CFO

EXECUTIVE COMPENSATION

One-hundred percent of the President and CEO's compensation and 75 percent of the Executive Vice President, COO, & CFO's compensation were paid from funds provided by Direct Relief Foundation. The Executive Vice President, COO, & CFO's compensation is allocated 100 percent to management and general expenses, and the President and CEO's compensation is allocated 50 percent to administration and 50 percent to fundraising.



JODIE WILLARD



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INVESTORS

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



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DIRECT RELIEF ARCHIVES

FOUNDERS' SOCIETY

*We are honored to recognize members of
Direct Relief's Founders' Society. Through their*

**LEADERSHIP
+
COMMITMENTS**

*of \$100,000 or more, these extraordinary individuals and
family foundations have championed Direct Relief and enabled
program innovation and expansion.*

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Mr. and Mrs. Guhan Viswanathan
Mr. and Mrs. Cooper Williams
Mr. David A. Yawitz

FISCAL YEAR 2013 INVESTORS

Contributors to Direct Relief from July 1, 2012 to June 30, 2013

‡ indicates donors who have given for 5 or more consecutive years

* indicates former board members

THE PRESIDENT'S CIRCLE HONORARY CHAIRS (\$1,000,000 +)

- ‡ Abbott Fund
- ‡ AbbVie Foundation

VISIONARIES (\$250,000 +)

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- ‡ Pfizer, Inc.
- ‡ Martin & Lillian Platsko Trust

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▶ **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.

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.**

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

▶ **Remove Barriers.**

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.

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 in order to leverage resources.

▶ **Ensure Value for Money.**

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

▶ **Be a Good Partner and Advocate.**

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

▶ **Respond Fast While Looking Ahead.**

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.**

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

▶ **Aim High.**

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

OUR MISSION

**IS TO IMPROVE THE HEALTH AND
LIVES OF PEOPLE AFFECTED
BY POVERTY OR EMERGENCY
SITUATIONS BY MOBILIZING
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