



Direct Relief

FISCAL YEAR 2019
ANNUAL REPORT



YOUR
SUPPORT
& HOW IT
WAS USED



FISCAL YEAR 2019 ANNUAL REPORT

6100 Wallace Becknell Rd, Santa Barbara, CA 93117
T: 805-964-4767 | TOLL-FREE: 800-676-1638
F: 805-681-4838 | DirectRelief.org

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AND
LIVES
OF PEOPLE
AFFECTED
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EMERGENCIES**

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Guiding Principles

ON THE COVER:

Responding to the devastation wrought by Hurricane Michael across the Florida panhandle, Mexico Beach Fire Chief Donald 'Sandy' Walker loads a Direct Relief Emergency Response Backpack into his cruiser on October 14, 2018.

PHOTO: Zach Wittman/Direct Relief

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FISCAL YEAR 2019 IN REVIEW

THE CASE FOR OPTIMISM

If the previous year was defined by humanitarian crises and natural disasters of unprecedented scale—including Hurricane Maria in the Caribbean, wildfires and mudslides in California, and the U.S. opioid epidemic—Fiscal Year 2019 continued the tragic trend with its own epic emergencies and dire every-day threats ranging from climate to disease. The case for pessimism is easy to make.

Direct Relief works every day with people experiencing a worst-case scenario, both in the immediate emergencies that rivet attention and the slow-motion tragedies that don't, such as those that unfold in deep poverty. These situations don't lend themselves to thoughtless, sunny optimism.

That's why it's so extraordinary to see optimism emerge, every day, from the most unlikely of sources.



More than 700,000 Rohingya refugees continue to live in Bangladesh after fleeing their home country of Myanmar, and Direct Relief is supporting local groups like the HOPE Foundation for Women and Children working to provide health services within the Rohingya settlements.

(Josh Esty/ EMC)

4
REASONS
FOR
OPTIMISM >>

1

Seemingly Insurmountable
Emergencies Can Be Met With

EXTRAORDINARY RESPONSE

The 2018-2019 California wildfire season was the deadliest and most destructive ever recorded—8,500 fires scorching 1,893,913 acres.

First, the Carr Fire erupted in Shasta and Trinity counties with a fire tornado that clocked winds as high as 143 miles per hour. More than 1,000 homes were destroyed and

eight people were killed. The Mendocino Complex Fire followed, burning more than 459,000 acres becoming the largest complex fire in the state's history. Then, on November 8, the Camp Fire exploded in Butte County. It burned 153,000 acres, destroyed nearly 19,000 structures, 14,000 of which were homes, and claimed 85 lives. While the Camp Fire was still raging, the Woolsey and Hill Fires charred over 105,000 acres in Ventura and Los Angeles Counties, consuming homes and businesses throughout the region, and killing at least three people.

RISKS BEYOND THE FLAMES

Not only do fires result in burns and other injuries sustained from heat, but they can seriously exacerbate respiratory issues such as asthma as they generate a harsh combination of smoke, dust, and other particulates. Because many are forced to flee, people suffering from chronic illnesses, such as diabetes and hypertension, often leave home

without their medications and can quickly find themselves in a medical crisis.

The Camp Fire burned so intensely and moved so quickly that the town of Paradise was reduced to little more than ash. Much of the burn area was subsequently declared to be a public health emergency due to the potentially dangerous mix of toxins left behind. Many residents remain displaced and will not be allowed to return or start rebuilding until the hazardous debris is removed.

Most of the shelters have closed and hundreds of people and families who lost their homes have been struggling to find short-term housing, leaving many to live in tents and vehicles despite the cold and rainy winter.



In response to the Camp Fire, the deadliest wildfire in California history, Direct Relief staff offloads 20,000 N-95 respirators, 20 oxygen concentrators, an emergency health kit, hygiene kits, and medical response packs to the Butte County Public Health Department in Oroville, CA. (Andrew Fletcher/Direct Relief)

FY19 CA WILDFIRE RESPONSE BY THE NUMBERS

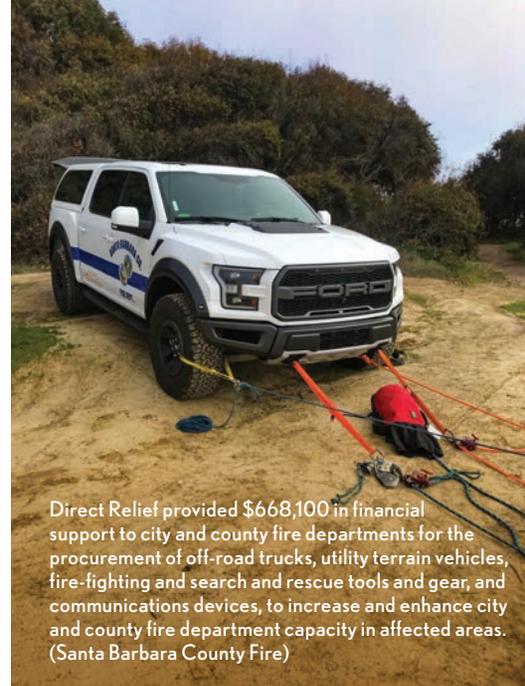
144 deliveries containing
80,800 doses of medicine valued
at **\$1.34** million wholesale, to
35 healthcare providers, first
responders, public agencies and
evacuation centers
\$456,546 in emergency grants
to **8** healthcare providers
\$668,100 in financial support to
city and county fire departments for
the procurement of off-road trucks,
utility terrain vehicles, fire-fighting and
search and rescue tools and gear, and
communications devices.

THE RESPONSE

As a California-based disaster relief and medical assistance organization, Direct Relief has responded to wildfires in California, and throughout the U.S., for decades. The organization is also a long-time partner of the State of California through its Office of Emergency Services and Emergency Management Agency, and serves as a member of the state's Business Operations Center.

Direct Relief was quickly able to assist its extensive network of health centers and clinics throughout California and around the wildfire perimeters. In Fiscal Year 2019, Direct Relief made 144 deliveries containing 80,800 doses of medicine valued at \$1.34 million wholesale, to 35 healthcare providers, first responders, public agencies, and evacuation centers. Fifty product manufacturers and distributors contributed medical, nutritional, patient care, and personal protection products to the relief and recovery effort. Emergency shipments contained:

- > N-95 masks to filter out smoke and dangerous particulates harmful to the respiratory system.
- > Respiratory medications, inhalers, nebulizers, and oxygen concentrators to assist people who suffer from lung diseases such as asthma.
- > Insulin, oral diabetes medication, and diabetes injection supplies to manage care for people with Type 1 and Type 2 diabetes.
- > Epinephrine injections to provide emergency treatment of severe allergic reactions.
- > Tetanus vaccines to protect people who sustained burns or puncture wounds from developing lockjaw—a bacterial disease that can become deadly if not properly treated.
- > Anti-infective agents to address a wide range of bacterial infections.
- > Cardiovascular drugs to treat high blood pressure and symptoms of congestive heart failure.
- > Gastrointestinal agents for vomiting and diarrhea associated with the norovirus outbreak.
- > Ophthalmic agents to treat eye irritations and infections.
- > First aid supplies to treat wounds and orthopedic injuries.
- > Diagnostic equipment such as blood pressure kits, otoscopes, pulse oximeters, and blood glucose meters and test strips.
- > Mental health medications to address disorders including depression, anxiety, and bipolar disorder.
- > Water purification equipment to ensure that people had clean drinking water.



