

DELIVERING A WORLD OF GOOD



Direct Relief 
INTERNATIONAL®

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Direct Relief
INTERNATIONAL®

OUR MISSION

**TO IMPROVE THE HEALTH
AND LIVES OF PEOPLE
AFFECTED BY POVERTY,
DISASTER, AND
CIVIL UNREST.**

COVER: A girl receives care at a Direct Relief-supported mobile clinic in Bolivia.

THIS SPREAD: A toddler gets a check-up at the Direct Relief-supported Clínica Monseñor Oscar A. Romero in Los Angeles, California.

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IN MEMORIAM

Former Director **Paul H. Turpin**, whose extraordinary spirit, talent, generosity, humor, and kindness were a source of soulful light for Direct Relief and all those it serves.

And two founding members of Direct Relief's International Advisory Board: **Jon B. Lovelace** in November, 2011 and the Honorable **Henry E. Catto** in December, 2011. Each gentleman provided support and guidance to Direct Relief that were indispensable, graciously offered, and quietly done on a personal basis—and in each case were among historic contributions and tremendous accomplishment in many other arenas at the very highest levels of public life.





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

We are pleased to share this report about Direct Relief's activities during Fiscal Year 2012—July 1, 2011 through June 30, 2012. We also are pleased to report that Direct Relief was able to expand its efforts despite the challenging economic circumstances and provide **more help to more people than at any time since the organization's founding in 1948.**

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

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

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

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

In the United States, the Direct Relief USA program's networked approach and strong information backbone allowed a nearly **50 percent expansion** as measured by the wholesale value of medications, vaccines, and supplies provided without charge to assist low-income, uninsured patients at nonprofit health centers and clinics nationwide. As the **only nonprofit organization licensed to distribute prescription medications in all 50 states**, Direct Relief plays a unique role in this area, and it was rewarding to have delivered 5,000 shipments to community-based facilities over the course of the year and enable millions of people experiencing very tough circumstances to obtain much-needed help that otherwise would be unavailable.

Internationally, Direct Relief's management of global public-health and emergency-response programs also reached new milestones. The organization distributed the **20 millionth rapid HIV test** during the year in a program that over the past decade has enabled millions of pregnant women to learn their status and seek care to break the transmission of the virus to their children. In Haiti, Direct Relief continued to provide major material support to more than 100 health facilities, which now confront the deadly threat of cholera outbreaks while still trying to recover from the tragic earthquake in 2010.

The powerful information backbone that Direct Relief has built over the past several years to expand assistance also has enabled a new

level of transparency, analysis, insight, and precision to the organization's efforts in both the United States and abroad. **The State of the Safety Net 2012** report, released in June, provided an expansive and important national perspective on the critical role of America's non-profit community health centers and clinics in communities nationwide, including in responding to emergencies, and how these facilities and their patients were faring under still-challenging economic circumstances.

Similarly, the launch of the **Global Fistula Map**, on which Direct Relief worked with UNFPA and the Fistula Foundation, was another important step in this regard, bringing together as it did the respective information from multiple groups working to address this deeply ostracizing birth injury that overwhelmingly affects women who lack access to basic care during their pregnancy and deliveries. This cooperative effort, which is ongoing, allows for the first time a way to measure the global treatment capacity for this devastating health condition and to identify gaps that can be targeted and addressed more thoughtfully and efficiently.

Moreover, we were pleased to share publicly through **a series of maps and data visualizations** much of the important, precise detail about where Direct Relief's medical material assistance or, as in Japan, financial assistance, is furnished—and why, and with what results. For a public charity, this information is important to share with both those whose generosity supports the work as well as people and governments in areas in which Direct Relief works who deserve to see where, how, and why resources are being spent.

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

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



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

THOMAS J. CUSACK
Chair



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

THOMAS TIGHE
President & CEO

A girl gets a check-up at the Direct Relief-supported Angkor Hospital for Children in Siem Reap, Cambodia.





DELIVERING A WORLD OF GOOD

Since 1948, Direct Relief has improved the health and lives of people affected by poverty, disaster, and civil unrest—both within the United States and throughout the world.



DELIVERING
A WORLD OF
GOOD...

BY FOCUSING ON MOTHERS + KIDS

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

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

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

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

THE WORK

DIRECT RELIEF IS:

- ▶ Equipping midwives.
- ▶ Expanding emergency obstetric care.
- ▶ Increasing life-restoring surgeries for women with fistula.

▶▶ **FOR MORE** on all the ways Direct Relief is improving **MATERNAL & CHILD HEALTH** visit DirectRelief.org



KENYA



MEET SELFA

A FISTULA SURVIVOR'S STORY

Just outside Mumias, Kenya, Habiba Mohammed (right) works to identify, refer, and support women like Selfa (left) who require treatment for obstetric fistula. Habiba referred Selfa to life-restoring surgery after Selfa suffered from incontinence due to fistula for eight years. Now free of fistula, Selfa is happy, active, and a new mother to a healthy baby boy, earning income to support herself and her family through poultry, fish, and banana farming. Selfa has also become an advocate, helping to refer another woman in her village who had suffered two decades with fistula to restorative care.

Bringing Definition to the Unknown and RESTORING THE HEALTH OF INJURED MOTHERS

An estimated **2 MILLION WOMEN** worldwide are suffering from a condition few people know about. The condition is **obstetric fistula**, and it is entirely preventable and treatable.

Direct Relief, in partnership with the UNFPA and The Fistula Foundation, developed the **Global Fistula Map**—the first-ever worldwide map of treatment for this devastating childbirth injury—to help better understand the current fistula treatment capacity and more effectively target scarce resources to where they are needed most, and identify where gaps in service may exist.

