



YOUR  
SUPPORT  
& HOW IT  
WAS USED



## FISCAL YEAR 2021 ANNUAL REPORT

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Cover photo: Dr. Delia Gamboa Guerrero, Director of the IMSS hospital in Cuernavaca, Morelos. (Felipe Luna for Direct Relief)



Medical aid departs Direct Relief's warehouse for Nepal on May 21, 2021, in response to a Covid-19 surge in the country. (Lara Cooper/Direct Relief)



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

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FISCAL YEAR 2021 IN REVIEW

# COMPOUNDING CHALLENGES MET WITH NEW STRENGTHS

As the Covid-19 pandemic continued in late 2020 and early 2021, Direct Relief was called upon to respond globally in a heightened capacity, even as multiple emergencies arose from hurricanes, wildfires, and humanitarian crises. The level of operational activity reached new highs as Direct Relief focused on providing material, financial, and information assistance.

Direct Relief provided more material assistance than ever before in its 73-year history, in large part to rapid response around the globe to locations experiencing devastating spikes in Covid cases and deaths. Personal protective equipment to dozens of countries in Africa, oxygen concentrators to the Brazilian Amazon, and multiple FedEx airlifts to India carrying masks, oxygen concentrators, and other medical aid to local hospitals all took place during this time. The organization also was a key player in vaccine logistics, facilitating donations of 1.75 million Covid vaccine doses to Mexico, Belize, Bolivia, and Paraguay.

Significant emergencies also took place as the global pandemic raged on, including the port explosion in Lebanon, for which Direct Relief was able to mobilize medical resources to bolster the health system, already strained from pandemic.

Responding to areas of need with medical aid, in the most effective way possible, while also expanding provision of financial assistance, was central to the organization's approach over the fiscal year. In response to long-standing inequities in the health system, the Fund for Health Equity was launched in March, bolstered by significant gifts from AbbVie, the NBA, Lilly, and others.

The organization was also a critical provider of informational assistance, which includes information products and insights shared with public health departments, first responders, and others addressing the pandemic and subsequent emergencies.

At the time of this writing, the pandemic continues, and many gaps in care still exist. But to focus only on the work yet to do would miss the magnitude of what's been done, and what's taking place now.

People and organizations courageously stepped up in the face of historic uncertainty and unprecedented need, and the nation's safety net of community health centers and free and charitable clinics have demonstrated—in remarkable ways—how indispensable they are to their communities, even when resources were scarce.

Each year, Direct Relief is called to do more, and do it more efficiently. It's why the organization exists, and it wouldn't happen without the vision, fortitude, and generosity of companies, organizations, and individuals that believe in, and support, working for the good of others in crisis.



Catatumbo, Colombia. (Courtesy photo)



HERE  
ARE

3

WAYS

THE WORK  
UNFOLDED AROUND  
THE WORLD  
DURING THE PAST  
FISCAL YEAR >>

# 1

# MATERIAL ASSISTANCE

The Year of the Airlift



Personal protective equipment is loaded onto aircraft in Shenzhen, China, on Sept. 6, 2020, before departing to a dozen countries in Africa as part of the COVID-19 Action Fund for Africa. The fund is working to meet essential PPE needs of community health workers, and the shipment included surgical masks, gloves, eye protection and more. (Direct Relief)

The ongoing Covid-19 pandemic required Direct Relief to continue operating at the highest levels of activity in its history, and the global response prompted more than 26,000 shipments containing 243 million Defined Daily Doses of medication to 97 countries. Multiple airlifts took place to facilitate the infusion of medical aid in the fight against Covid-19, including FedEx stepping up to donate transport to India with back-to-back charter flights.

## FY 2021 MATERIAL ASSISTANCE

\$1,654,000,000

in specifically-requested medicines and medical supplies

238,600,000

in Defined Daily Doses of medicine

4,140

tons of pharmaceuticals, medical supplies, and medical equipment delivered

26,616

deliveries to healthcare providers in...

97

countries

50

states

6

U.S. territories

## PPE to safeguard health workers

Direct Relief was one of the world's largest providers of charitable personal protective equipment, and has delivered more than 94 million masks, 31 million gloves, and millions of other PPE items free-of-charge to health workers on the frontlines of the pandemic.



1



2



3



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Since the pandemic began, Direct Relief was one of the few non-profits prepared to make a substantial and immediate impact on the crisis with a large supply of PPE and critical care medications that it distributed to safety-net health centers and clinics, hospitals, and public health agencies around the U.S. and globally.



5



6

As part of its involvement with the Covid-19 Action Fund for Africa, Direct Relief was one of the largest providers of charitable PPE to the continent during the pandemic.

1 Kayla Percy, a nurse practitioner at Chiricahua Community Health Centers, Inc., in Douglas, Arizona, examines a patient while wearing protective gear. (Photo courtesy of CCHCI)

2 Volunteers with Mountain Heart Nepal prepare to provide medical support to an airlifted patient. (Photo courtesy of Mountain Heart Nepal)

3 A second donated FedEx Boeing 777F charter flight departed Newark, NJ, with critical supplies organized by Direct Relief bound for New Delhi, India on May 15-16, 2021. (Photo courtesy of FedEx)

4 Catatumbo, Colombia. (Courtesy photo)

5-6 Surgical face masks bound for Uganda and Mali are loaded onto aircraft in Shenzhen, China, on Sept. 6, 2020. The COVID-19 Action Fund for Africa airlifted nearly 60 million pieces of PPE to a dozen countries in Africa, to protect up to one million community health workers from COVID-19. (Direct Relief photo)

In collaboration with Direct Relief and the US and Mexican governments, FedEx delivers 1.35 million J&J vaccines to Toluca, Mexico on June 15, 2021. (FedEx photo)



Photo: Mike Eliason



## Expanded vaccine access

**DIRECT RELIEF** has facilitated the delivery and storage of millions of vaccine doses around the world, including in the U.S., Mexico, Belize, Bolivia, El Salvador, Guatemala, Honduras, Jamaica, and Paraguay.

As a registered charity in both the United States and Mexico, Direct Relief is uniquely able to arrange the cross-border donation of cold chain medications. The organization has commercial-grade licensing and infrastructure for pharmaceutical distribution and was able to safely and effectively transport medications that must be refrigerated or kept frozen.

In addition, Direct Relief was able to use its logistics partnerships and expertise in customs clearance to facilitate equitable vaccine access between governments.



Thouraye, 27, receives a chemotherapy infusion at the American University of Beirut Medical Center. A mother of two, she comes to the hospital once every two weeks. "I feel that this is a phase that I will overcome thanks to the support I am receiving." Direct Relief provided critical oncology donations to the facility since the port explosion in 2020. (Photo by Francesca Volpi for Direct Relief)



## Critical care resources for patients

**IN ADDITION** to the provisions of PPE, Direct Relief's early identification of critical resources and medications made it a consistent support of health systems around the world.

Requests for oxygen concentrators and financial support for medical-grade oxygen were answered by the organization, as well as requests for therapies to support hospitalized Covid-19 patients, including monoclonal antibodies and other medical interventions requested by health staff around the world.

Temperature sensitive therapies like these allowed Direct Relief to respond within its unique operational strengths, including with expanded cold-chain capabilities. The organization's cold chain capacity – already used extensively to supply charitable insulin, vaccines, and rare disease therapies around the world – was called upon to act as a backstop for public health agencies conducting Covid-19, flu and other vaccination campaigns. During the year, the organization built a second cold room to store temperature sensitive therapies, tripling its storage capacity for medications stored between 2-8 degrees Celsius, and additional storage for ultracold therapies, including the Pfizer Covid-19 vaccine.

Right: Monoclonal antibody treatments, donated by Eli Lilly, arrive at Direct Relief's distribution hub and are stored in the organization's cold storage facility on June 16, 2021. The therapies were used to treat Covid-19 patients in the developing world. (Lara Cooper/Direct Relief)



**AFTER EMERGENCIES** and in response to ongoing health needs, Direct Relief frequently provides financial assistance to local organizations, building on established pre-existing relationships and strong credibility. Direct Relief considers itself a steward of donor funding, and if that funding is specifically designated to a particular place, emergency, or ongoing initiative, the organization strives to honor that donor intent to the maximum degree possible.

This past fiscal year, Direct Relief was able to provide hundreds of local organizations with the financial support they needed to continue their essential work.

Firefighters at the Cataño fire station in Puerto Rico and a Direct Relief staff member examine solar panels newly installed on the station roof.  
(Ana Umpierre/Direct Relief)

# 2

## FINANCIAL ASSISTANCE

Strengthening Health Systems and Making them More Equitable

### FY 2021 FINANCIAL ASSISTANCE

**\$56.6 MILLION**

Funding supported 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

## ENSURING HEALTH ACCESS IS MORE EQUITABLE

### The Fund for Health Equity

**DIRECT RELIEF'S FUND FOR HEALTH EQUITY** increases access to health care and improves health outcomes for marginalized communities, which have long experienced worse health outcomes and are less likely to receive the medical care they need.

In response to long-standing inequities in the health system, the Fund for Health Equity was launched in March 2021, bolstered by significant gifts from AbbVie, the NBA, Lilly, and others.

Funding has been used to support organizations focused on areas that relate to underlying inequities in health, including diversification of the workforce by supporting people from all backgrounds as they undergo training and certification to become nurses, community health workers, and other essential health workers. The Fund also seeks to eliminating health disparities and support digital health by expanding access and delivering better patient care through new technology.