Direct Relief provided \$668,100 in financial support to city and county fire departments for the procurement of off-road trucks, utility terrain vehicles, fire-fighting and search and rescue tools and gear, and communications devices, to increase and enhance city and county fire department capacity in affected areas. (Santa Barbara County Fire)



Erick Madrid



FINANCIAL ASSISTANCE

In addition to the provision of needed medical goods and personal care products, Direct Relief has provided emergency funding support to healthcare facilities and agencies in affected communities to cover losses or emergency expenditures; to support medical, behavioral, and social service needs; and to assist with the repair and re-equipping of damaged facilities.

In FY 2019, Direct Relief provided \$456,546 in emergency grants to eight health facilities and organizations in California to support their wildfire-related relief and recovery work.

Direct Relief has also provided \$668,100 in financial support to city and county fire departments for the procurement of off-road trucks, utility terrain vehicles, fire-fighting and search and rescue tools and gear, and communications devices, to increase and enhance city and county fire department capacity in affected areas.

While the road to recovery continues, Direct Relief remains committed to those who are struggling to deal with the aftermath of these tragic events and will continue supporting wildfire-affected communities with financial and medical assistance as they recover.



▲ (ABOVE) Paramedics Steve Caput and Sean Biswun, along with Medspire secretary Katie Rosauer, attend to Charles “Chip” Baniewski outside his RV. (Mark Semegen/Direct Relief)

(ABOVE RIGHT) Medspire volunteers take Kevin MacDonald’s vitals at the Direct Relief-supported clinic. (Mark Semegen/Direct Relief)

After the Camp Fire, Paradise Residents Got Sicker. So Local Nurses Founded a Clinic.

With firm roots in the local community, a family of nurses founded a brand new nonprofit to treat Paradise residents who have fallen through the cracks. Elisabeth Gundersen, her sister, Birgitte Randall, and mother, Denise Gundersen, treated patients at the East River Church immediately after the fire, part of an exhausted but determined crew of nurses, doctors, paramedics, mental health providers, and other volunteers offering round-the-clock care. After the shelter closed, they realized the health crisis was just beginning, and the family joined forces with other healthcare providers to form a

pop-up clinic, which they’ve held in a church parking lot, a local school—anywhere convenient for residents. It became a nonprofit organization, called Medspire. Made up of a rotating team of volunteers, including doctors, nurses, mental health providers, and even an acupuncturist specializing in trauma, Medspire provides free care to anyone who wants it—no strings attached, no identification or insurance required.

“People up here sometimes feel forgotten. It’s a rural, low-income area, nothing glamorous about this place,” Gundersen said. “I think just having a presence, and being there when we say we’re going to be there, is super important.”

In response to the Camp Fire, Direct Relief has provided more than \$700,000 in medical aid and over \$1.4 million in funding to local organizations, including Medspire.

2

The Potential **BENEFITS** of **TECHNOLOGY** are Profound

Alex Rodriguez, a young PHD candidate from Canovanas, Puerto Rico, works at the Tejas community in Yabucoa, installing solar panels to provide power to the community water pump system.



Dennis M. Rivera Pichardo

► From left, brothers Luis and Jared Montalvo install a solar power system at Clínica Iella in San Juan, Puerto Rico. The clinic's new solar system, funded by Direct Relief, will help them maintain their temperature-sensitive medication if there's power interruption. Another member of the team, Noel Torres, from Aguadilla, worked for months installing solar panels while not having power for his family at home. (Erika P. Rodriguez/Direct Relief)



► (BELOW RIGHT) Residents Evelyn Roman, Miguel Morales (left) and Luis A. Perez (far right) talk with Manuel Cidre, from Por Los Nuestros (second from the right) in Barrio Vivi Arriba, Utuado, Puerto Rico. Inside the former public school, a free solar-powered laundry service funded by Direct Relief was built for the nearby communities that were without power for over nine months. The former school serves as a community aid center. (Erika P. Rodriguez/Direct Relief)



Providing Reliable Energy in Puerto Rico

A lack of power after Hurricane Maria meant a lack of health services. Direct Relief began equipping Puerto Rico's health centers, clinics, and community water pump facilities with resilient power systems that combine solar power, battery storage, and backup generators, allowing for continuous operation even when the power goes out for days, weeks, or months.

In partnership with AbbVie, Direct Relief has invested in these systems, which will supply more than 1 megawatt of solar production capacity and 1.7 megawatts of battery storage.



12 SOLAR & STORAGE health clinic projects, with 7 fully outfitted and 5 in process.



14 SOLAR WATER PUMPS outfitted with solar and storage completed or near completion.

More **EMERGENCY RESPONSE** in FY2019



HURRICANE MICHAEL

Slamming into Florida with staggering Category 5 winds, Hurricane Michael destroyed the panhandle town of Mexico Beach and impacted surrounding communities in October 2018. Direct Relief responded by providing medical aid to shelters housing displaced residents and equipping first responders in the community.

▼ Health Alliance International staff carry emergency medicine and supplies into a health facility in Beira, Mozambique. (Karoline Albuquerque/Direct Relief)



▶ (RIGHT) The staff of NC MedAssist inventory donated medicines and supplies from Direct Relief on Friday, Sept. 14, 2018, in Charlotte, North Carolina. NC MedAssist is a nonprofit pharmacy supporting vulnerable and uninsured North Carolina residents, and is one of the groups Direct Relief is supporting in the wake of Hurricane Florence. (Mark Semegen/Direct Relief)

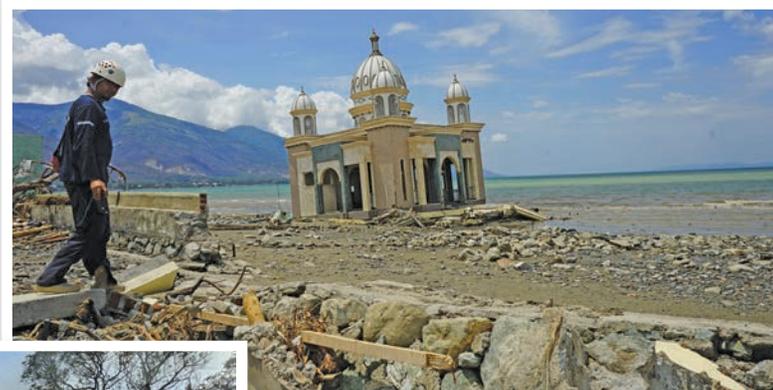
◀ (LEFT) Direct Relief's Director of Emergency Response, Andrew MacCalla, delivers a medical supply backpack to a hurricane shelter in Panama City as Direct Relief responds to the aftermath of Hurricane Michael in the Florida. (Zach Wittman/Direct Relief)

▶ (BELOW RIGHT) Muhammadiyah Disaster Management Center conducting search and rescue, funded by Direct Relief, after the October 2018 earthquakes and tsunami. (Gordon Willcock/Direct Relief)



HURRICANE FLORENCE

North Carolina communities were battered by Florence's high winds and storm surge in September 2018, and Direct Relief responded by immediately providing health providers with medical support as they conducted outreach to residents unable to reach care. Mobile clinics were deployed to impacted communities, and shelter staff were also outfitted with medical supplies and medicines to help patients manage chronic conditions like diabetes.



INDONESIA'S EARTHQUAKES & TSUNAMI

A series of earthquakes rocked the Indonesian islands of Lombok and Sulawesi in 2018, with a devastating tsunami resulting from the temblor in Sulawesi. Massive loss of life resulted, and many homes, hospitals, and clinics were destroyed. Direct Relief has funded the rebuilding of local health clinics, a hospital, and expanded health services for women and babies.

CYCLONE IDAI

When coastal Mozambique was inundated by Cyclone Idai in March 2019, the storm became one of the worst ever cyclones in the Southern Hemisphere. More than 1,300 people perished, and local infrastructure was catastrophically impacted. Direct Relief immediately mobilized to support Mozambique's Ministry of Health with requested medical aid, as well as coordinated with local organizations, like Health Alliance International, working to provide health services and rebuild the health system.