The goal is to ensure every woman with obstetric fistula receives a life-restoring surgery and that all future fistula cases are prevented. Understanding where the problem is and where treatment is available are essential steps toward that goal.



GLOBAL FISTULA MAP
 Obstetric fistula is a devastating and widespread consequence of neglected childbirth. Life-restoring treatment for women with fistula is available at the health facilities on this map.

17,000 patients
220 facilities
40 countries

But for every woman who receives care, **50 go without.**

MAP >>>

* Based on the most conservative estimate of women living with fistula.

DELIVERING
A WORLD OF
GOOD...

BY COMBATING HIV/AIDS

Over the past decade, remarkable progress has been achieved in the global response to the HIV/AIDS epidemic. Access to HIV prevention, testing and counseling, and care and treatment has expanded dramatically in low- and middle-income countries. The annual number of people infected with HIV continues to decline and there are fewer annual deaths from people dying of HIV/AIDS. More pregnant women than ever before living with HIV are being referred to antiretroviral therapy to prevent transmission of the virus to their child.

While there has been a great deal of success, still far too many people are becoming infected with HIV, getting sick, and dying. At the end of 2010, an estimated 34 million people were living with HIV globally, including 3.4 million children under 15 years old. A total of 2.7 million people were newly infected with HIV, and of those eligible for antiretroviral treatment, only 47 percent received the treatment they needed.

Direct Relief is focused on providing diagnostic supplies, medicines, and medical equipment to improve care for people living with or at risk of HIV infection. Through collaboration with ministries of health and non-governmental organizations in 45 developing countries throughout sub-Saharan Africa, Asia, and Latin America, Direct Relief equips front-line healthcare providers with the supplies they need to provide HIV testing, treatment, and support for people living with or at risk of HIV infection.



HELPING PEOPLE *with* HIV FIGHT INFECTIONS

Cryptococcal meningitis and other serious fungal infections are frequent complications in patients infected with HIV. Through the Diflucan® Partnership Program, Pfizer's antifungal medicine is made available by Direct Relief—\$122.6 million in Diflucan distributed in Fiscal Year 2012—to governments and non-governmental organizations in developing countries free of charge for the treatment of opportunistic infections associated with HIV/AIDS.



A DECADE OF PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV

Millions of women and families receive free HIV testing

In 2010, an estimated **330,000 CHILDREN WERE INFECTED WITH HIV**—the virus that causes AIDS—through mother-to-child transmission. That’s 900 children infected every day. It is essential to focus resources on interventions where the disease occurs to prevent the transmission of HIV from mother to child. Deciding whom to treat requires knowing who has HIV.

Rapid test kits have been purchased and donated by Abbott and the Abbott Fund—**20 million tests to prevention programs throughout the developing world since 2002.** The tests are distributed by Direct Relief to programs in developing countries eligible for the program.

More than 150 partner organizations in 43 countries in sub-Saharan Africa, Asia, and the Caribbean have received free HIV tests, serving 8,000 health facilities. Through this expansive network of HIV testing and counseling facilities, a minimum of **150,000 cases of HIV have been averted in infants** over the past 10 years.

RWANDA MINISTRY OF HEALTH

2.8 million Direct Relief-supplied free rapid HIV tests since 2002

The Rwanda Ministry of Health was a seminal recipient of the rapid HIV tests, and is the largest recipient of tests in the program—2.8 million tests since 2002.

Rwanda has made significant strides in reducing mother-to-child transmission of HIV and the rapid tests are an important component of these services. The tests are used throughout the country at over 400 health facilities (85 percent of all health care facilities in Rwanda) to test pregnant women, their spouses, and children. Among pregnant women attending antenatal care services, the national acceptance rate was 98 percent. The tests are an essential component of the Ministry of Health’s goal to achieve an “HIV-Free Generation.”



➤➤ **FOR MORE** on the ways Direct Relief is fighting HIV & AIDS visit DirectRelief.org

DELIVERING
A WORLD OF
GOOD...

Direct Relief
USASM



BY STRENGTHENING
THE SAFETY NET FOR

20
MILLION
PEOPLE
IN THE
U.S.



CHASS

A newborn is examined at Direct Relief-supported Community Health and Social Services in Detroit, Michigan.

Direct Relief is the only nonprofit working with more than 1,000 clinics in all 50 states, providing free medications and supplies for clinics' ever-growing number of low-income and uninsured patients.

As the first and only nonprofit that is licensed as a wholesale pharmacy distributor in every state, Direct Relief has provided \$300 million in medicines and supplies to U.S. clinics since 2004.



**PRECISE
MAPPING**

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

DirectRelief.org/USA

EXPANDING CARE IN A RECESSION

CASE STUDY // *Detroit, Michigan*

The issues faced by people in Detroit, Michigan have been mounting for decades. According to the U.S. Census and the Bureau of Labor Statistics, the city's jobs-base shrunk, property values plunged, social services were cut back, and hundreds of thousands of people moved away. Based on the American Community Survey five-year estimate from 2006 to 2010, nearly 20 percent of all households in Detroit had annual incomes less than \$10,000.