Pharmacist Rachel Rivera, right, began the Transitions of Care program in 2019. Beginning in 2020, she began helping Covid-19 patients who were released from the hospital. (Photo courtesy of Henry J. Austin Health Center)



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# 5-YEAR INITIATIVE LAUNCHED WITH \$75 MILLION

[ FUND FOR HEALTH EQUITY ]

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(Photo by Erin Feinblatt for Direct Relief)

## High-quality care—accessible, affordable, and culturally appropriate

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**MOBILIZING AND PROVIDING** financial resources for organizations serving lower-income and more diverse communities:

- ▶ Diversifying the health care workforce
- ▶ Eliminating health disparities with efforts focused on health, wellness, prevention of noncommunicable diseases, social determinants of health, and behavioral health (with or without clinical services)
- ▶ Supporting innovation and the expanded use of digital health and other such approaches

1 QueensCare Flu Clinic, November 9, 2020  
(Noah Smith/Direct Relief)

2 Amy Yeung (R) and Chenoa Bah (L) in front of  
a map of Navajo Nation. (Photo courtesy of Nate Lemuel/  
Darklisted Photography)

3 Free Clinic of Meridian staff member Desiree  
Wilson measures the vitals of a patient in Meridian,  
Mississippi, in 2020. (Photo by Revere Photography for  
Direct Relief)



# DIRECT RELIEF FUNDING TO COMMUNITY-BASED GROUPS RESPONDING TO COVID-19 TOTALED \$40.66 MILLION

## Supporting U.S. safety net care during Covid-19

**AS IS THE CASE** in all emergencies, the pre-existing gaps get bigger as resources are redirected to the emergency. That's why Direct Relief's focus since the onset of Covid-19 has been on supporting its partner network of community health centers, free and charitable clinics, and other safety net health facilities that care for people who are among the least fortunate and most vulnerable to crises. These healthcare providers have expanded their services during the pandemic often without reimbursement.

## Funding ongoing emergency response efforts

**LOCAL GROUPS AROUND THE WORLD** supporting health efforts after emergencies and in response to Covid-19 pandemic efforts received financial resources from Direct Relief. Health organizations responding to wildfires in the Western U.S. and the hurricanes in the U.S. Gulf Coast, the port explosion in Lebanon, and numerous other emergencies that took place throughout the year were bolstered with direct financial resources to support their response efforts.



The Direct Relief funded Al Dobba Health Center in Yemen is open and seeing patients. Direct Relief's grant to Yemen Aid paid to renovate, equip, and staff the health center. The Al Dobba Health Center is one of the few places in Lahij providing Covid-19 testing and is now equipped with solar power and vaccine refrigeration.



2



3

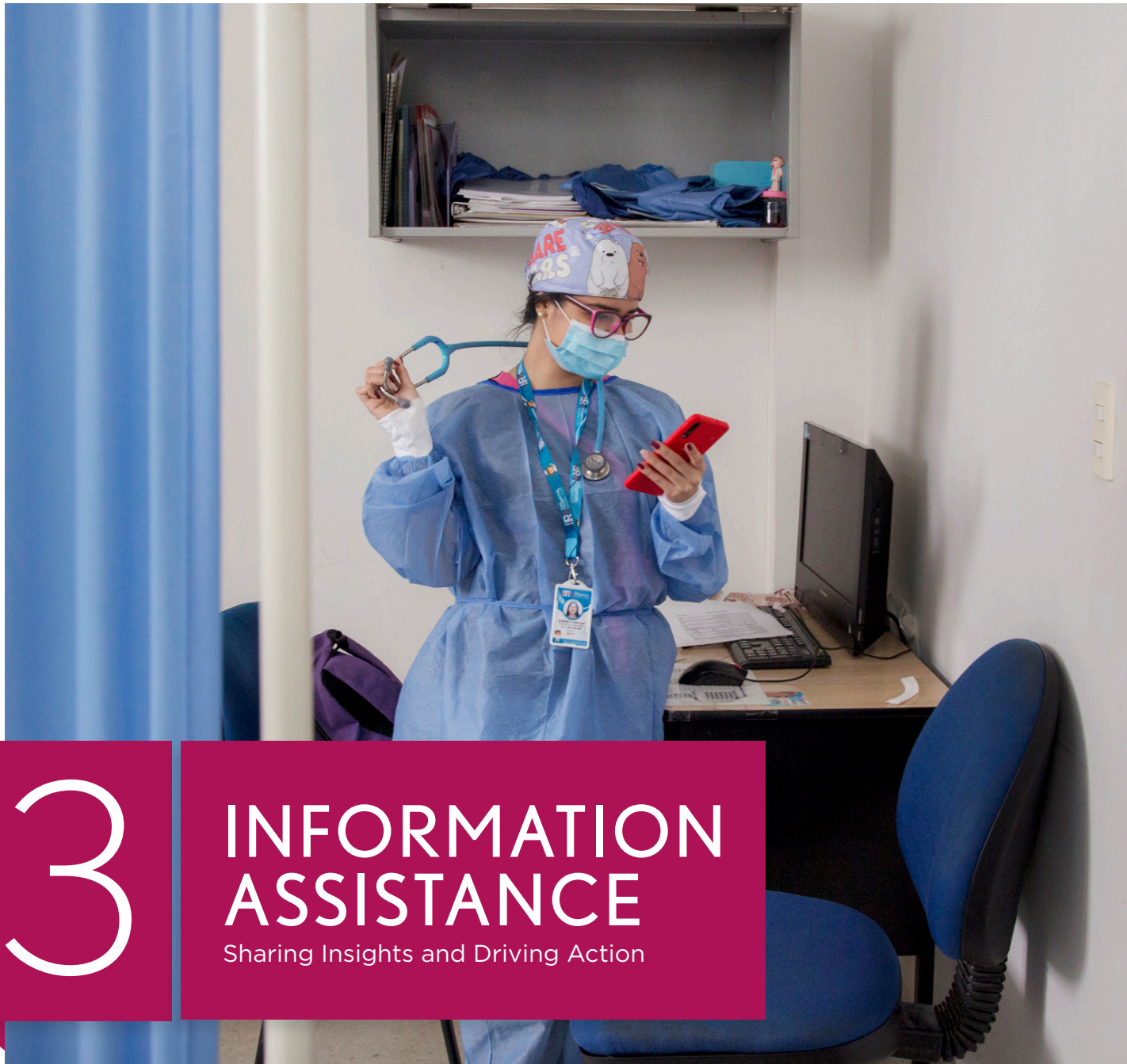
1 Direct Relief delivery of medical supplies, personal hygiene kits, and a generator to Families Together, a nonprofit clinic in Tustin, Calif., during local wildfires on October 28, 2020. (Noah Smith/ Direct Relief) 2 Requested medical supplies arrived at the Chino Valley Community Health Center in San Bernardino County, California, on Sept. 11, 2020. The El Dorado Fire impacted air quality in the region, and supplies delivered to the health center included respiratory and eye medications, along with other essentials often requested during fires. (Chris Alleway/Direct Relief) 3 Pharmacists at Rafik Hariri University Hospital in Beirut, Lebanon. Direct Relief has been able to provide critical donations to the facility since 2020's explosion. (Photo by Francesca Volpi for Direct Relief)



1



Modular Operating Room attached to Rand Hospital in Grand Bahama (Direct Relief)



# 3

## INFORMATION ASSISTANCE

Sharing Insights and Driving Action

Over the past fiscal year, Direct Relief was also a critical provider of information assistance, which included geospatial analysis and insights shared with public health departments, first responders, and others addressing the pandemic and subsequent emergencies.

To inform its efforts and those of other response agencies, Direct Relief and partners established in early 2020 the Covid-19 Mobility Data Network, which created the first functional model for using digital mobility data to guide real-time health emergency response activities. The Network advised public health agencies, from the office of California's governor to the NYC Department of Health, and the national health services in the UK, Chile, South Africa, India, Thailand, Australia, and elsewhere, on social distancing policy, testing, and other disease control measures.

In early 2021, the network was transformed into CrisisReady, a formal partnership with Harvard School of Public Health, Beth Israel Deaconess Medical Center, and the Harvard Data Science Initiative, which provides a research and response platform for translating large-scale private data into effective and equitable public action.

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Catatumbo, Colombia. (Courtesy photo)





“The escalating number and scale of wildfires is putting disproportionate pressure on the most vulnerable communities. In order to build health systems that adapt equitably and respond effectively to those pressures, it is vital to have much better data before events happen.”

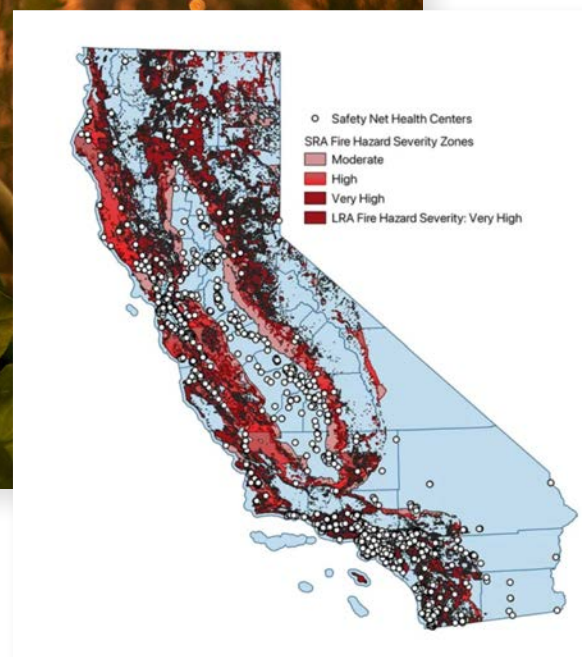
– ANDREW SCHROEDER  
DIRECT RELIEF VICE PRESIDENT OF RESEARCH AND ANALYSIS

A firefighter works to quell the flames of the El Dorado Fire burning in California’s San Bernardino mountains on Sept. 10, 2020. With an eye on 2021’s fire season, CrisisReady participants analyzed and shared data to identify communities most vulnerable to health risks from the massive wildfires that have burned large parts of California in each of the last several years. (Photo courtesy of San Bernardino County Fire Department)

## Crisis Ready focuses on wildfire health risks

**WITH A \$1 MILLION** Google.org grant, Direct Relief and Harvard University coordinated researchers, public sector and safety net professionals to improve response in communities hit by natural disasters. Through the Crisis Ready initiative, Direct Relief staff and Harvard University researchers continued the collaboration that began in 2020 to fight the spread of Covid-19, using population mobility and social vulnerability data tools to help public health and safety net organizations prepare for and respond to wildfires.

Crisis Ready participants have been analyzing and sharing data to identify communities most vulnerable to health risks from the massive wildfires that have burned large parts of California in each of the last several years. In addition to the direct risk to life and property, these risks include lost power to life-sustaining medical equipment; lost access to medicine and medical services; smoke inhalation hazards; heightened disease transmission risk in temporary shelters; and psychological impacts of displaced and disrupted lives. Sharing this information with decisionmakers during emergencies allows for real-time response and efficient direction of resources.