3

Things Can Be Done

BETTER, FASTER, and CHEAPER



Forging the Links of Cold Chain Medication

When Direct Relief receives a donation of insulin, it is stored in the organization's 2,800-square-foot cold room, which stays between 36 and 41 degrees Fahrenheit. The room is stacked floor to ceiling with temperature-sensitive medications, like insulin and vaccines, where that medication is packed into special cold shipping containers that keep temperature consistent until the insulin arrives at the health center, clinic or hospital able to store it and administer to patients.

It may be 80 degrees and sunny outside Direct Relief's Santa Barbara warehouse, but in a house-sized box inside the warehouse, it feels like a winter day. Cold wind blasts down from the industrial fans overhead. It cuts through the parkas workers don before entering Direct Relief's cold chain room, making it feel far colder than the 4-degree Celsius reading on the temperature gauge. Inside the room are racks of shelves rising to the ceiling, filled with cartons of insulin, vaccines, and some of the world's newest and most advanced medicines.

In 2018, Direct Relief opened its new headquarters and warehouse, and with it the new cold chain facility. The refrigerated room, funded by BD, combines a suburban home-sized 2,800 square feet of floor space with a three-story ceiling.

The cold chain room has been a portal to a new world of capability for Direct Relief, greatly expanding the organization's ability to deliver medicines that require constant refrigeration. This, in turn, has already given tens of thousands of people around the

world access to lifesaving insulin for controlling diabetes, vaccines for fighting a myriad of diseases, and advanced treatments for rare genetic disorders.

The "chain" in cold chain is the supply chain delivering medicine from manufacturer to patient, during which the refrigerated product must be maintained between 2-8 degrees Celsius.

Direct Relief's giant refrigerator is only one link along the cold chain. Each cold chain package contains a temperature data log that maintains a record of temperatures throughout the entire delivery process. The drugs are often shipped to places that require multiple flights and long trips by road and are shipped in packaging that maintains the temperature range for up to 120 hours.

The cold chain capability of Direct Relief's new warehouse enabled the organization to double the amount of cold chain medicine it shipped in FY 2019 compared to FY 2018—1,462 cold chain shipments with a wholesale value of \$203 million, doubling the



IN FY 2019, the cold chain capability of Direct Relief's **new warehouse** enabled the organization to deliver **1,462 cold chain shipments** with a wholesale value of **\$203 million**.

◀ Since 2011, Direct Relief and the Life for a Child Program have partnered to ship insulin and supplies to manage Type 1 diabetes to more than 35 countries, including to children like Manuel. He receives supplies to manage his diabetes through his local health center in Bolivia. (Alejandra Arevalo Castrati for Life for a Child)

Acting Locally to Address the National Opioid Crisis

Health providers in the United States continue to stem the impacts of the opioid crisis, and health centers are working to provide addiction recovery services and support. 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.

▼ Dr. Chuck Fenzi holds a bottle of naloxone at the Goleta Neighborhood Clinic. Since 2017, Direct Relief has provided health centers, clinics, and organizations across the country with over 350,000 vials of Naloxone, including the Santa Barbara Neighborhood Clinics.



692 shipments delivered in 2018 at a value of \$103 million. Countries receiving the most shipments include the United States, South Africa, Uganda, Zimbabwe, Haiti, Honduras, Dominican Republic, and Malawi.

"It certainly opened up new opportunities to help more people," says Dawn Long, Direct Relief's chief operating officer. "A lot of these cold chain medicines are lifesaving."

The cold chain facility helped Direct Relief scale up its donations of insulin working with the Life for a Child program. Insulin should be kept between 2-8 degrees Celsius in order to last more than 28 days. In FY 2019, Direct Relief oversaw the end-to-end supply chain for over 275,000 vials of insulin donated by Eli Lilly and Company for the benefit of over 16,000 children with Type 1 diabetes across 30 countries including Mali, Pakistan, and Bolivia.

▲ (ABOVE LEFT) Cold chain shipments of vaccines and insulin leave Direct Relief's warehouse on March 21, 2019, bound for safety-net healthcare providers in states like Oklahoma, Kansas, New Jersey, Connecticut, and many more. (Lara Cooper/Direct Relief)

▲ (ABOVE RIGHT) Insulin is packed inside Direct Relief's cold chain room before being shipped to health centers impacted by Hurricane Florence. Health Reach Center in Mooresville and NC MedAssist in Charlotte, both of which provide prescriptions free-of-charge to thousands of North Carolina residents each year, received the insulin donated by Novo Nordisk. (Lara Cooper/Direct Relief)

▲ Lawson Koepfel, center, executive director and co-founder of Virginia Harm Reduction Coalition in Roanoke, Virginia, assembles naloxone kits, which contain the opioid overdose-reversing drug. Volunteers Christopher Wagner and Charles Fisher help load the kits before taking them out into the community. The group is committed to preventing overdose deaths.

(Photo: Stephanie Klein-Davis for Direct Relief)

4

Talent is Everywhere, and **PEOPLE STILL CARE**



◀ With support from Direct Relief, Yemen Aid has distributed 114,000 pounds of essential medicines and supplies to healthcare facilities throughout the country. (Courtesy of Yemen Aid)

IN YEMEN

After four years of war and subsequent famine and disease outbreaks, access to quality health care is extremely hard to come by for most Yemenis.

The impact of the conflict in Yemen has been catastrophic. Seventy-five percent of the population requires some form of humanitarian assistance, according to the United Nations Office for the Coordination of Humanitarian Affairs. The World Food Programme estimates that more than 20 million Yemenis are food insecure due to blockades at major ports that prevent aid from entering the country.

In Disasters and Humanitarian Crises, Community-Based Groups Do the Heavy Lifting

For Yemen Aid, the struggle is personal. Founded in 2016 by a group of young Yemeni-Americans, Yemen Aid has been working tirelessly to deliver desperately needed aid throughout the war-torn nation. Despite the logistical challenges of delivering aid within a conflict zone, Direct Relief has shipped over 66 tons of medicines and medical supplies to Yemen over the past two years to local groups like Yemen Aid. Included in those shipments are Direct Relief Emergency Health Kits, which contain life-saving essential medicines and supplies. Cholera Treatment Kits have also been sent to combat the cholera outbreak that infected over 1.1 million people. In addition, Emergency Medical Backpacks have been provided to equip Yemen Aid's mobile medical teams providing care in conflict zones across rebel-held territories.

Upcoming efforts include equipping medical teams in Taiz province with shelter and medical supplies to assist those who have been displaced by the conflict. Supporting local hospitals, including facilities in Sana'a, Al Hodeida, and Aden, with more critical medicines also remains a top priority.

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▲ (ABOVE) Oral rehydration salts and other medical supplies donated by Direct Relief are distributed by HOPE's emergency response team in Bangladesh. (Courtesy of HOPE Foundation)

▲ (ABOVE RIGHT) In response to the urgent need for care for Rohingya refugees, the Vaseline Healing Project joined Direct Relief in December 2018 to support the HOPE Foundation, a local organization providing much-needed medical care to those without access. Nearly 2,000 patients received comprehensive care, including dermatological treatment, from a team of local clinicians and specialists as part of the effort. (Photo courtesy of Vaseline)



IN BANGLADESH

More than 700,000 Rohingya refugees continue to live in Bangladesh after fleeing their home country of Myanmar, and Direct Relief is supporting local groups like the HOPE Foundation for Women and Children working to provide health services within the Rohingya settlements.

Immediate trauma and illness accompany such catastrophe, and in the long-run, when ambulances can't maneuver muddy roads or facilities remain without power, disrupted health care endangers lives. At particular risk are women in need of reproductive health care.