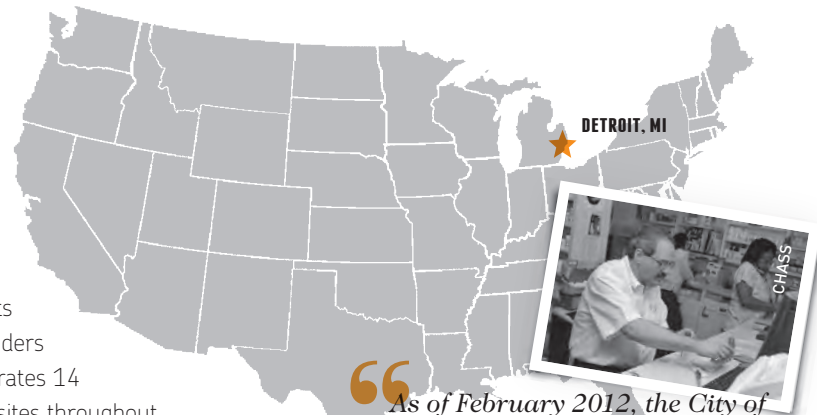
From January 2008 to July 2009, Detroit's official unemployment rate nearly doubled, from 14 percent to a devastating rate of nearly 28 percent. Since then, conditions have improved, but at a pace which has failed to restore pre-2008 levels of employment, growth, or funding for social services.

Detroit's nonprofit healthcare safety net—woven from a mix of Federally Qualified Health Centers (FQHCs), community clinics, and free clinics—plays a central role in ensuring availability of comprehensive healthcare services for the people who are poor and lack insurance, particularly given that Detroit has no public hospital and suffered a steep decline in health service provision by the department of public health since 2008 due to municipal budget cuts.

Pharmacist Mark Kirsch works at Community Health and Social Services (CHASS) in Detroit. "As of February 2012, the City of Detroit has closed down the Health Department Pharmacy and adult medical services," explains Kirsch. "We anticipate at least 6,000 new pharmacy patients."

Direct Relief supports Detroit healthcare providers like CHASS—which operates 14 clinical service delivery sites throughout the city of Detroit—serving 51,000 people (as of 2010), a population up 10 percent from roughly 46,000 since 2008. The safety-net patient community has grown while the population of the city as a whole has shrunk. Among that patient community in 2010, roughly 61 percent reported incomes at or below 200 percent of the federal poverty level and 59 percent reported having no health insurance. At least 20 percent of patients seen at safety-net institutions in Detroit were diagnosed primarily for hypertension, eight percent for diabetes, and three percent for asthma.

Nineteen Michigan safety-net healthcare providers, including 5 in Detroit, received \$1.4 million in medicines and supplies from Direct Relief in Fiscal Year 2012 to be passed on to their patients free of charge. This support was part of the largest charitable medicines program in the U.S.—\$67 million in medical material assistance to clinic partners in every U.S. state—with the goal that every person, regardless of insurance status or ability to pay, has access to the medicine needed to stay healthy.



“As of February 2012, the City of Detroit has closed down the Health Department Pharmacy and adult medical services. We anticipate at least 6,000 new pharmacy patients.”

— MARK KIRSCH, Pharmacist,
Community Health and Social Services,
Detroit, Michigan

THE STATE OF DETROIT'S SAFETY NET

Motor City clinic responds to Direct Relief's

2012 PARTNER OUTLOOK SURVEY

- ▶ **3 out of 4** reported an expectation that their overall operating environment through 2012 would be more challenging.
- ▶ **3 out of 4** reported an increase in patients.
- ▶ **2** reported that they expected to see an increase in patients without health insurance.
- ▶ **1** clinic saw an increase in hours of operation; the others reported **0** change to their hours.

▶▶ **FOR MORE**
on the State of the Safety Net,
visit DirectRelief.org/USA

DELIVERING
A WORLD OF
GOOD...

BY BEING READY + RESPONDING FAST WHEN DISASTER STRIKES

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

Whenever disaster strikes, concerned people and companies entrust Direct Relief with money and resources to help people in crisis. Direct Relief has long held that the wishes of these donors are best honored by **ensuring 100 percent of their money is used for the response efforts that inspired their donations.**

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

>>>

Emergency vehicles staged in the ruins of Sukuiso, Japan following the March 2011 earthquake and tsunami.

>>>

The healthcare providers Direct Relief supports are often those serving the most vulnerable people in disaster-prone areas. To strengthen everyday healthcare in places like Louisiana, Bangladesh, and Indonesia is to better prepare communities' medical response in the event of inevitable hurricanes, floods, and earthquakes.

In addition to steady support, Direct Relief partners along the Gulf Coast and eastern seaboard of the U.S. and in the Caribbean can rely on **hurricane-specific preparedness resources prepositioned by Direct Relief** before the onset of each hurricane season. And in California, with the help of FedEx, **Direct Relief equips medical reservists with ruggedized, "grab-and-go" emergency preparedness packs** containing supplies and equipment to meet a variety of prevalent disaster-related health needs.

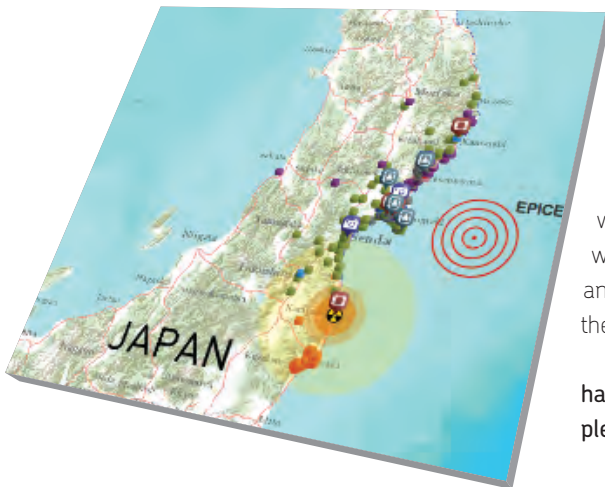
When disaster strikes, Direct Relief responds fast and efficiently to make sure the right medical resources are in the right hands to save lives and restore communities.