To determine where health resources would be most needed to prepare for the 2021 California wildfire season, Direct Relief identified at-risk health centers through integrated data.

## Covid trends and forecasting models inform public health officials, emergency responders

**ANOTHER WAY** Direct Relief provided information and insights over the past year was by forecasting where Covid cases had a likelihood of increasing, so emergency response efforts could be directed accordingly. In the U.S., Direct Relief used Facebook-provided anonymized data, data from other sources, and AI to predict, visualize, and analyze the spread of Covid-19 down the county level.

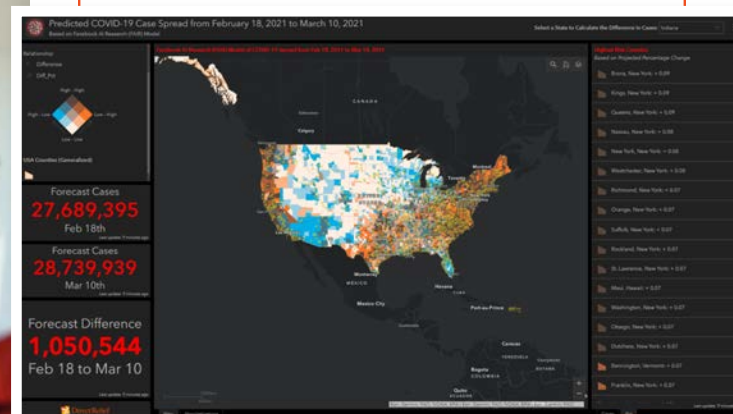
The data was also used to track how and where people moved during a disaster in order to paint a more complete picture of the pandemic's impacts. The organization also mapped where hospitals recorded the most Covid-19 hospitalizations as well as ICU occupancy.

These insights were shared with public health officials as they determined how to best deploy their resources, set policies, and communicate with the public while mitigating transmission of the virus. When cases began to spike in India, Direct Relief ran similar analyses to determine where cases and hospitalizations were spiking, and shared those findings with responding experts.



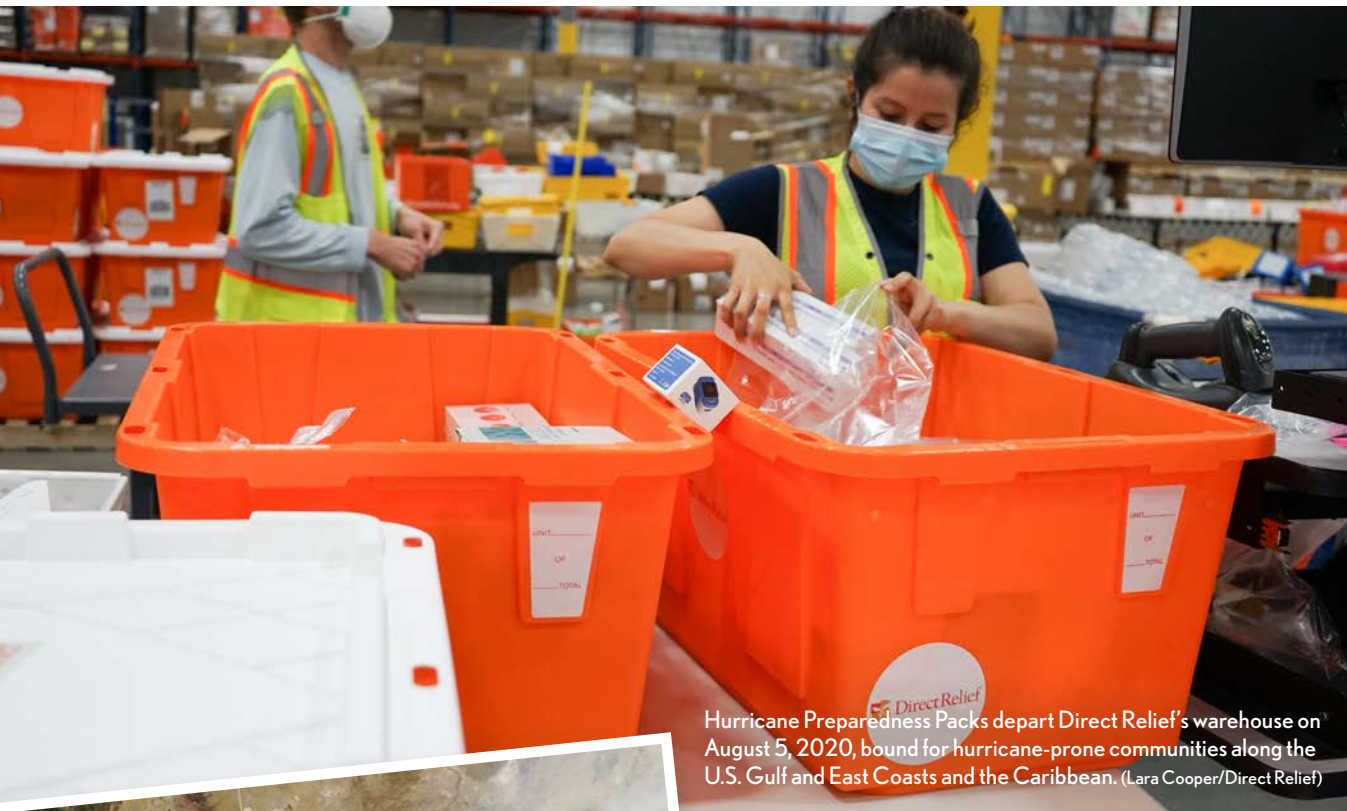
ICU Kits arriving at Dhulikhel Hospital in Nepal during the Covid-19 pandemic. (Photo Courtesy of Pramesh Koju/ Dhulikhel Hospital)

## COVID-19 DATA MOBILITY NETWORK



As cases of Covid-19 spread like wildfire around the world in February and early March 2021, Direct Relief helped convene urgent discussions with colleagues at Facebook and the network of collaborators on Data for Good about data resources that would prove valuable to assist the response. An emergency call was convened through Facebook Data for Good on Saturday morning, March 14th, to begin sorting out the major issues and requirements for immediate impact, from stakeholder networks to data pipelines, methods, and work products. Participants included several academic infectious disease epidemiology community members, the World Bank, UNICEF, the Gates Foundation, other NGOs, and the data team from Facebook.

That meeting sparked a global effort to help contain COVID-19 by providing real-time mobility data and analysis resources at scale to public sector health agencies, leading to a greater understanding of physical distancing policies being implemented. The effort came to be called the COVID-19 Mobility Data Network. In part, with support from Facebook team, it provided direct analytical support to over 40 different countries, states, and cities.

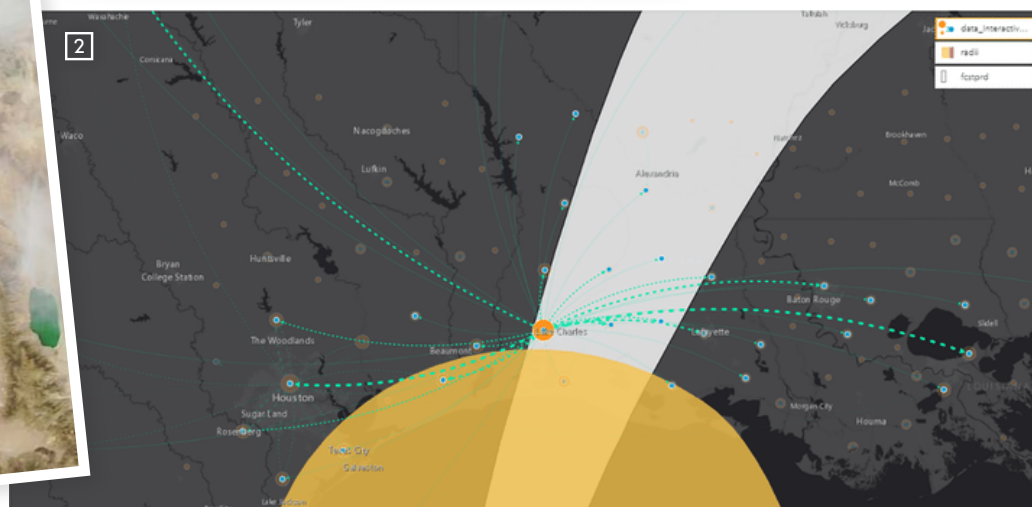


Hurricane Preparedness Packs depart Direct Relief's warehouse on August 5, 2020, bound for hurricane-prone communities along the U.S. Gulf and East Coasts and the Caribbean. (Lara Cooper/Direct Relief)

## Population movement during disasters that occurred during the Covid-19 pandemic

**DIRECT RELIEF PROVIDED** analysis and support during multiple disasters that occurred throughout the year simultaneously with the ongoing pandemic. The organization provided analysis of Hurricane Laura's path through Louisiana, while using mobility data to track where people were evacuating. The organization also compared counties with high Covid-19 cases in the storm's path.

In 2021, Direct Relief provided support for the City of New Orleans by providing mobility movement analysis, and again for California Governor's Office of Emergency Services during the Caldor Fire, which burned more than 220,000 acres in the Sierra Nevada mountains and nearby counties.



1 The Caldor and Dixie fires scorched nearly 1 million acres (1,500 square miles) and caused tens of thousands evacuations.

2 Data from Facebook Data for Good showed the long-term displacement pattern for people impacted by Hurricane Laura, in relation to the likely path of Hurricane Delta.

# FY 2021 EMERGENCY TIMELINE

JULY 2020–JUNE 2021

SEPTEMBER 2020

## Wildfires in the Western U.S

2020 was a record-setting year for wildfires in the United States, including for communities in California, Oregon and Washington. Direct Relief mobilized requested medical aid to areas impacted by hazardous air quality, and shipped N95 masks, respiratory medications, chronic disease management prescriptions, hygiene kits for evacuees and more.