HOPE Foundation, which is based in Cox's Bazar and specializes in maternal and child health care, has established itself in the camps to provide for expectant mothers and the Rohingya at-large. When the Government of Bangladesh opened its borders to the Rohingya, the HOPE Foundation opened its doors.

HOPE strives to offer continuous care for patients by operating a range of facilities within the camps, including mobile clinics and the new 24-hour field hospital. Providers treat most patients at one of these various facilities. The new field hospital expands HOPE's capacity for care, and sound construction means its doors will stay open.



◀ Casa de la Amistad offers free housing and services for children undergoing cancer treatment in Mexico City. (Photos courtesy of Casa de la Amistad)

▶ In Mexico City, children and young people at Casa de la Amistad travel to top specialists and hospitals via vehicles, like the bus in the background, provided by the Baxter International Foundation's Driving Your Health community health program. (Photo: William Vazquez)



IN MEXICO

With support from FedEx, Baxter

International Foundation, AbbVie Foundation, and others, Direct Relief's Mexico office was established in 2014. In FY 2019, Direct Relief Mexico helped more people in more places than at any other time in its five-year history, thanks in large part to the local charitable healthcare providers it supports.

In Mexico City, Casa de la Amistad provides a joyful respite for children with cancer. The organization offers housing and services for children undergoing cancer treatment in Mexico City, allowing their families to focus on wellness and healing.

Over nearly three decades, Casa de la Amistad has served more than 9,000 children and expanded its network of trained professionals—some 1,700 have been trained since 2016—to 27 of Mexico's 31 states. Within Mexico City, a metropolis of 22 million people spread out over a low valley and up onto the flanks of the surrounding hills, children and young people at Casa de la Amistad travel to top specialists at eight hospitals around the city, navigating the city's notoriously snarled traffic in vehicles provided by the Baxter International Foundation's (the philanthropic arm of Baxter International) Driving Your Health community health program.

Through Direct Relief and Baxter's support, the overall Driving Your Health program has directly benefited over 85,000 patients. Another 781,000 people have been indirect beneficiaries of the program by participating in patient counseling from trained healthcare workers or receiving healthcare literature.

At Casa de la Amistad specifically, over 11,000 patients and their caregivers were transported roundtrip via the Baxter bus from their lodging facilities to local treatment hospitals in Mexico City.

Michel Hernandez Flores came to the Casa de la Amistad from the port city of Coatzacoalcos at the age of 15 after she was diagnosed with bone cancer. Two years later, she was entering her undergraduate program. She plans to study medicine, a new dream that was born at Casa de la Amistad. "Before I wanted to be an architect," Hernandez shared, "but now I want to be a pediatric oncologist."

Temporary clinics are set up in the community of San Miguel Xalostóc on the northern outskirts of Mexico City as part of the Direct Relief-supported Driving Your Health program. The effort brings health services to residents with limited access to transportation.



HOW DIRECT RELIEF WAS FUNDED

[FY 2019]

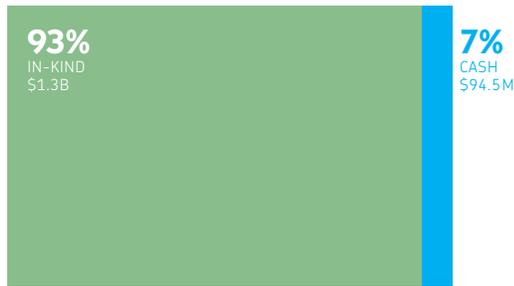
Nongovernmental, nonsectarian, and not-for-profit, Direct Relief provides assistance to people and communities without regard to politics, religious beliefs, or ethnic identities. Direct Relief relies entirely on private contributions.

In Fiscal Year 2019 (July 1, 2018, through June 30, 2019), nearly 60,000 individuals, companies, and foundations gave in-kind and cash contributions to Direct Relief.

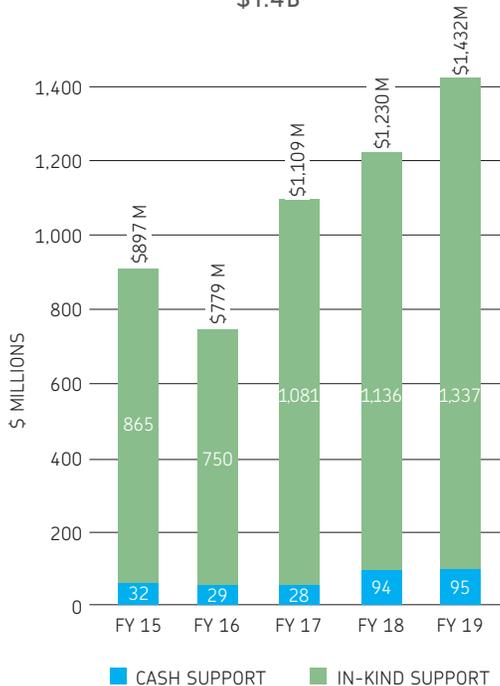
Businesses and organizations provided products and expertise needed and leveraged for humanitarian purposes, and generous cash donations helped keep Direct Relief independent from external interests, maintaining the flexibility of its work. >>

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 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. Direct Relief also solicits and receives cash contributions,



FY 2019 CONTRIBUTED SUPPORT: \$1.4B



which are used to cover internal costs and for goods and services to advance the organization’s mission and 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 in-kind contributions that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2019, over 93 percent of its total public support of \$1.4 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 2019 by individuals, businesses, organizations, and foundations was spent.

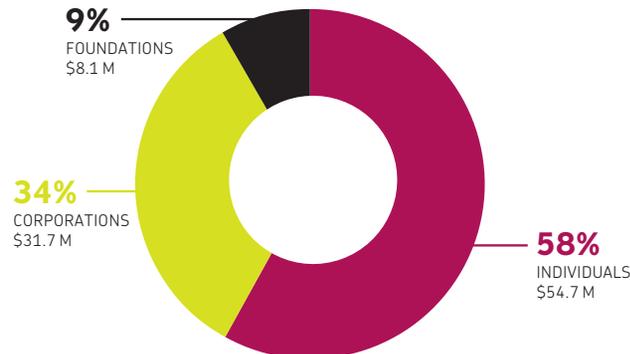
Direct Relief’s activities are planned and executed on an operating (or cash) budget that is approved by the Board of Directors prior to the onset of the fiscal year. The cash budget is not directly affected by the value of in-kind medical product contributions. Cash support—as distinct from the value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

In May of 2018 Direct Relief moved into a new 155,000 square-foot state-of-the-art facility—with a 128,000 square-foot warehouse and a 27,000 square-foot office and meeting space—certified for domestic and international pharmaceutical distribution. As of June 30, 2019, the total project cost, including the cost of the land was \$38.5 million.

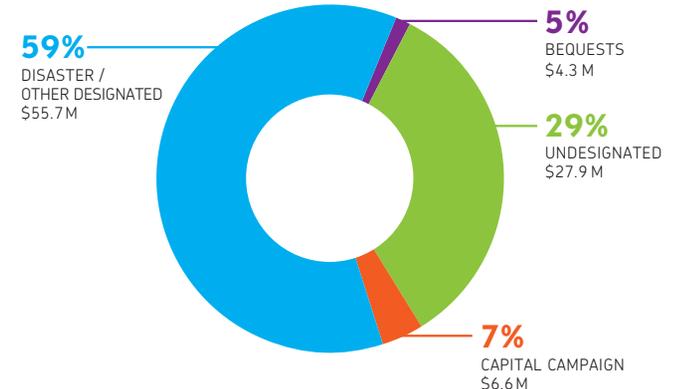
The new Direct Relief headquarters was made possible through generous donations from individual donors and our valued corporate supporters. Nearly \$6.6 million in cash and pledges was raised in FY 2019, bringing the total campaign funds raised to \$42.9 million as of June 2019. To finance working capital needs for the facility construction, Direct Relief secured a \$25 million line of credit which is secured by all the assets of Direct Relief, the Direct Relief Foundation, and the LLC. As of June 30, 2019, \$13.4 million had been drawn to complete the construction of the building.