In Haiti, after the 2010 earthquake that took a quarter of a million lives and left millions more injured and homeless, **Direct Relief has been among the largest providers of medical aid—as of Fiscal Year 2012, 1,000 tons of life-saving medicines and medical supplies valued at over \$70 million to 115 Haitian health facilities caring for four million patients.**

In the U.S. in Fiscal Year 2012, Direct Relief responded to Hurricane Irene and wildfires in Colorado.

>>> 100% TRANSPARENCY

Mapping and tracking where all the aid goes DirectRelief.org/Maps



AAR and Direct Relief staff survey a greenhouse AAR operates as part of its humanitarian food distribution program.



IN JAPAN, CONNECTING TALENT WITH PEOPLE WHO CARE

In emergencies, community-based groups like AAR do the heavy lifting

During emergencies, the local clinics and hospitals that Direct Relief works with are often too busy and spread too thin to worry about fundraising to support their efforts, and they quickly run out of the money and resources needed to do the job. They are, however, at the heart of the work being done to save lives and repair communities.

In response to the March 2011 earthquake and tsunami in Japan, Direct Relief—in partnership with the Japanese American Citizens League (JACL)—leveraged the generous attention received by granting 100 percent of funding and resources to these small, grassroots groups. This ensures that those with the most at stake in an emergency—the healthcare providers who are among the people affected—with the greatest potential to save lives and repair and rehabilitate injuries have the means to do so.

100% of all contributions received have been used exclusively to help people in Japan, supporting local Japanese

organizations caring for the most vulnerable people affected by the earthquake and tsunami, with special focus on people with disabilities and the elderly.

Association for Aid and Relief, Japan (AAR Japan) provides assistance to refugees and people with disabilities, among other humanitarian work, in 55 countries. AAR Japan has worked in 35 sites in areas most severely affected by the earthquake and tsunami—Miyagi, Iwate, and Fukushima prefectures—using **\$886,000 in cash assistance from Direct Relief** for the distribution of food and supplies, mobile clinic services, soup kitchen services, and operating costs. Special attention has been paid to people with disabilities, to elderly people, and to the facilities supporting them as they tend to be forgotten groups during emergency responses.

Direct Relief and JACL have provided \$3.98 million in grants (66 percent of the total funds raised) to nine Japanese community-based relief and recovery groups.

EXPANDING ACCESS + QUALITY HEALTH CARE

FOR MILLIONS OF PEOPLE AROUND THE WORLD.

FISCAL YEAR 2012

USA

- \$ > 64,408,499
- Rx > 1,777,009 DDD*
- ⚖ > 741,324 lbs.
- 📦 > 55,253 cu. ft.

CARIBBEAN

- \$ > 25,533,360
- Rx > 3,158,408 DDD*
- ⚖ > 710,445 lbs.
- 📦 > 70,326 cu. ft.

LATIN AMERICA

- \$ > 26,507,319
- Rx > 5,347,222 DDD*
- ⚖ > 585,695 lbs.
- 📦 > 60,399 cu. ft.

**FY12
ASSISTANCE
TOTALS**

\$275.3 million in medical aid amounting to
25.6 million defined daily doses*
5,000 deliveries weighing 1,376 tons and
taking up 699,333 cubic feet in volume

KEY

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

* **THE DEFINED DAILY DOSE (DDD)** is a measure of drug utilization developed by the World Health Organization (WHO) and maintained by the WHO Collaborating Center for Drug Statistics Methodology at the University of Norway in Oslo. The DDD value indicates “the assumed average maintenance dose per day for a drug used for its main indication in adults.” It is intended as an international average, for the sake of standardization and comparison between national contexts, not as a guide to actual prescriptions. For more information: www.whocc.no/ddd.

EUROPE & MIDDLE EAST

- \$ > 5,689,018
- Rx > 61,179 DDD*
- ⚖ > 121,547 lbs.
- 📦 > 14,540 cu. ft.

EAST & SOUTHEAST ASIA

- \$ > 13,964,922
- Rx > 5,698,354 DDD*
- ⚖ > 232,591 lbs.
- 📦 > 20,180 cu. ft.

AFRICA

- \$ > 123,829,484
- Rx > 6,927,151 DDD*
- ⚖ > 199,581 lbs.
- 📦 > 405,207 cu. ft.

SOUTH ASIA

- \$ > 15,340,553
- Rx > 2,589,520 DDD*
- ⚖ > 161,998 lbs.
- 📦 > 73,426 cu. ft.



INTRODUCTION AND CERTIFICATION OF FINANCIAL STATEMENTS

Direct Relief International had a **very strong** Fiscal Year 2012 in all areas of activities and finances. We received **\$302 million in public support** and provided a record **\$279 million in assistance around the world**. Despite the economic downturn, Direct Relief's financial position and balance sheet continue to be strong thanks to **steadfast support** from generous donors and the Board of Directors. >>

Direct Relief 
INTERNATIONAL®
healthy people. better world.® since 1948.