NOVEMBER 2020

## Hurricanes Eta and Iota Make Landfall in Honduras and Nicaragua

Two Category Four hurricanes made landfall within two weeks of each other, damaging parts of Honduras and Nicaragua and killing hundreds. Direct Relief dispatched multiple emergency shipments, with support from FedEx, to on-the-ground partners in Honduras and Nicaragua, totaling 62 pallets and with a value of almost \$10 million. The pallets contained a large variety of medicines and supplies, including antibiotics, antifungals, cardiovascular medicines, vitamins, PPE, and wound care supplies.



NOVEMBER 2020

## Covid-19 Response Continues

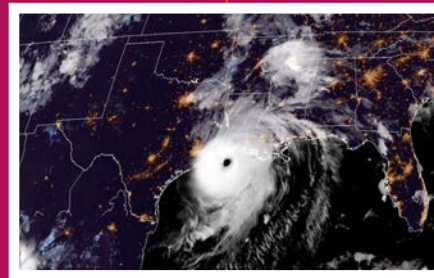
Direct Relief offers financial support for Community Health Centers in the U.S., as well as Free and Charitable Clinics providing care. Funding and medical support continues as health centers and free clinics gear up to support large scale vaccination efforts in their communities, including to low-income patients and minority populations.



AUGUST 2020

## Beirut port explosion

A deadly blast ripped across Beirut on Aug. 4, killing more than 200 people, injuring thousands, and leaving dozens missing. Direct Relief worked with longtime partners in the affected area to channel needed resources and assist with recovery efforts, and ultimately shipped more than 60 tons of medical aid to support the health system, already under strain from Covid-19.



AUGUST–OCTOBER 2020

## Hurricanes Laura and Delta Strike Louisiana

Two Category Four hurricanes struck southwestern Louisiana within six weeks of each other, battering areas still without power from the previous storm. Direct Relief worked to support health facilities in the Lake Charles area as they provided care for patients.

NOVEMBER 2020

## CAF-Africa Initiative Pledges PPE Supplies for 20 African Countries

Direct Relief worked with the Covid-19 Action Fund for Africa to procure more than 81 million units of PPE, distributed to community health workers and other health workers across 18 African countries. These workers provide health services to over 400 million people across Africa in communities otherwise underserved by formal health systems.



FEBRUARY 2021

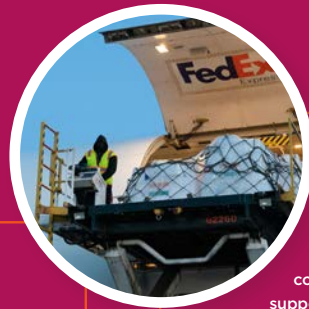
## 7 Oxygen Concentrators Arrive in the Brazilian Amazon

With a shortage of oxygen in the country to treat Covid-19 patients, Direct Relief made a grant to the Foundation for Amazon Sustainability to purchase an estimated 350 oxygen concentrators. The donation was facilitated by the Governors' Climate and Forests Task Force and Health Bridges International. In April, Direct Relief shipped oxygen concentrators to the country for additional support.

## FEBRUARY 2021

### Texas Ice Storm

Below-freezing temperatures, power outages, and water supply issues affected millions in Texas. In response, Direct Relief shipped nearly \$500,000 in medicine and supplies to nonprofit health centers and clinics throughout Texas, including PPE, personal care products, and chronic disease meds.



## APRIL-MAY 2021

### Response to India's Covid Spike

As Covid cases rose exponentially, Direct Relief committed funding for oxygen support to India, and FedEx donated three 777 airlifts which transported masks, oxygen concentrators, other medical aid to India, and the three flights transported over 160 tons of medical aid to the country over six weeks. Direct Relief also bolstered oxygen production in the country by funding oxygen plants connected to several local medical facilities, including Deenanath Mangeshkar Hospital and Research Center in Pune.



## MAY 2021

### Charter Flight Departs for Nepal

As hospitals across Nepal neared ICU and ventilator capacity and struggled with severe shortages of oxygen and other medical resources, Direct Relief chartered an aircraft containing 45-tons of medical aid, including 860 Direct Relief-purchased oxygen concentrators. Direct Relief also helped secure a sustainable supply of medical-grade oxygen in Central Nepal by funding a new oxygen production plant at Siddhasthali Rural Community Hospital.

## MARCH 2021

### U.S. Border Response to the migrant crisis

As a surge of migrants crossed the U.S.-Mexico border, Direct Relief supported health facilities providing care to patients on both sides of the southwestern border. This included hand-delivering multiple caches of emergency medical supplies to San Diego, where medical services and shelter were being provided to unaccompanied minors that had crossed the border. The delivery included supplies to treat trauma-related injuries, over-the-counter medications, and personal care products.

## MARCH 2021

### Covid-19 Vaccine Clinics Held at Direct Relief

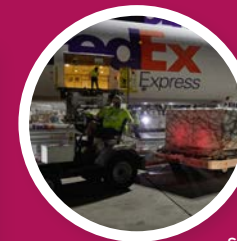
Direct Relief hosted Santa Barbara Neighborhood Clinics for vaccine pop-up events as the local health center worked to vaccinate the community's most vulnerable against Covid-19. Hundreds of community members received vaccinations as part of the effort.



## JUNE 2021

### Covid-19 Vaccine Deliveries Facilitated by Direct Relief

Governments of both the United States and Mexico turned to Direct Relief to facilitate international deliveries of more than 1.75 million shots of coronavirus vaccine during the month of June. The deliveries include 1.35 million doses from the U.S. to Mexico and a total of 400,000 doses from Mexico to Belize, Bolivia and Paraguay. The U.S. government sent the vaccine to Mexico with support from Direct Relief, which arranged to fly the doses from the U.S. to Mexico via its longstanding relationship with FedEx.



## APRIL 2021

### La Soufriere Volcano Explosion

The active Caribbean volcano began erupting on April 9, one day after an imminent threat was declared. After discussing needs in the region with long-term partners, Direct Relief sent shipments of medical aid to the Pan American Health Organization and the Organization of Eastern Caribbean States. Aid supplied included respiratory medications, N95 masks, burn creams, first aid kits, hygiene supplies, and other essential medical items to aid communities affected by the eruption.



A donated FedEx Boeing 777F charter flight departed Newark, NJ, with critical Covid-19 supplies organized by Direct Relief bound for India. (Photo courtesy of FedEx)



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# HOW DIRECT RELIEF WAS FUNDED

[ FY 2021 ]

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 2021 (July 1, 2020, through June 30, 2021), individuals, companies, and foundations gave in-kind and cash contributions to Direct Relief. Businesses and organizations provided products and expertise needed and leveraged for humanitarian purposes, and generous cash donations helped keep Direct Relief independent from external interests, maintaining the flexibility of its work. >>

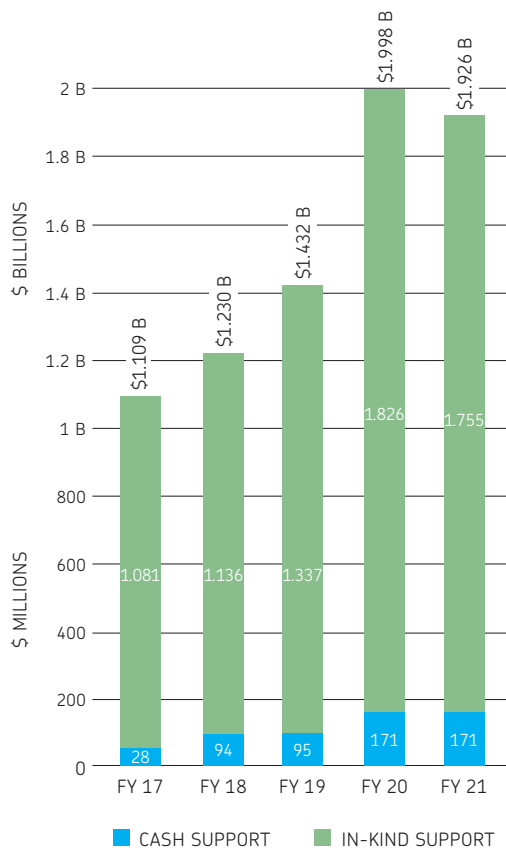
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## CASH AND IN-KIND CONTRIBUTIONS

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



FY 2021 CONTRIBUTED SUPPORT: \$1.926B



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

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

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

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

In addition, the extensive contribution of goods and

services allows for financial contributions entrusted to Direct Relief to be leveraged significantly.

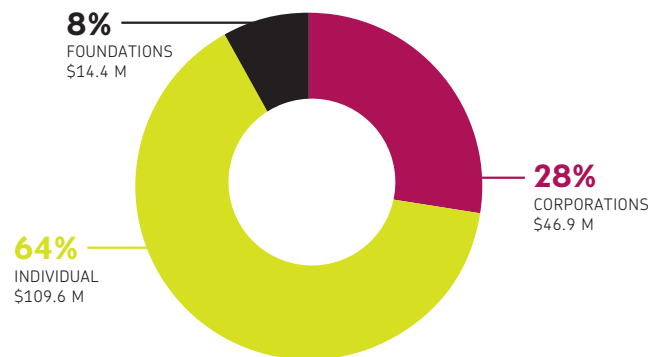
Direct Relief also seeks and receives cash contributions, which are used to cover internal costs and for goods and services that cannot be obtained through in-kind donations and are needed to advance the organization's mission.

Direct Relief's financial statements must account for both cash and in-kind contributions that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2021, over 91 percent of its total public support of nearly \$1.93 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).