CONT'D ►

SOURCES OF CASH REVENUE: \$94.5M



CATEGORIES OF CASH SUPPORT: \$94.5M



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.

TIMING OF REVENUE RECOGNITION & 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 healthcare partners.

In both FY 2019 and FY 2018, 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 2019, Direct Relief received public support and revenue of \$1.34 billion in product donations, \$94.5 million in cash donations and a \$3.5 million in earned income. In the same period, Direct Relief provided program services including pharmaceuticals, medical supplies, equipment and related expenses of \$1.18 billion, administrative support services of \$4.8 million and fundraising costs of \$2.6 million. For FY 2019, the change in net assets was a \$256 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 fires and mudslides in California, Syrian refugee crisis, Ebola outbreak in West Africa, Hurricanes Michael, Florence, Maria, Irma, Harvey, Sandy, Katrina, and Rita, and earthquakes in Indonesia, Mexico, Ecuador, Nepal, Japan, Haiti, Pakistan, Peru, China, and Chile.

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 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.

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

HOW
DIRECT RELIEF
WAS FUNDED
FY 2019

CONT'D ►

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 2019, the Foundation Trustees approved a distribution of \$2.5 million to pay for Direct Relief's fundraising expenses and the salary of the President and CEO. The Foundation also distributed \$3.5 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.

HOW YOUR SUPPORT WAS USED

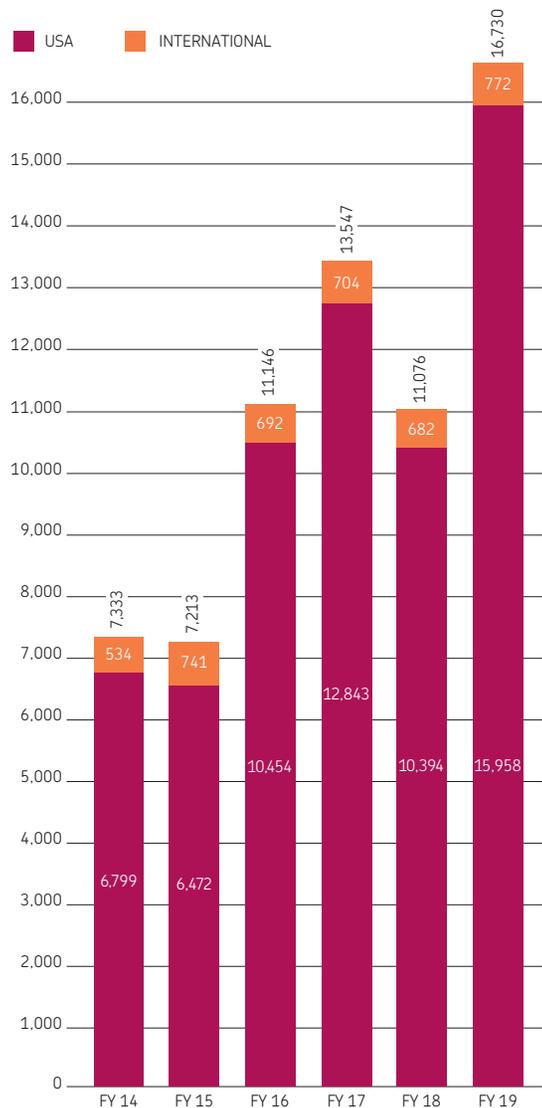
[FY 2019]

Thanks to your participation, Direct Relief helped more people in more places than ever before in its 71-year history in FY 2019.

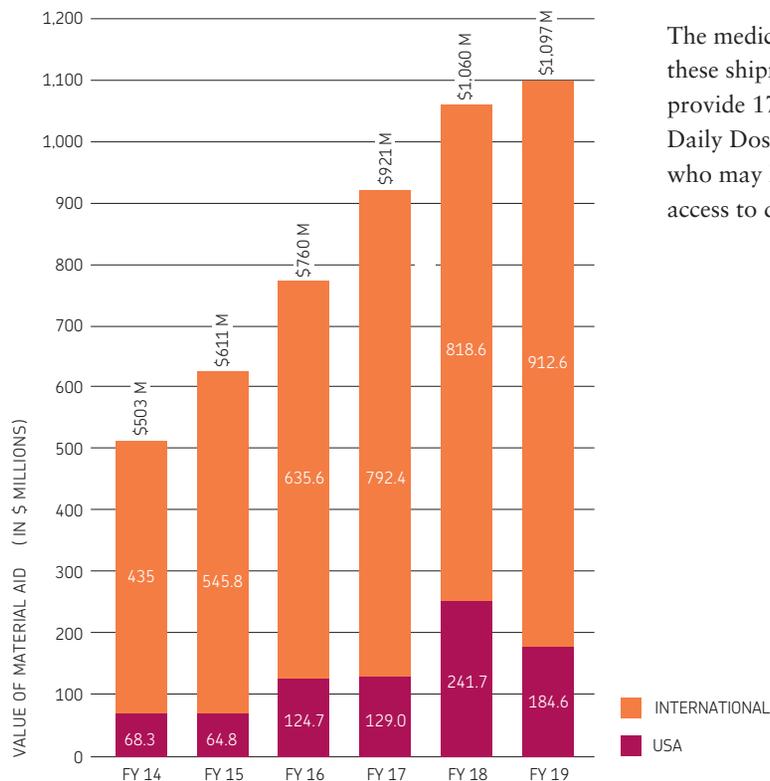
The organization received \$1.43 billion in public support and provided a record \$1.114 billion in assistance around the world (including \$16.9 million in financial assistance). >>

MATERIAL ASSISTANCE

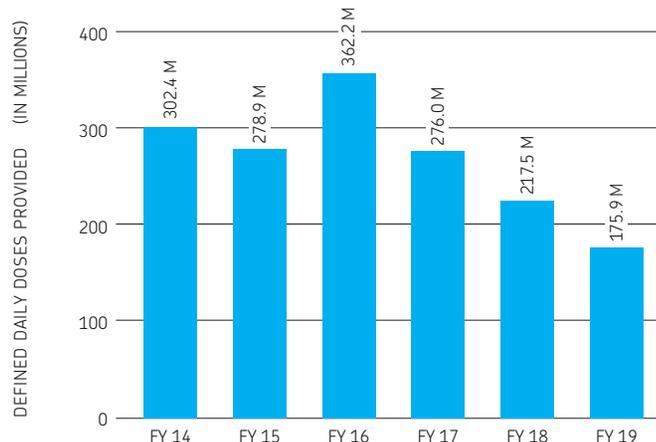
Advancing its mission to improve the health and lives of people affected by poverty or emergencies—without regard to politics, religious beliefs, or ethnic identities—Direct Relief delivered 16,730 shipments of humanitarian material aid in FY 2019 to 100 countries and all 50 U.S. states and 4 U.S. territories.



◀ The 1,959 tons (over 3.9 million pounds) of pharmaceuticals, medical supplies, and medical equipment that were furnished to local health programs had a combined wholesale value of \$1.09 billion.



The medical aid contained in these shipments was sufficient to provide 175.9 million Defined Daily Doses (DDD) for people who may have otherwise lacked access to quality health care.



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.



DONNIE HEDDEN

FINANCIAL ASSISTANCE

In addition to providing more essential medical material resources than ever before, Direct Relief furnished \$16.9 million in critically needed funding in FY 2019 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 Hurricane Maria (\$7.01m), Hurricane Harvey (\$1.74m), Hurricane Irma (\$784k), Wildfire response (\$734k), the Nepal Earthquake (\$443k), Typhoon Haiyan in the Philippines (\$437k), Mexico earthquake (\$205k), and the Rohingya refugee crisis (\$139k).