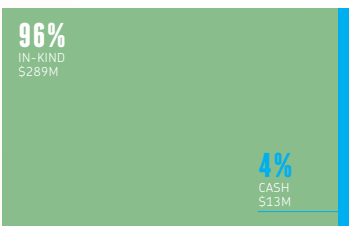
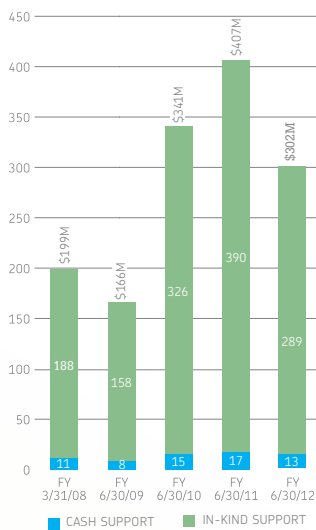
Direct Relief 
INTERNATIONAL®
healthy people. better world.® since 1948.

CASH AND IN-KIND CONTRIBUTIONS

To fulfill its mission and program objectives, Direct Relief has long sought partnerships with businesses and organizations with particular expertise that is needed and can be leveraged for humanitarian purposes. This approach has led to more than 150 healthcare manufacturers and other corporations, in sectors ranging from technology to transportation, providing in-kind contributions in the form of needed goods (primarily medical products) and services that would otherwise have to be purchased. Direct Relief also solicits and receives cash contributions, which are used to cover internal costs and for goods and services to advance the organization's mission 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



FY 2012 CONTRIBUTED SUPPORT: \$302M

in-kind contributions that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2012, 95.7 percent of our total public support of \$302 million was received in the form of in-kind medical products and certain other donated services (such as transportation services from FedEx, online advertising from Google, donated volunteer services from the GSK PULSE Volunteer Partner Program in which senior professionals volunteer to be seconded to work at Direct Relief at no cost to Direct Relief). The previous pages explain where and why the in-kind medical products were provided by the organization.

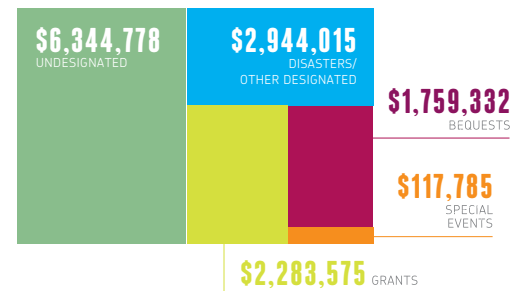
We recognize that merging cash and in-

kind contributions in accordance with Generally Accepted Accounting Principles (GAAP) can be confusing to non-accountants. The notes following the financial statements are to assist you in understanding how our program model is financed and works, to explain the state of our organization's financial health, and to inform you about how we spent the money generously donated to Direct Relief in 2012 by individuals, businesses, organizations, and foundations.

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

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

FY 2012 SOURCES OF CASH SUPPORT & REVENUES: \$13.4M



TIMING OF REVENUE RECOGNITION AND EXPENSES

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

In the fiscal year that ended June 30, 2011, Direct Relief received a large infusion of product donations. When that fiscal year ended, the product inventories that had not been "spent" were reported as

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

MANAGEMENT AND GENERAL EXPENSES

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

Consistent with this policy, any administration expenses, including banking and credit card processing fees associated with simply receiving these disaster- and other-designated contributions, were covered by other general donations. We believe this is appropriate to honor precisely the clear intent of generous donors who responded to these exceptional tragedies and to preserve the maximum benefit for the survivors for whose benefit the funds were entrusted to Direct Relief.

VALUATION OF IN-KIND RESOURCES

Direct Relief is the only nonprofit organization in the United States 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.

Specifically, Direct Relief uses the following methodology in determining the fair market value of in-kind medical donations:

For U.S. Food and Drug Administration (FDA)-approved pharmaceuticals, branded and generic, the valuation basis is the “Wholesale Acquisition Cost” (WAC) as published in the Thomson Reuters RedBook®, an industry-recognized drug and pricing reference guide for pharmaceuti-

icals in the United States.

WAC is the standard used by many U.S. states as the Federal Upper Limit pricing for drugs purchased under the Medicaid program. Alternative methods of valuing a drug donation would result in a higher valuation. For example, the commonly cited Average Wholesale Price (AWP), which also is published in the RedBook®, is approximately twenty percent higher than WAC for a particular product according to the RedBook®. Direct Relief determined that WAC is the more appropriate measure.

Because pricing differences exist for generic and branded products, it is important to note Direct Relief applies WAC value to each specific product’s National Drug Code, which relates to the specific manufacturer and formulation of a drug. This distinction is significant because it reflects, for example, the lower price (and fair market value) of a generic product received through donation, compared to higher-priced branded product.

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

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

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

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

Of course, similar pricing and valuation differences also exist for other commodities and services beyond pharmaceuticals. In the U.S., for example, the commodity of water may be the easiest example, since the price that is paid for the same compound, H₂O, ranges from free in a public tap to several dollars for a “branded” equivalent bottled quantity in a hotel room. But similar pricing differences exist for services as well. The outsourcing and off-shoring phenomena reflect that even highly skilled services—surgery, computer programming, research conducted by Ph.D.s—are done at vastly different prices in different countries.

Direct Relief's internal processes, information systems, and public disclosures ensure that these distinctions are clearly documented and that the organization's financial reporting precisely and accurately reflects the fair market value of the specific items received through donation.

If a low-cost generic medication is received through donation, its value is properly recorded as that of the generic medication. If a more expensive branded product is received through donation, its value is similarly properly recorded as that of a branded product.