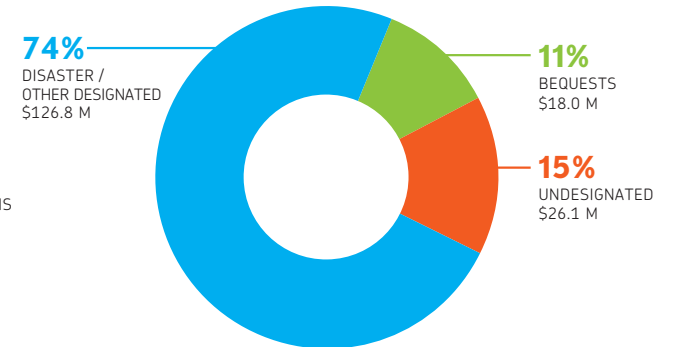
Merging cash and in-kind contributions in accordance with Generally Accepted Accounting Principles (GAAP) can be confusing to non-accountants. These notes, in addition to the financial statements on page 23, are to assist you in understanding how Direct Relief's program model is financed and works, to explain the state of the organization's financial health, and to inform you about how the money generously donated to Direct Relief in FY 2021 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 **CONT'D ▶**

SOURCES OF CASH REVENUE: \$171 M



CATEGORIES OF CASH SUPPORT: \$171 M





of in-kind medical product contributions. Cash support—as distinct from the value of contributed products—is used to pay for the logistics, warehousing, transportation, program oversight, program and administrative staff salaries, purchasing of essential medical products, acquisition of donated medical products, and all other program expenses.

## TIMING OF REVENUE RECOGNITION & EXPENSES

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

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

In both FY 2021 and FY 2020, 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 2021, Direct Relief received public support and revenue of \$1.75 billion in product donations, \$171 million in cash donations and \$12.6 million in earned income. In the same period, Direct Relief provided program services including pharmaceuticals, medical supplies, equipment and related expenses of \$1.88 billion, administrative support services of \$6.3 million and fundraising costs of \$3.5 million. For FY 2021, the change in net assets was a \$50 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. Place-based restrictions are straightforward, such as where a disaster occurs in a particular country. Purpose-based restrictions require that spending on expenses meet a donor specified project or initiative. Direct Relief has used similar policies for all disaster responses in the last few years, including responses to the Covid19 Pandemic, Wildfires in the U.S., Australia, and the Amazon, the Congo Ebola Outbreak, Hurricanes Dorian, Harvey, Michael, Florence, Maria, and Irma, Cyclones Idai and Amphan, and earthquakes in Puerto Rico, Indonesia, Mexico, Ecuador, Nepal, Japan, Haiti, Pakistan, and Peru.

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

## VALUATION OF IN-KIND RESOURCES

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

partner organizations in the most efficient manner possible.

When Direct Relief receives an in-kind donation, accounting standards require a “fair market value” to

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

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

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

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HOW  
DIRECT RELIEF  
WAS FUNDED  
FY 2021

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With the assistance of Yemen Aid, Direct Relief was able to donate an estimated 3 tons of emergency medical aid in response to COVID-19. The aid was distributed to numerous Quarantine and Health Facilities, in coordination with the National Program of Medical Supply of Yemen. (Video courtesy of Yemen Aid)

For non-FDA-approved pharmaceuticals, for example, products manufactured for use in non-U.S. markets, the organization uses independent pricing guides

to determine the fair market value of the particular manufacturer's specific formulation. As is the case with FDA-approved formulations, the value relates to the specific product from the specific manufacturer. The sources of such pricing information vary, but relevant information may include the price paid by wholesalers or other third-party buyers, a favorable price negotiated by an organization for a particular drug, WAC values for drugs which are not FDA-approved but have identical formulations, 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 \$774,000, 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 five 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 2021, the Foundation Trustees approved a distribution of \$3.2 million to pay for Direct Relief's fundraising expenses and the salary of the President and CEO. The Foundation also distributed \$2.4 million to Direct Relief that had been approved in prior years for the same purpose. Upon a majority vote by the Board, the BRIF may also be utilized to meet other general operational costs and extraordinary capital expenses.

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# HOW YOUR SUPPORT WAS USED

[ FY 2021 ]

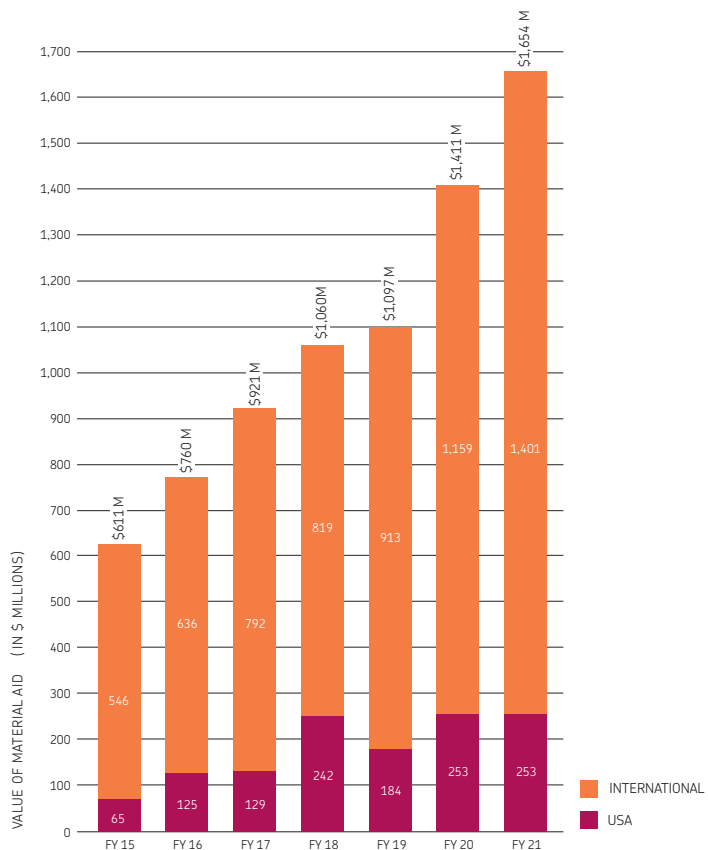
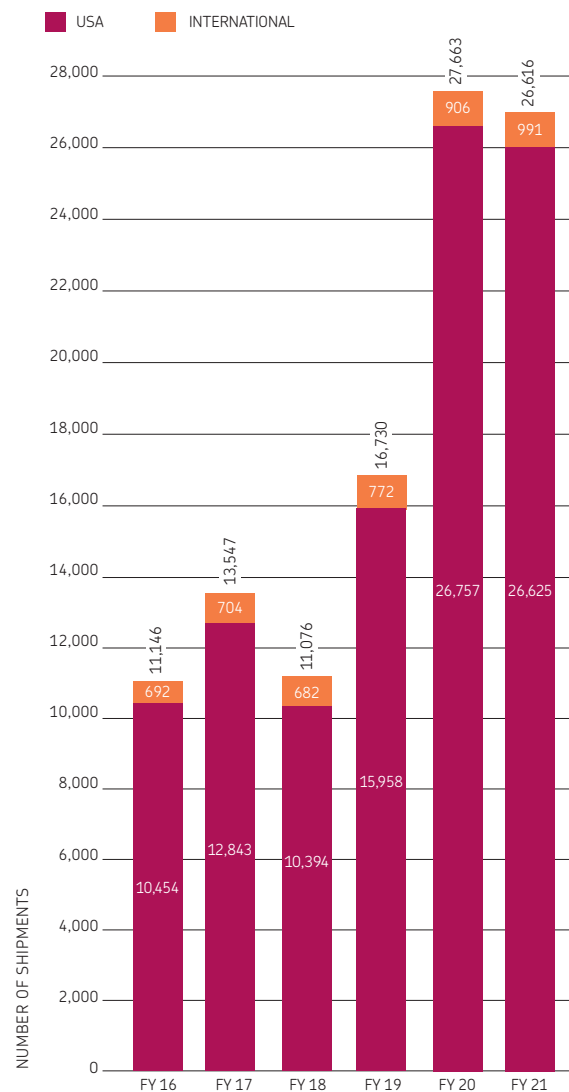
Thanks to your participation, Direct Relief helped more people in more places than ever before in its 73-year history in FY 2021.

The organization received \$1.93 billion in public support and provided a record \$1.71 billion in assistance around the world (including \$56.6 million in financial assistance). >>

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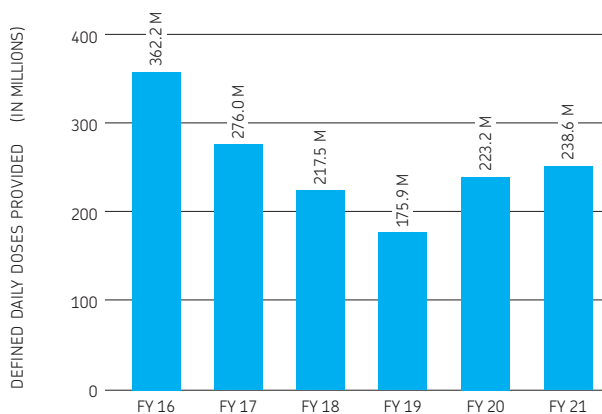
# MATERIAL ASSISTANCE

Advancing its mission to improve the health and lives of people affected by poverty or emergencies—without regard to politics, religious beliefs, or ethnic identities—Direct Relief delivered **26,616** shipments of humanitarian material aid in FY 2021 to **97** countries and all **50** U.S. states and 6 U.S. territories.



The medical aid contained in these shipments was sufficient to provide **238.6 million Defined Daily Doses (DDD)** for people who may have otherwise lacked access to quality health care.

The **4,140** tons (over 8.3 million pounds) of pharmaceuticals, medical supplies, and medical equipment that were furnished to local health programs had a combined wholesale value of **\$1.65 billion**.



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



A midwife tends to a young patient.  
(Photo by Anushree Surin for the International  
Confederation of Midwives)

## FINANCIAL ASSISTANCE

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In addition to providing more essential medical material resources than ever before, Direct Relief furnished \$56.6 million in critically needed funding in FY 2021 to support the efforts of locally-run, non-governmental health facilities in the U.S. and internationally as they responded to crises, rebuilt damaged facilities, trained frontline health workers, and extended care to more patients.

Grant recipients included community-based groups responding to or recovering from emergencies, including the Covid19 pandemic (\$40.66m), Hurricane Maria (\$5.4m), Hurricane Harvey (\$1.45m), California wildfires (\$1.4m), the Lebanon crisis (\$550k), Hurricane Florence (\$289k), Hurricane Michael (\$270k), and the Sulawesi earthquake (\$259k).

Additional funding supported the innovative care and treatment programs of community health centers, free clinics, and charitable pharmacies in the U.S. (\$4.4m), and the on-going efforts of numerous other partners to address the chronic health needs of vulnerable people in their communities.