Additional funding supported the innovative care and treatment programs of 5 community health centers in the U.S. (\$500k), the purchase and modification of a Firehawk helicopter for the Santa Barbara County Fire Department (\$623k), and the on-going efforts of numerous other partners to address the chronic health needs of vulnerable people in their communities.

STAFFING & EXECUTIVE COMPENSATION

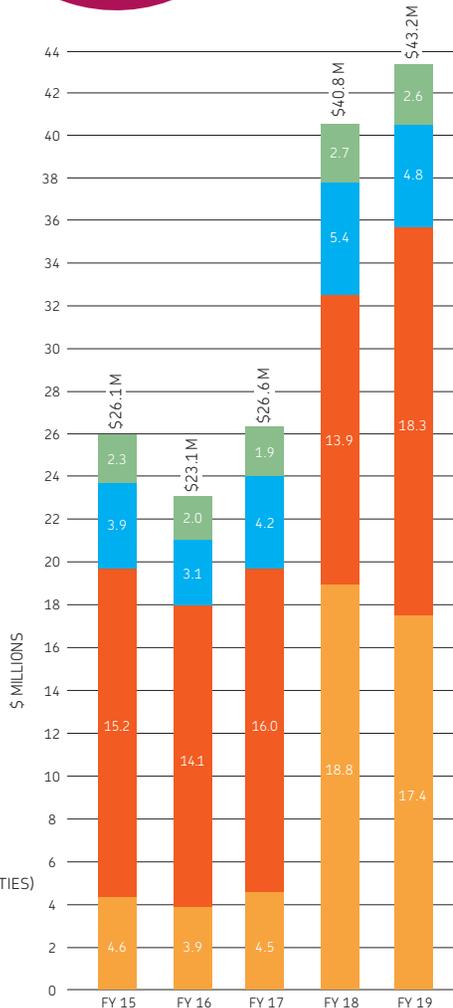
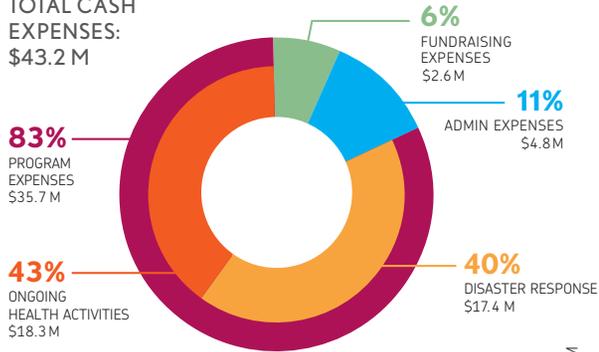
The \$1.114 billion in humanitarian assistance Direct Relief provided in FY 2019 across the U.S. and around the world was done so with a staff which, as of June 30, 2019, comprised 101 positions (97 full-time, 4 part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 91. 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

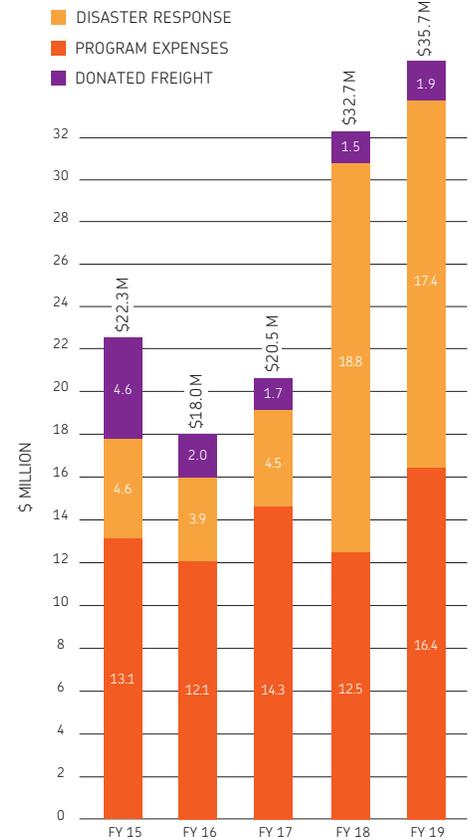
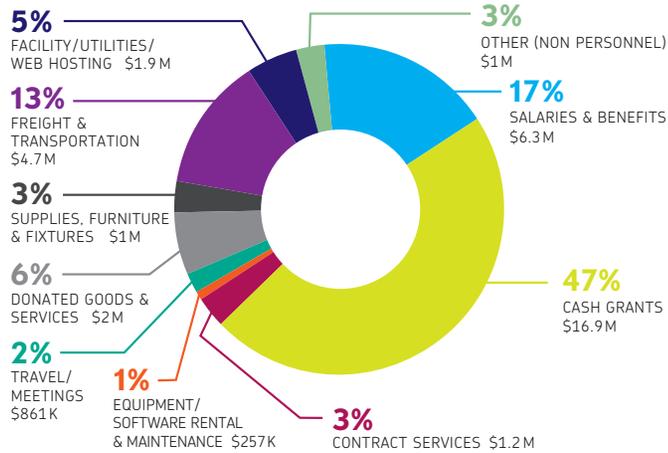
TOTAL CASH EXPENSES: \$43.2 M



PROGRAM EXPENSES

To implement its humanitarian programs (\$1.1 million in medical material aid), Direct Relief spent \$35.7 million (excluding \$16.9 million in cash grants) in FY 2019, \$6.3 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 56 full-time and two part-time employees engaged in programmatic functions.

PROGRAM EXPENSES BY FUNCTION: \$35.7 M



PROGRAM EXPENSES ALSO INCLUDE >>

- ▶ Ocean/air freight and trucking for outbound shipments to partners, in-country transportation and inbound product donations (\$6.6 million, of which \$1.9 million was donated)
- ▶ Travel for oversight and evaluation (\$674 thousand); contract services (\$1.2 million, of which \$29 thousand was donated); packing materials and supplies (\$662 thousand) and disposal costs for expired pharmaceuticals (\$162 thousand)
- ▶ The value of expired products disposed of (\$38.7 million)
- ▶ A pro-rata portion of other allocable costs (see page 22)

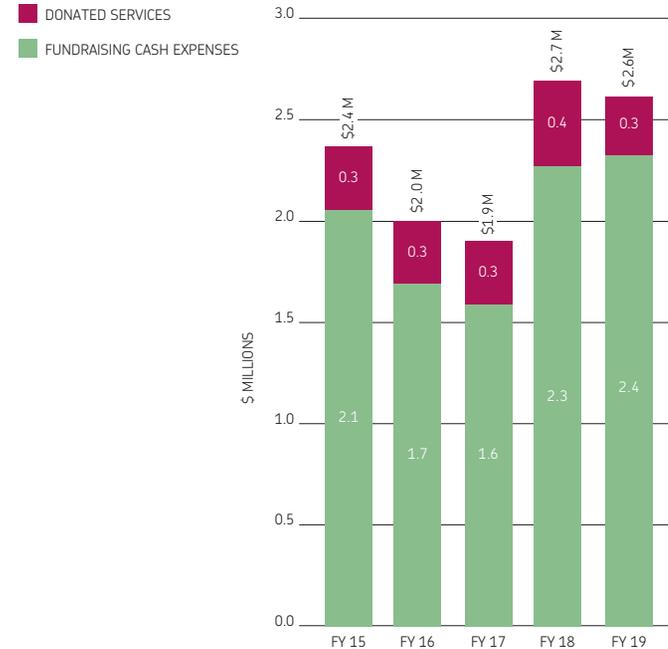
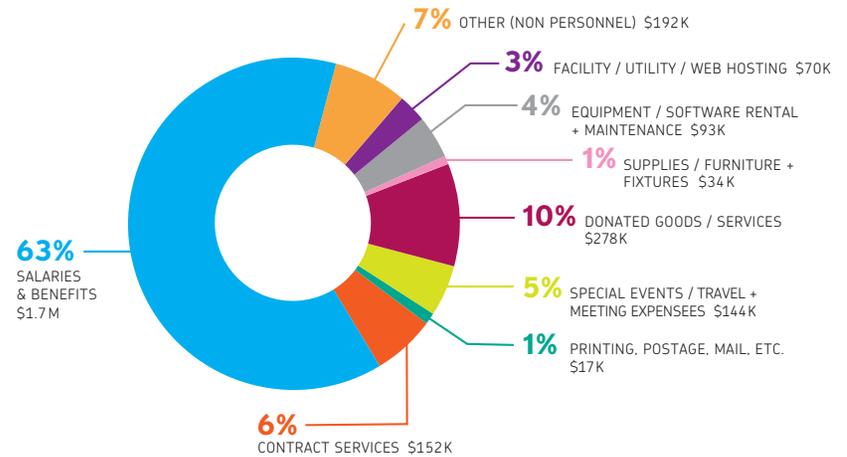
FUNDRAISING EXPENSES