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

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

DIRECT RELIEF FOUNDATION AND THE BOARD-RESTRICTED INVESTMENT FUND

In 1998, Direct Relief's Board of Directors established a Board-Restricted Investment Fund ("BRIF") to help secure the organization's financial future and provide a reserve for future operations. The BRIF, established with assets valued at \$774 thousand, draws resources from Board-designated unrestricted bequests and gifts, returns on portfolio assets, and operating cash surpluses (measured annually) in excess of current operational needs. There was no operating cash surplus for the year that ended June 30, 2012.

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 International. Effective April 1, 2007, assets in the BRIF were transferred to the Foundation. The Foundation's investments are managed by the Commonfund Strategic Solutions Group, an investment firm under the direction of the Board's Finance Committee, which meets monthly and oversees investment policy and financial operations. In April 2012, the Organization began to transition its investments to another investment firm, SEI Private Trust Company.

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



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

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

The Foundation has a policy of appropriating for distribution each year an amount up to five percent of the assets of the BRIF. In some instances, the Board may decide to appropriate an amount greater than its stated policy if it is specifically deemed prudent to do so. The BRIF is authorized to distribute its portfolio assets to pay for all fundraising and administration expenses, including extraordinary capital expenses and advance emergency relief funding as determined by the President and CEO. Upon a majority vote by the Board, the BRIF may also be utilized to meet other general operational costs.

THOMAS TIGHE,
President & CEO

BHUPI SINGH
Executive VP, COO & CFO

COMBINED STATEMENT OF ACTIVITIES

DIRECT RELIEF INTERNATIONAL AND DIRECT RELIEF FOUNDATION

For the fiscal years ending June 30, 2012 and June 30, 2011

FY 2012

FY 2011

\$ IN THOUSANDS

PUBLIC SUPPORT & REVENUE

PUBLIC SUPPORT

| | | | | |
|--|----------------|---------------|----------------|---------------|
| Contributions of goods and services | \$ 288,601 | 95.7% | \$ 390,131 | 95.1% |
| Contributions of cash and securities—other | 13,035 | 4.3% | 16,693 | 4.1% |
| TOTAL PUBLIC SUPPORT | 301,636 | 100.0% | 406,824 | 99.1% |
| REVENUE | | | | |
| Earnings from investments and other income | (72) | 0.0% | 3,497 | 0.9% |
| TOTAL PUBLIC SUPPORT AND REVENUE | 301,564 | 100.0% | 410,322 | 100.0% |

EXPENSES

PROGRAM SERVICES

| | | | | |
|---|----------------|---------------|----------------|--------------|
| Value of medical donations shipped | 275,273 | | 274,324 | |
| Inventory adjustments (expired pharmaceuticals, etc.) | 26,200 | | 20,242 | |
| USA programs | 2,691 | | 1,930 | |
| International programs | 11,298 | | 10,958 | |
| TOTAL PROGRAM SERVICES | 315,462 | 104.6% | 307,454 | 74.9% |

SUPPORTING SERVICES

| | | | | |
|--|--------------------|---------------|------------------|--------------|
| Fundraising | 1,672 | | 1,455 | |
| Management and General Expenses | 2,891 | | 2,574 | |
| TOTAL SUPPORTING SERVICES | 4,563 | 1.5% | 4,029 | 1.0% |
| TOTAL EXPENSES | 320,025 | 106.1% | 311,483 | 75.9% |
| INCREASE (DECREASE) IN NET ASSETS | \$ (18,461) | -6.1% | \$ 98,839 | 24.1% |

STATEMENT OF CASH FLOWS

DIRECT RELIEF INTERNATIONAL AND DIRECT RELIEF FOUNDATION

For the fiscal years ending June 30, 2012 and June 30, 2011

JUNE 2012

JUNE 2011

\$ IN THOUSANDS

CASH FLOWS FROM OPERATING ACTIVITIES

| | | |
|--|----------------|------------|
| Cash collected from public support | \$ 13,768 | \$ 16,997 |
| Cash paid for goods and services | (17,976) | (16,411) |
| Dividend and interest income | 256 | 327 |
| Other income (expense) | (1) | - |
| NET CASH PROVIDED BY OPERATING ACTIVITIES | (3,952) | 914 |

CASH FLOWS FROM INVESTING ACTIVITIES

| | | |
|--|--------------|------------|
| Purchase of investments | (28,076) | (9,928) |
| Proceeds from sale of investments | 33,990 | 11,399 |
| Purchase of capital assets | (161) | (1,020) |
| Unitrust distributions | (2) | (2) |
| NET CASH USED BY INVESTING ACTIVITIES | 5,752 | 450 |

CASH FLOWS FROM FINANCING ACTIVITIES

| | | |
|---|------------------|-----------------|
| Payments on mortgage | - | - |
| Net change in capital lease obligation | (5) | 18 |
| NET CASH USED FOR FINANCING ACTIVITIES | (5) | 18 |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS | 1,793 | 1,381 |
| CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR | 8,690 | 7,309 |
| CASH AND CASH EQUIVALENTS - END OF YEAR | \$ 10,484 | \$ 8,690 |

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

| | | |
|---|-------------|-----------|
| Change in net assets | \$ (18,461) | \$ 98,839 |
| ADJUSTMENTS TO RECONCILE CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES: | | |
| Depreciation | \$ 732 | \$ 512 |
| Change in inventory | 13,306 | (95,590) |
| Change in receivables | 319 | 22 |
| Change in prepaid expenses and other assets | (541) | 16 |
| Change in accounts payable and accrued expenses | (32) | 26 |
| Loss on exchange rate | (19) | - |
| Loss on disposal of fixed assets and other assets | 2 | (5) |
| Realized (gain)/loss on sale of investments | (653) | 419 |
| Unrealized (gain)/loss on investments | 1,395 | (3,325) |
| NET INCREASE IN CASH | \$ (3,952) | \$ 914 |