## STAFFING & EXECUTIVE COMPENSATION

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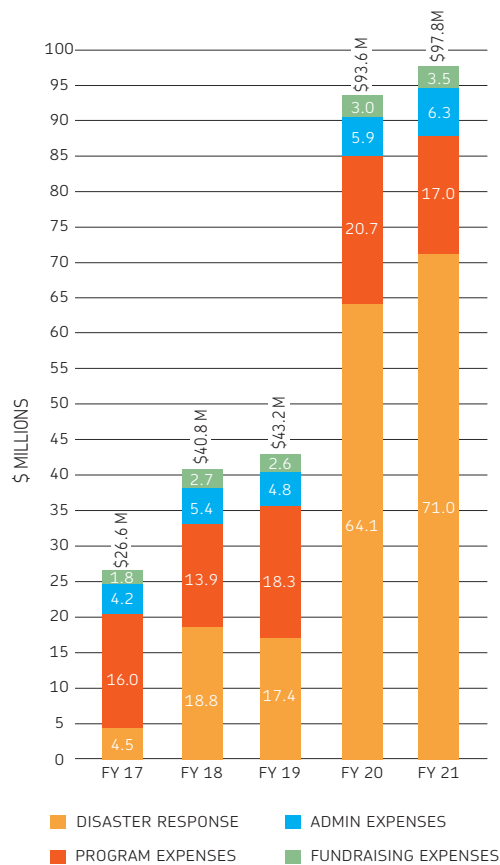
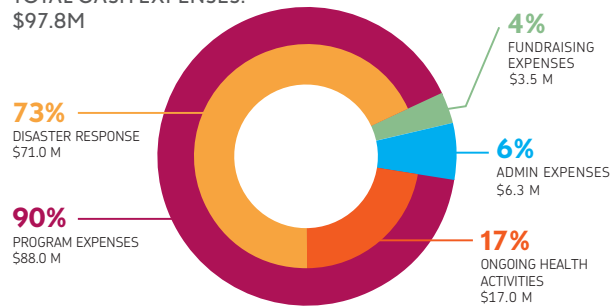
The \$1.71 billion in humanitarian assistance Direct Relief provided in FY 2021 across the U.S. and around the world was done with a staff which, as of June 30, 2021, comprised 109 positions (104 full-time, 5 part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 112. 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

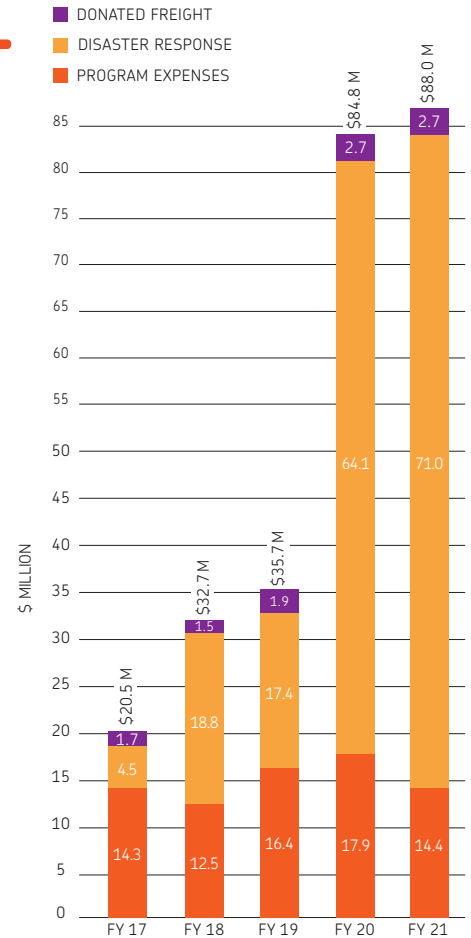
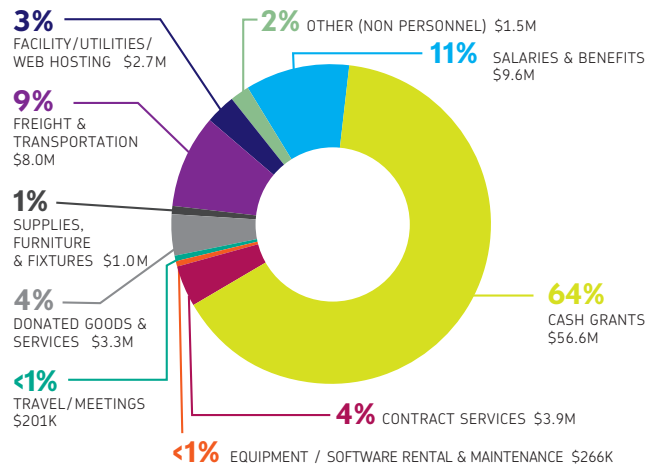
TOTAL CASH EXPENSES: \$97.8M



# PROGRAM EXPENSES

To implement its humanitarian programs (\$1.65 billion in medical material aid), Direct Relief spent \$61.2 million (excluding \$56.6 million in cash grants) in FY 2021, \$9.6 million of which paid for salaries, related benefits (health, dental, long-term disability insurance, and retirement-plan matching contributions), and mandatory employer paid taxes (Social Security, Medicare, workers' compensation, and state unemployment insurance) for 62 full-time and three part-time employees engaged in programmatic functions.

PROGRAM EXPENSES BY FUNCTION: \$88.0M



## PROGRAM EXPENSES ALSO INCLUDE >>

- ▶ Ocean/air freight and trucking for outbound shipments to partners, in-country transportation and inbound product donations (\$10.7 million, of which \$2.7 million was donated)
- ▶ Travel for oversight and evaluation (\$201 thousand); contract services (\$4.7 million, of which \$601 thousand was donated); donated software (\$8 thousand), packing materials and supplies (\$2.1 million) and disposal costs for expired pharmaceuticals (\$459 thousand)
- ▶ The value of expired products disposed of (\$136.3 million)
- ▶ A pro-rata portion of other allocable costs (see page 35)

# FUNDRAISING EXPENSES

Direct Relief's FY 2021 fundraising expenses totaled \$3.45 million, of which \$536,000 (or 16 percent) was the value of donated goods and services (such as donated advertising from Google) that were noncash expenditures. Such donated goods and services of an equal amount are also reported as revenue, as explained on page 24.

FY 2021 cash expenditures for fundraising totaled \$2.86 million, which were paid were paid by the Direct Relief Foundation – not from donors' contributions – as explained on page 27. The majority of these cash expenditures, \$2.17 million or 63 percent of the total \$3.45 million, were used to pay the salaries, related benefits, and payroll taxes for 13 full-time employees. The other cash expenditures for fundraising activities are detailed in the list and chart below by type of activity, amount, and percentage of total expenditures for fundraising.

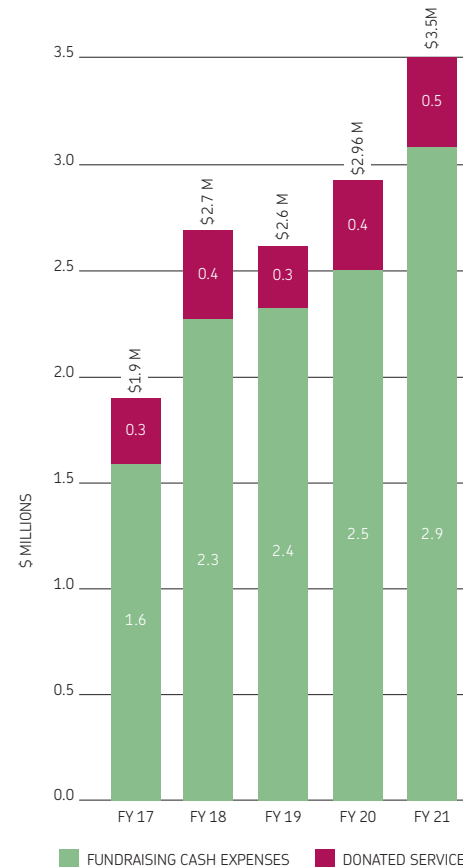
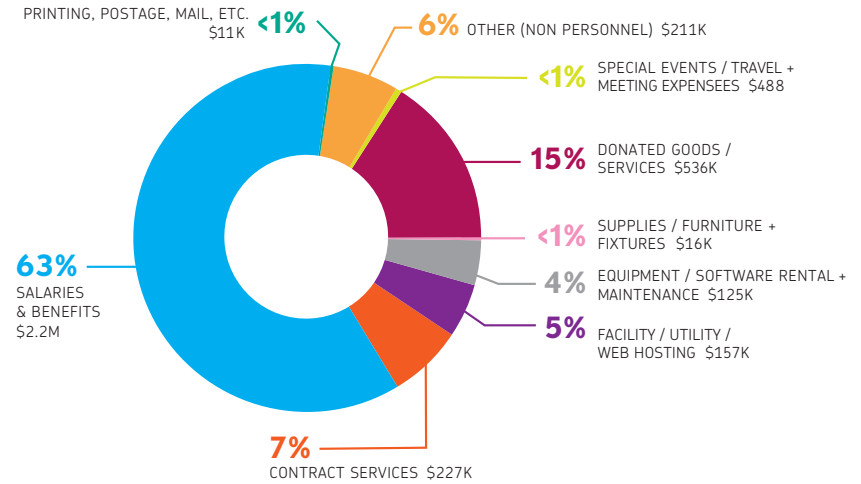
Direct Relief's longstanding emphasis on efficiency extends to its fundraising efforts. Although not paid with donor funds, Direct Relief notes for comparative purposes that its total fundraising expenses for FY 2021 of \$3.45 million (which includes noncash expenditures) equals only 3.7 percent of the \$171 million of the cash support the organization received; cash expenditures for fundraising of \$2.86 million equals 1.7 percent of cash received.

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

Also, unlike Direct Relief, most charitable organizations do not receive the majority of their contributions in the form of noncash donations, which represented 91 percent of the \$1.9 billion in total revenue received by Direct Relief in FY 2021. Presenting fundraising expenses as a percentage of total revenue that includes extensive in-kind contributions provides a misleading picture of how much of its or its donors' money is being spent on fundraising.