Direct Relief spent \$2.64 million on fundraising in FY 2019. These expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. A total of \$1.66 million was spent for salaries, related benefits, and taxes for 10 full-time employees and one part-time employee.

FUNDRAISING EXPENSES ALSO INCLUDE >>

- ▶ \$17 thousand for the production, printing, and mailing of the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials
- ▶ \$56 thousand in advertising and marketing costs
- ▶ \$144 thousand in travel and meeting/conference expenses
- ▶ \$407 thousand in contract services (\$256 thousand of which were donated services)
- ▶ \$34 thousand in supplies and furniture in support of the fundraising staff
- ▶ \$17 thousand in outside computer services related to fundraising
- ▶ A pro-rata portion of other allocable costs (see page 22)

FUNDRAISING EXPENSES BY FUNCTION: \$2.6M



MANAGEMENT & GENERAL EXPENSES

Direct Relief spent \$4.8 million on administration in FY 2019. Administration expenses are those that relate to financial and human resource management, information technology, communications, public relations, and general office management. A total of \$2.8 million was for salaries, related benefits, and taxes for 31 full-time employees and two part-time employees engaged in administration and financial management.

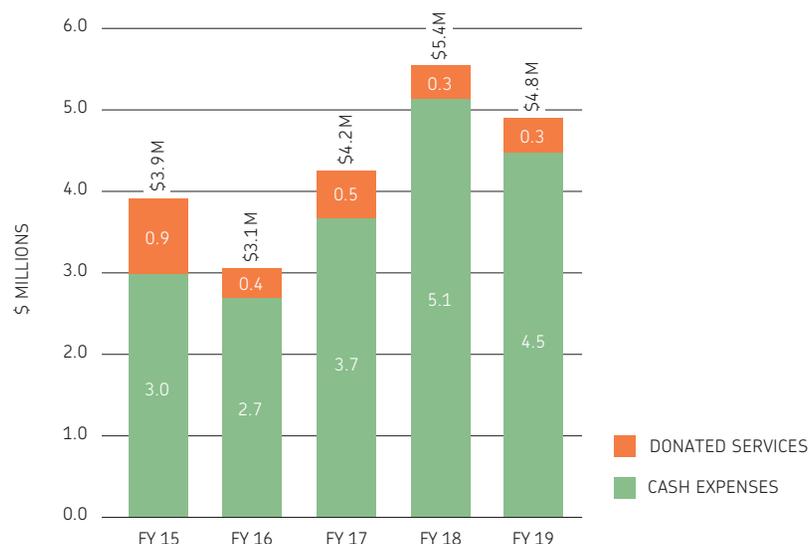
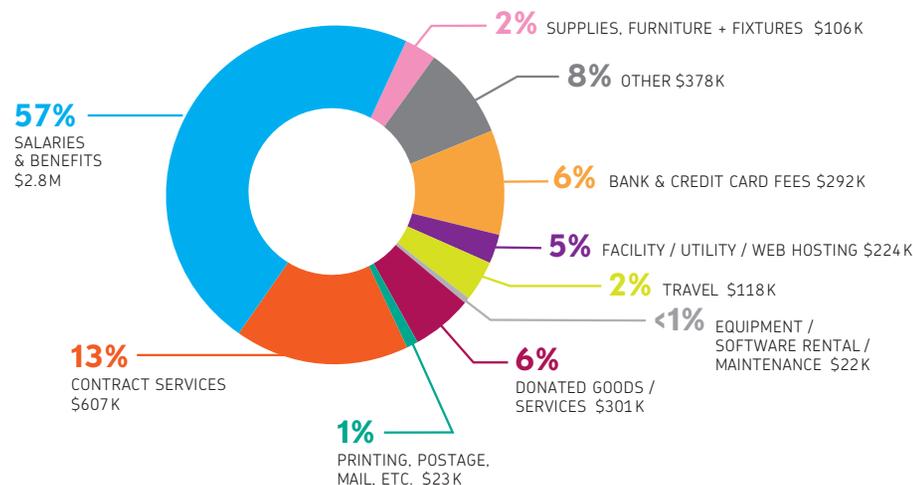
MANAGEMENT & GENERAL EXPENSES ALSO INCLUDE >>

- ▶ \$292 thousand in credit card and banking fees
- ▶ \$119 thousand for travel, meetings and conferences
- ▶ \$695 thousand in contract services (\$266 thousand of which were donated services)
- ▶ \$148 thousand in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- ▶ \$30 thousand in legal fees
- ▶ \$25 thousand in press releases and online advertising
- ▶ \$14 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: \$4.8M



COMBINED STATEMENT OF FINANCIAL POSITION

For the fiscal year ended
June 30, 2019 with summarized
totals for FY 2018. Amounts are
presented in the thousands.

	FY 2019						FY 2018	
	Direct Relief	Direct Relief Foundation	Direct Relief Mexico*	Direct Relief South Africa**	Direct Relief Property I, LLC	Inter-Organization Transaction Eliminations	Consolidated Total	Consolidated Total
\$ IN THOUSANDS								
ASSETS								
Cash & cash equivalents	\$ 81,626	\$ 4,831	\$ 90	\$ 25	\$ 850	\$ -	\$ 87,422	\$ 47,360
Investments	12,712	39,093	-	-	-	-	51,805	48,934
Contributions and other receivables	4,321	10,234	-	-	-	(2,124)	12,431	10,238
Inventories	386,361	-	-	-	-	-	386,361	178,180
Prepaid expenses	3,078	7	9	-	-	-	3,094	910
Property & equipment - net of accumulated	1,387	-	-	-	37,599	-	38,986	39,024
Investment in subsidiary	39,358	-	-	-	-	(39,358)	-	-
Other assets	1	-	-	-	-	-	1	460
Total assets	\$ 528,844	\$ 54,165	\$ 99	\$ 25	\$ 38,449	\$ (41,482)	\$ 580,100	\$ 325,107
LIABILITIES								
Accounts payable	\$ 3,567	\$ -	\$ 9	\$ -	\$ 52	\$ -	\$ 3,628	\$ 5,984
Accrued liabilities	5,180	2,124	-	-	-	(2,124)	5,180	4,103
Long-term debt	13,400	-	-	-	-	-	13,400	13,400
Total liabilities	22,147	2,124	9	-	52	(2,124)	22,208	23,487
NET ASSETS								
Without donor restrictions	419,412	36,976	-	25	37,599	(39,358)	454,654	239,451
With donor restrictions	87,285	15,065	90	-	798	-	103,238	62,169
Total net assets	506,697	52,041	90	25	38,397	(39,358)	557,892	301,620
Total liabilities and net assets	\$ 528,844	\$ 54,165	\$ 99	\$ 25	\$ 38,449	\$ (41,482)	\$ 580,100	\$ 325,107

* 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, 2019 with summarized totals for FY 2018. Amounts are presented in the thousands.