STATEMENT OF FINANCIAL POSITION

For the fiscal years ending June 30, 2012 and June 30, 2011

Direct Relief
International

Direct Relief
Foundation

FY 2012

FY 2011

\$ IN THOUSANDS

ASSETS

CURRENT ASSETS

| | | | | |
|-----------------------------|----------------|---------------|----------------|----------------|
| Cash and cash equivalents | \$ 367 | \$ 10,117 | \$ 10,484 | \$ 8,690 |
| Investments | 460 | 20,289 | 20,749 | 27,388 |
| Inventories | 193,394 | - | 193,394 | 206,700 |
| Other current assets | 3,961 | (3,558) | 404 | 627 |
| TOTAL CURRENT ASSETS | 198,182 | 26,848 | 225,030 | 243,405 |

OTHER ASSETS

| | | | | |
|---------------------------|-------------------|------------------|-------------------|-------------------|
| Property and equipment | 6,299 | - | 6,299 | 6,871 |
| Remainder unitrusts | - | - | - | - |
| Pledged bequests | - | 726 | 726 | 279 |
| Other assets | - | - | - | - |
| TOTAL OTHER ASSETS | 6,299 | 726 | 7,025 | 7,150 |
| TOTAL ASSETS | \$ 204,481 | \$ 27,574 | \$ 232,055 | \$ 250,555 |

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

| | | | | |
|--|--------------|----------|--------------|--------------|
| Payables and other current liabilities | \$ 1,300 | - | \$ 1,300 | \$ 1,331 |
| Current portion of long-term debt | 7 | - | 7 | 7 |
| TOTAL CURRENT LIABILITIES | 1,307 | - | 1,307 | 1,338 |

OTHER LIABILITIES

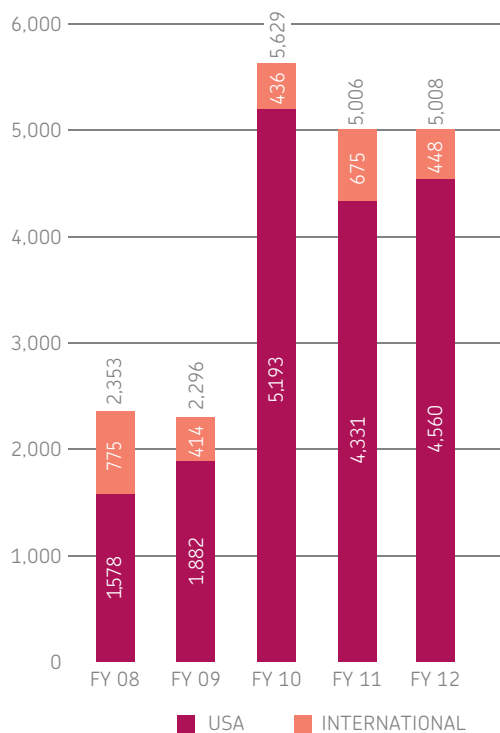
| | | | | |
|--------------------------------|--------------|----------|--------------|--------------|
| Long-term debt | 1,400 | - | 1,400 | 1,400 |
| Capital lease obligation | 13 | - | 13 | 18 |
| Distribution payable | 3 | - | 3 | 5 |
| TOTAL OTHER LIABILITIES | 1,416 | - | 1,416 | 1,423 |
| TOTAL LIABILITIES | 2,723 | - | 2,723 | 2,761 |

NET ASSETS

UNRESTRICTED NET ASSETS

| | | | | |
|---|-------------------|------------------|-------------------|-------------------|
| Board-Restricted Investment Fund (BRIF) | - | 30,232 | 30,232 | 29,249 |
| Undesignated | 200,940 | (8,705) | 192,235 | 208,702 |
| TOTAL UNRESTRICTED NET ASSETS | 200,940 | 21,527 | 222,467 | 237,951 |
| Temporarily restricted assets | 819 | 6,022 | 6,841 | 9,818 |
| Permanently restricted assets | - | 25 | 25 | 25 |
| TOTAL NET ASSETS | 201,759 | 27,574 | 229,333 | 247,794 |
| LIABILITIES AND NET ASSETS | \$ 204,481 | \$ 27,574 | \$ 232,055 | \$ 250,555 |