In Direct Relief's case, the already exceptionally low ratio of 1.7 percent of cash received being devoted to fundraising would become statistically zero (less than two-tenths of one percent) with the inclusion of the substantial amount of in-kind contributions reflected in the total \$1.9 billion revenue figure for FY 2021.

FUNDRAISING EXPENSES BY FUNCTION: \$3.5 M



## FUNDRAISING EXPENSES ALSO INCLUDE >>

- ▶ \$11 thousand for the production, printing, and mailing of the annual report, tax-receipt letters to contributors, and informational materials
- ▶ \$113 thousand in advertising and marketing costs
- ▶ \$765 thousand in contract services (\$536 thousand in donated services)
- ▶ \$16 thousand in supplies and furniture in support of the fundraising staff
- ▶ A pro-rata portion of other allocable costs (see page 35)



## MANAGEMENT & GENERAL EXPENSES

Direct Relief spent \$6.3 million on administration in FY 2021. Administration expenses are those that relate to financial and human resource management, information technology, communications, public relations, and general office management. A total of \$3.3 million was for salaries, related benefits, and taxes for 29 full-time employees and two part-time employees engaged in administration and financial management.

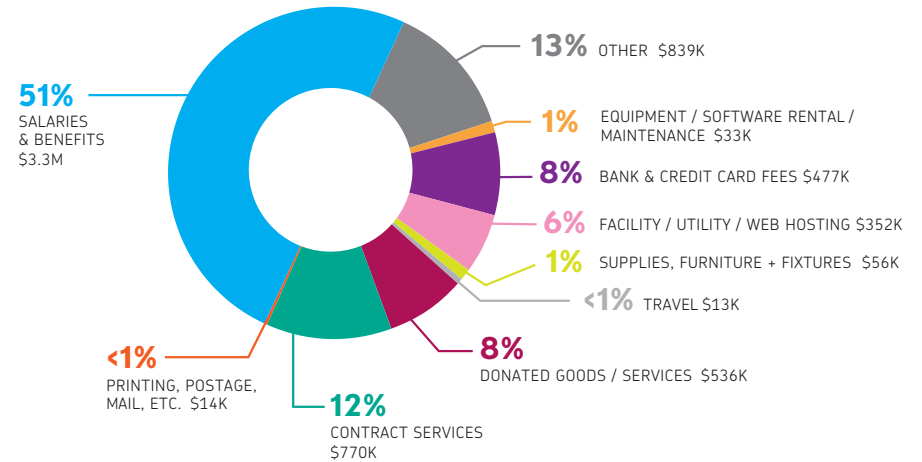
### MANAGEMENT & GENERAL EXPENSES ALSO INCLUDE >>

- ▶ \$477 thousand in credit card and banking fees
- ▶ \$13 thousand for travel, meetings and conferences
- ▶ \$1.3 million in contract services (\$536 thousand of which were donated services)
- ▶ \$141 thousand in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- ▶ \$79 thousand in legal fees
- ▶ \$47 thousand in press releases and online advertising
- ▶ \$19 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: \$6.3M



Healthcare provider Zemaïda Hernandez stocking Bayer IUD products on pharmacy shelves at the Santa Barbara Neighborhood Clinics, in Goleta, California, on Friday, October 23, 2020. The Santa Barbara Neighborhood Clinics are among the hundreds of community health centers across the U.S. that received Bayer-donated IUDs to bolster reproductive health services for uninsured women.

(Photo by Erin Feinblatt for Direct Relief)



# COMBINED STATEMENT OF FINANCIAL POSITION

For the fiscal year ended  
June 30, 2021 with summarized  
totals for FY 2020. Amounts are  
presented in the thousands.

	FY 2021						FY 2020	
	Direct Relief	Direct Relief Foundation	Direct Relief Mexico*	Direct Relief South Africa**	Direct Relief Property 1, LLC	Inter-Organization Transaction Eliminations	Consolidated Total	Consolidated Total
<b>\$ IN THOUSANDS</b>								
<b>ASSETS</b>								
Cash & cash equivalents	\$ 184,257	\$ 1,318	\$ 242	\$ 13	\$ 1,163	\$ -	\$ 186,993	\$ 159,052
Investments	-	72,254	-	-	-	-	72,254	45,055
Contributions and other receivables	10,866	3,666	-	-	-	(3,332)	11,201	10,143
Inventories	747,667	-	6	-	-	-	747,673	754,042
Prepaid expenses	8,043	-	-	-	-	-	8,042	7,231
Property & equipment - net of accumulated	1,958	-	-	-	38,538	-	40,495	39,797
Investment in subsidiary	42,367	-	-	-	-	(42,367)	-	-
Other assets	226	-	6	-	-	-	231	1
<b>Total assets</b>	<b>\$ 995,383</b>	<b>\$ 77,237</b>	<b>\$ 254</b>	<b>\$ 13</b>	<b>\$ 39,701</b>	<b>\$ (45,698)</b>	<b>\$ 1,066,890</b>	<b>\$ 1,015,320</b>
<b>LIABILITIES</b>								
Accounts payable	\$ 9,501	\$ -	\$ -	\$ -	\$ 123	\$ -	\$ 9,624	\$ 4,475
Accrued liabilities	8,204	3,912	11	-	-	(3,332)	8,796	12,405
Long-term debt	-	6,000	-	-	-	-	6,000	6,000
<b>Total liabilities</b>	<b>17,705</b>	<b>9,912</b>	<b>11</b>	<b>-</b>	<b>123</b>	<b>(3,332)</b>	<b>24,420</b>	<b>22,880</b>
<b>NET ASSETS</b>								
Without donor restrictions	830,355	62,341	1	13	38,538	(42,367)	888,881	845,182
With donor restrictions	147,322	4,984	242	-	1,040	-	153,588	147,259
<b>Total net assets</b>	<b>977,677</b>	<b>67,325</b>	<b>243</b>	<b>13</b>	<b>39,578</b>	<b>(42,367)</b>	<b>1,042,470</b>	<b>992,440</b>
<b>Total liabilities and net assets</b>	<b>\$ 995,383</b>	<b>\$ 77,237</b>	<b>\$ 254</b>	<b>\$ 13</b>	<b>\$ 39,701</b>	<b>\$ (45,698)</b>	<b>\$ 1,066,890</b>	<b>\$ 1,015,320</b>

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

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

# COMBINED STATEMENT OF ACTIVITIES

For the fiscal year ended June 30, 2021 with summarized totals for FY 2020. Amounts are presented in the thousands.

	FY 2021						FY 2020	
	Direct Relief	Direct Relief Foundation	Direct Relief Mexico	Direct Relief South Africa	Direct Relief Property 1, LLC	Inter-Organization Transaction Eliminations	Consolidated Totals	Consolidated Totals
<b>\$ IN THOUSANDS</b>								
<b>PUBLIC SUPPORT</b>								
In cash and securities:								
Contributions	\$107,960	\$21,507	\$685	\$60	\$-	\$(25,486)	\$104,726	\$61,691
Business and foundation grants	61,343	1	32	-	-	-	61,376	105,163
Workplace giving campaigns	4,876	-	-	-	-	-	4,876	4,384
Special events	-	-	-	-	-	-	-	14
<b>Total public support from cash and securities</b>	<b>174,179</b>	<b>21,508</b>	<b>717</b>	<b>60</b>	<b>-</b>	<b>(25,486)</b>	<b>170,978</b>	<b>171,252</b>
From contributed goods and services:								
Pharmaceuticals, medical supplies and equipment	1,749,387	-	1,166	-	-	-	1,750,554	1,821,478
Contributed freight	2,759	-	-	-	-	-	2,759	2,679
Contributed goods - other	410	-	-	-	-	-	410	864
Professional services received	1,072	-	-	-	-	-	1,072	1,349
<b>Total from contributed goods and services</b>	<b>1,753,628</b>	<b>-</b>	<b>1,166</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,754,794</b>	<b>1,826,371</b>
<b>Total public support</b>	<b>1,927,807</b>	<b>21,508</b>	<b>1,883</b>	<b>60</b>	<b>-</b>	<b>(25,486)</b>	<b>1,925,772</b>	<b>1,997,623</b>
<b>REVENUE</b>								
Investment income	56	880	-	-	-	-	936	2,316
Realized gain on sale of investments	2,505	1,211	-	-	-	-	3,716	1,006
Unrealized (loss) gain on investments	7	7,930	-	-	-	-	7,937	(1,971)
Program service fees	-	-	-	-	-	-	-	-
<b>Total revenue</b>	<b>2,567</b>	<b>10,022</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,589</b>	<b>1,352</b>
Net assets released from restrictions	-	-	-	-	-	-	-	-
<b>Total public support and revenue</b>	<b>1,930,375</b>	<b>31,529</b>	<b>1,883</b>	<b>60</b>	<b>-</b>	<b>(25,486)</b>	<b>1,938,362</b>	<b>1,998,975</b>
<b>PROGRAM SERVICES</b>								
Program related expenses	1,897,444	3,440	2,228	49	857	(25,486)	1,878,533	1,555,605
	-	-	-	-	-	-	-	-
<b>SUPPORTING SERVICES:</b>								
Administration	5,898	385	21	-	41	-	6,345	5,867
Fundraising	3,431	1	-	-	23	-	3,454	2,953
<b>Total supporting services</b>	<b>9,329</b>	<b>386</b>	<b>21</b>	<b>-</b>	<b>64</b>	<b>-</b>	<b>9,799</b>	<b>8,820</b>
<b>Total expenses</b>	<b>1,906,774</b>	<b>3,826</b>	<b>2,249</b>	<b>49</b>	<b>921</b>	<b>(25,486)</b>	<b>1,888,332</b>	<b>1,564,425</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$23,601</b>	<b>\$27,704</b>	<b>\$(366)</b>	<b>\$11</b>	<b>\$(921)</b>	<b>\$-</b>	<b>\$50,029</b>	<b>\$434,550</b>

# COMBINED STATEMENT OF FUNCTIONAL EXPENSES

For the fiscal year ended June 30, 2021  
with summarized totals for FY 2020.  
Amounts are presented in the thousands.