	FY 2019						FY 2018	
	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
\$ IN THOUSANDS								
PUBLIC SUPPORT								
In cash & securities:								
Contributions	\$ 34,487	\$ 19,613	\$ 1,128	\$ 89	-	\$ (25,433)	\$ 29,884	\$ 42,379
Business & foundation grants	62,748	51	-	-	-	-	62,799	48,839
Workplace giving campaigns	1,745	1	-	-	-	-	1,746	2,677
Special events	86	-	-	-	-	-	86	-
Total public support from cash & securities	99,066	19,665	1,128	89	-	(25,433)	94,515	93,895
From contributed goods & services:								
Pharmaceuticals, medical supplies & equipment	1,333,551	-	1,254	-	-	-	1,334,805	1,133,001
Contributed freight	1,944	-	-	-	-	-	1,944	1,787
Contributed goods - other	116	-	-	-	-	-	116	244
Professional services received	508	-	-	-	-	-	508	814
Total from contributed goods & services	1,336,119	-	1,254	-	-	-	1,337,373	1,135,846
Total public support	1,435,185	19,665	2,382	89	-	(25,433)	1,431,888	1,229,741
REVENUE								
Investment income	1,421	839	-	-	-	-	2,260	1,205
Realized loss on sale of investments	28	1,238	-	-	-	-	1,266	405
Unrealized gain on investments	(224)	176	-	-	-	-	(48)	1,151
Program service fees	-	-	-	-	-	-	-	3,724
Total revenue	1,225	2,253	-	-	-	-	3,478	6,485
Net assets released from restrictions	-	-	-	-	-	-	-	-
Total public support & revenue	1,436,410	21,918	2,382	89	-	(25,433)	1,435,366	1,236,226
PROGRAM SERVICES								
Program related expenses	1,182,537	11,154	2,571	68	731	(25,433)	1,171,628	1,231,891
SUPPORTING SERVICES								
Administration	4,465	222	40	-	97	-	4,824	5,406
Fundraising	2,542	74	-	-	25	-	2,641	2,693
Total supporting services	7,007	296	40	-	122	-	7,465	8,099
Total expenses	\$ 1,189,544	\$ 11,450	\$ 2,611	\$ 68	\$ 853	\$ (25,433)	\$ 1,179,093	\$ 1,239,990
CHANGE IN NET ASSETS	\$ 246,866	\$ 10,468	\$ (229)	\$ 21	\$ (853)	\$ -	256,273	\$ (3,767)

COMBINED STATEMENT OF FUNCTIONAL EXPENSES

For the fiscal year ended June 30, 2019
with summarized totals for FY 2018.
Amounts are presented in the thousands.

	FY 2019			FY 2019		FY 2018
	PROGRAM SERVICES: Pharmaceuticals, Medical Supplies, Equipment & Related Expenses			SUPPORTING SERVICES		TOTAL PROGRAM & SUPPORTING SERVICES
	USA	International	Total	Administration	Fundraising	TOTAL PROGRAM & SUPPORTING SERVICES
\$ IN THOUSANDS						
COMPENSATION AND RELATED BENEFITS						
Salaries	\$ 2,051	\$ 3,004	\$ 5,055	\$ 2,208	\$ 1,337	\$ 8,600
Payroll taxes	138	204	342	144	88	574
Employee benefits	368	525	893	401	234	1,528
Total compensation and related benefits	2,557	3,733	6,290	2,753	1,659	10,702
OTHER EXPENSES						
Pharmaceuticals, medical equipment & supplies distributed - donated	182,411	910,961	1,093,372	-	-	1,093,372
Pharmaceuticals, medical equipment & supplies distributed - procured	2,231	1,581	3,812	-	-	3,812
Inventory adjustment (expired pharmaceuticals)	13,849	24,849	38,698	-	-	38,698
Accounting & legal fees	20	46	66	178	5	249
Advertising	3	-	3	25	56	84
Bank charges	-	1	1	292	-	293
Contract services	605	567	1,172	607	152	1,931
Contributed services	11	18	29	266	256	551
Contributed freight	685	1,228	1,913	-	-	1,913
Contributed goods	24	36	60	35	22	117
Disposal costs (expired pharmaceuticals)	81	81	162	-	-	162
Dues & subscriptions	75	95	170	63	73	306
Duplicating & printing	17	13	30	20	10	60
Equipment & software maintenance	68	113	181	19	91	291
Equipment rental	27	48	75	3	2	80
Freight & transportation	1,866	2,823	4,689	-	-	4,689
Grants & stipends	12,259	4,643	16,902	-	-	16,902
Insurance	73	132	205	57	9	271
Interest	167	295	462	29	17	508
Meetings, conferences, special events	116	71	187	34	109	330
Miscellaneous	11	41	52	60	21	133
Outside computer services	-	-	-	5	17	22
Postage & mailing services	16	20	36	3	7	46
Rent & other occupancy	70	240	310	14	9	333
Supplies, furniture & fixtures	238	424	662	106	34	802
Taxes, licenses & fees	23	24	47	14	-	61
Training & education	5	8	13	4	2	19
Travel & automobile	284	390	674	85	35	794
Utilities & telephone	62	113	175	26	13	214
Web hosting	92	145	237	74	3	314
Total expenses before depreciation	215,389	949,006	1,164,395	2,019	943	1,167,357
Depreciation & amortization	340	603	943	52	39	1,034
Total functional expenses June 30, 2019	\$ 218,286	\$ 953,342	\$ 1,171,628	\$ 4,824	\$ 2,641	\$ 1,179,093
Total functional expenses June 30, 2018	\$ 329,269	\$ 902,622	\$ 1,231,891	\$ 5,406	\$ 2,693	\$ 1,239,990

CORPORATE PARTNERSHIPS

[FY 2019]

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. >>

CORPORATE PARTNERSHIPS

MANUFACTURERS & DISTRIBUTORS PROVIDING MEDICAL MATERIAL DONATIONS

3M	Boston Biopharma	Laboratorios Alparma S.A. de C.V.	Sappo Hill Soapworks
Abbott	Covidien	Lane Instruments	Seqirus
Abbott Laboratories de México, S.A. de C.V.	CVS Corporation	LifeScan, Inc.	Shire
AbbVie	Dr. Reddy's Laboratories	Liquid IV	Siemens Healthineers
Alcon Laboratories, Inc.	Eli Lilly & Company	Magno-Humphries Labs, Inc.	SOS Hydrate
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[FY 2019]

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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[FY 2019]

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

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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.

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EXPANDING FOR THE FUTURE

Direct Relief's new state-of-the-art distribution center, meeting heightened federal requirements for security and storage of prescription medications, is 155,000 square feet, making it the largest distribution hub for humanitarian medical aid in the nation.



THE CAMPAIGN FOR DIRECT RELIEF

Direct Relief built a new facility—a project about more than the walls, windows, and roof that make a building. It is about the organization’s continued ability to pursue its mission of improving the lives of people affected by poverty or emergencies. It is about expanding humanitarian activities for the benefit of thousands of communities throughout the United States and the world. And it is about extending health services to millions of people for the first time, helping them to realize their inherent potential and to live fulfilling lives.

We humbly thank these leaders for their contributions to the Campaign for Direct Relief and for their generosity in helping build a better world.

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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.

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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

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 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 & 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.