	FY 2021			FY 2021		FY 2020
	PROGRAM SERVICES: Pharmaceuticals, Medical Supplies, Equipment & Related Expenses			SUPPORTING SERVICES		TOTAL PROGRAM & SUPPORTING SERVICES
	USA	International	Total	Administration	Fundraising	TOTAL PROGRAM & SUPPORTING SERVICES
<b>\$ IN THOUSANDS</b>						
<b>COMPENSATION AND RELATED BENEFITS</b>						
Salaries	\$ 4,336	\$ 3,307	\$ 7,643	\$ 2,703	\$ 1,749	\$ 12,095
Payroll taxes	298	221	519	145	114	777
Employee benefits	805	596	1,401	406	309	2,116
<b>Total compensation and related benefits</b>	<b>5,439</b>	<b>4,124</b>	<b>9,564</b>	<b>3,253</b>	<b>2,172</b>	<b>14,989</b>
<b>OTHER EXPENSES</b>						
Pharmaceuticals, medical equipment & supplies distributed - donated	242,660	1,377,342	1,620,002	-	-	1,620,002
Pharmaceuticals, medical equipment & supplies distributed - procured	10,295	23,945	34,240	-	-	34,240
Inventory adjustment (expired pharmaceuticals)	99,017	37,238	136,254	-	-	136,254
Accounting & legal fees	127	48	175	220	2	397
Advertising	37	-	37	47	113	198
Bank charges	0	1	1	477	0	478
Contract services	2,172	1,767	3,939	770	227	4,936
Contributed services	437	164	601	536	536	1,675
Contributed freight	1,554	1,109	2,662	-	-	2,662
Contributed goods	5	2	8	-	-	7
Disposal costs (expired pharmaceuticals)	335	123	459	-	-	459
Dues & subscriptions	182	160	342	186	87	614
Duplicating & printing	48	21	70	10	7	87
Equipment & software maintenance	124	65	188	31	124	342
Equipment rental	58	19	77	2	1	79
Freight & transportation	2,328	5,684	8,012	-	-	8,012
Grants & stipends	36,264	20,301	56,565	-	-	56,565
Insurance	268	161	427	156	84	668
Interest	174	70	244	11	6	261
Meetings, conferences, special events	33	(6)	27	1	0	28
Miscellaneous	6	8	14	337	1	351
Outside computer services	3	2	5	2	1	8
Postage & mailing services	12	10	22	4	4	30
Rent & other occupancy	251	204	455	12	7	474
Supplies, furniture & fixtures	1,673	396	2,069	56	16	2,141
Taxes, licenses & fees	57	22	78	19	1	99
Training & education	6	3	9	16	0	27
Travel & automobile	45	130	175	12	0	188
Utilities & telephone	184	84	268	23	13	304
Web hosting	170	127	297	70	0	367
<b>Total expenses before depreciation</b>	<b>398,524</b>	<b>1,469,200</b>	<b>1,867,725</b>	<b>3,001</b>	<b>1,228</b>	<b>1,871,954</b>
Depreciation & amortization	895	351	1,246	90	53	1,389
<b>Total functional expenses June 30, 2021</b>	<b>\$ 404,858</b>	<b>\$ 1,473,677</b>	<b>\$ 1,878,534</b>	<b>\$ 6,344</b>	<b>\$ 3,453</b>	<b>\$ 1,888,332</b>
<b>Total functional expenses June 30, 2020</b>	<b>\$ 331,269</b>	<b>\$ 1,224,336</b>	<b>\$ 1,555,605</b>	<b>\$ 5,867</b>	<b>\$ 2,953</b>	<b>\$ 1,564,424</b>

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# CORPORATE PARTNERSHIPS

MATERIAL DONATIONS AND IN-KIND SUPPORT

[ FY 2021 ]

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

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## CORPORATE PARTNERSHIPS

## MATERIAL DONATIONS AND IN-KIND SUPPORT

### MANUFACTURERS & DISTRIBUTORS PROVIDING MEDICAL MATERIAL DONATIONS

3M	Clorox	Janssen Pharmaceuticals	Sanofi
Abbott	ConvaTec	Johnson & Johnson Patient Assistance Foundation	Sappo Hill Soapworks
AbbVie	Covidien	Johnson & Johnson Medical	Seqirus
Amazon	CVS Health	Johnson & Johnson de México	Sheffield Pharmaceuticals
AmerisourceBergen	Dupont	Kaleo	Shire
Amgen	Dynavax	Kind Cup	Siemens Healthineers
Amneal Pharmaceuticals	Eli Lilly	Kirk Humanitarian	Sony
Apotex	Emergent BioSolutions	LifePlus	Takeda Pharmaceuticals
AstraZeneca	FIGS	LifeScan	Tesla
Baxter International	Genentech	Liquid IV	Teva Mepha Schweiz
Bayer	Gensenta	Mylan	Teva Pharmaceuticals
Bayer de México	Genzyme	Nephron Pharmaceuticals	Tom's of Maine
BD	GoA Foundation	Norwell Health	Trifecta Pharmaceuticals
Belmora	Grifols	Novartis	Trividia Health
Biogen	GSK	Novo Nordisk	Unilever
Birmex	GSMS	Novo Nordisk A/S	Unite to Light
Boehringer Ingelheim	Henry Schein	NY Presbyterian Hospital	Viatrix
Bolero	Hikma	Pfizer	Westminster Pharmaceuticals
Bristol-Myers Squibb	ICU Medical	Procter & Gamble	Wexford Labs
BYD Care	Inogen	Pro2 Solutions	
Casetify	Intco Medical		

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

Balcony Lab Inc.	Ezoic	Microsoft Corporation	SAP
Canva	Facebook, Inc.	Narrative Sciences	TikTok
Cuebiq Inc.	FedEx	Nike	TimeXtender
Dataminr	Google	OKTA	Uber
Delta Airlines	Grammarly	PricewaterhouseCoopers	
DoorDash	LanguageLine Solutions	Qlik Technologies Inc.	
Esri	McKinsey & Company	Safegraph Inc.	

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# STRATEGIC FOUNDATION PARTNERSHIPS

[ FY 2021 ]

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

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## STRATEGIC FOUNDATION PARTNERSHIPS

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Alice Tweed Tuohy Foundation  
All Within My Hands Foundation  
AugustOne Foundation  
Bluebird Legacy, Inc.  
Bohemian Foundation  
California Community Foundation  
California Fire Foundation  
Center for Arab American Philanthropy  
Center for Disaster Philanthropy  
CMR Foundation  
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# INVESTORS

[ FY 2021 ]

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

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## LEGACY SOCIETY

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

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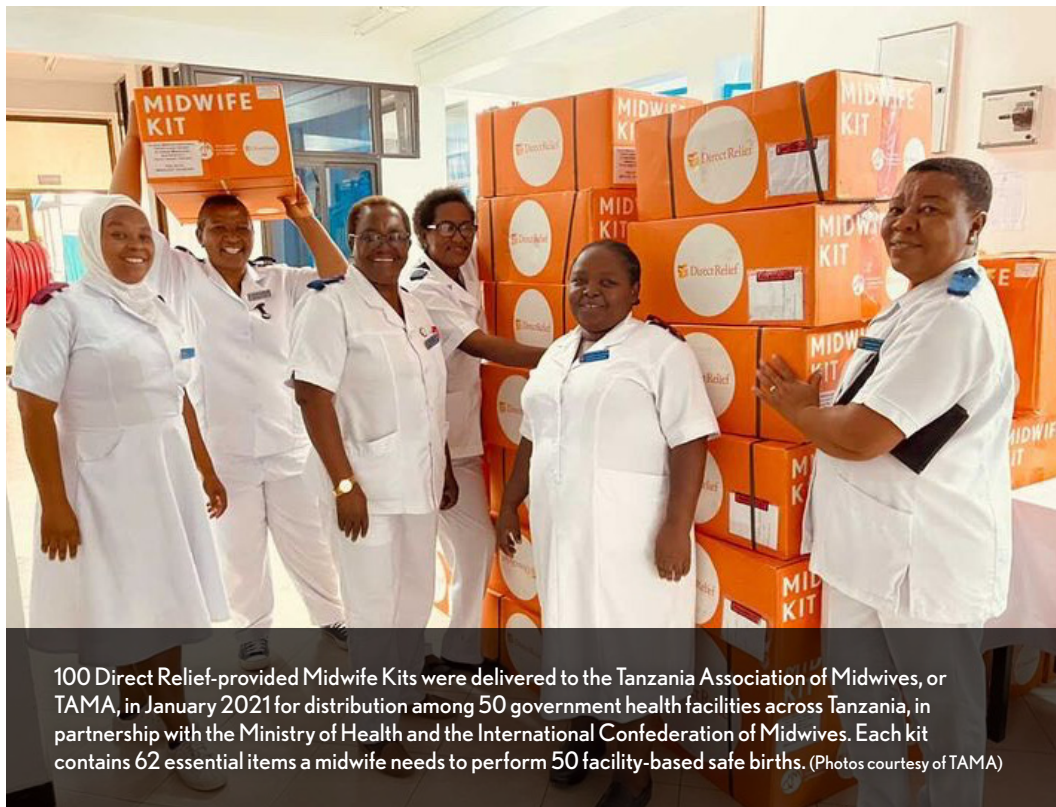
HOPE Foundation Hospital, which specializes in maternal and child health care in Cox's Bazar, Bangladesh, receives Direct Relief Midwife Kits for expectant mothers. (Photo courtesy of Hope Foundation)



A midwife with her patients in La Libertad, Peru. (Photo by Larry Rodolfo Campos Valeriano for the International Confederation of Midwives)



A midwife listens to a fetal heartbeat using a Pinard horn. (Photo by Kate Holt for Jhpiego)



100 Direct Relief-provided Midwife Kits were delivered to the Tanzania Association of Midwives, or TAMA, in January 2021 for distribution among 50 government health facilities across Tanzania, in partnership with the Ministry of Health and the International Confederation of Midwives. Each kit contains 62 essential items a midwife needs to perform 50 facility-based safe births. (Photos courtesy of TAMA)

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Geoff Slaff  
Christian Smith



## IN MEMORIAM

---

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.

Barrie Bergman

Hannah G. Bradley

Matthew Broderick

Jim Clendenen

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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.