NOTES TO THE FINANCIALS



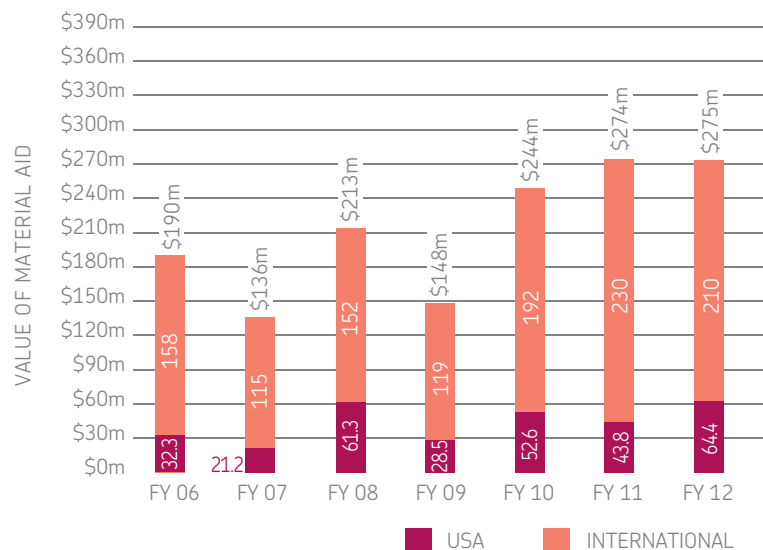
↑ NUMBER OF SHIPMENTS

↗ EXPANDING ASSISTANCE

FISCAL YEAR (FY) 2012 RESULTS

The overall assistance of both material aid and cash grants provided by Direct Relief was a record \$279 million. These resources were obtained from private sources and amounted to \$302 million. Direct Relief provided 5,008 shipments of humanitarian medical material aid, including pharmaceuticals, medical supplies, and medical equipment. The more than 1,376 tons (just over 2.7 million pounds) of material aid were furnished to local health programs in 68 countries, including the United States, and had a wholesale value of \$275.2 million. The pharmaceuticals contained in these aid shipments were sufficient to provide 25.6 million Defined Daily Doses (DDD). DDD is a measure of drug utilization developed by the World Health Organization (WHO) and maintained by the WHO Collaborating Center for Drug Statistics methodology at the University of Norway in Oslo. Direct Relief uses this as a measure of pharmaceutical aid provided.

In addition, the organization provided \$4.09 million in the form of cash grants to dozens of locally-run health programs in areas affected by the US storms and tornados in April 2011, the March 2011 earthquake and tsunami in Japan, the January 2010 earthquake in Haiti, and numerous other partners providing health services in other non-disaster areas.



COMPARISON TO PREVIOUS FULL YEAR'S RESULTS

All financial statements presented in this report show both the results for FY 2012 and those of FY 2011 for comparison purposes.

LEVERAGE

In FY 2012, for every \$1 contributed and spent for our core medical assistance program (excluding emergency response), the organization provided \$32 worth of wholesale medical material assistance, as compared to \$31 in FY 2011. These program expenses totaled \$7.8 million. The expenditure of these funds enabled Direct Relief to furnish \$275 million (wholesale value) of medical material resources to 68 countries for the support of ongoing health needs.



CASH GRANTS

In addition to the core medical material assistance program, Direct Relief also provided financial assistance of \$4.09 million through cash grants. The majority of these grants (approximately \$3.2 million) were made from designated contributions received in this and past fiscal years for the April 2011 US storms and tornados, March 2011 earthquake and tsunami in Japan, the January 2010 earthquake in Haiti, and numerous other partners providing health services in other non-disaster areas.

In the current fiscal year, the organization incurred \$336 thousand, \$3 million and \$1.3 million in cash expenditures for the US storms and tornados, the Japan earthquake and Haiti earthquake responses, respectively. Within these amounts, the \$261k for US storms, over \$2.7 million for Japan—and \$237 thousand for Haiti—was in the form of cash grants to support essential recovery efforts conducted by local, grassroots non-governmental and community groups in those areas. As of June 30, 2012, the organization had spent nearly 97 percent of funds received for the US storms and

tornados, more than 77 percent of the funds received for Japan and nearly 80 percent of the funds received for Haiti.

STAFFING

These activities were accomplished by a staff which, as of June 30, 2012, comprised 56 positions (49 full-time, seven part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 54.8. This figure is derived by dividing the total hours worked by 2,080, the number of work hours of a full-time employee in one year. Two persons each working half-time, for example, would count as one FTE.

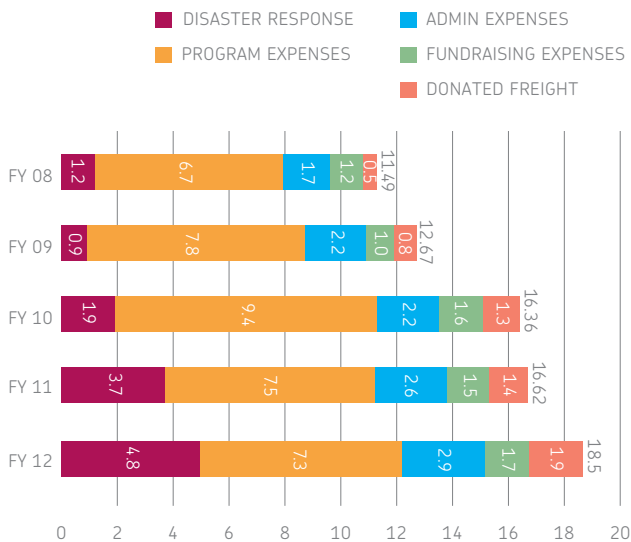
In general, staff functions relate to three basic business functions: programmatic activity, resource acquisition/fundraising, and general administration. The following sections describe the financial cost of our organizational activities, how resources are spent, and how donor funds are leveraged to provide assistance to people in need throughout the world.

PROGRAM EXPENSES

In Fiscal Year 2012, Direct Relief's expenditure on program activities totaled \$15.95 million, \$3.14 million of which paid for salaries, related benefits (health, dental, long-term disability insurance, and retirement-plan matching contributions), and mandatory employer paid taxes (Social Security, Medicare, workers' compensation, and state unemployment insurance) for 29 full-time and six part-time employees engaged in programmatic functions.



- Cash grants to partner organizations (\$4.09 million, including \$261 thousand in response to the US storms and tornados, over \$2.7 million for the Japan earthquake and tsunami relief, \$237 thousand for Haiti earthquake relief and numerous other partners providing health services in other non-disaster areas)
- Ocean/air freight and trucking for outbound shipments to partners, in-country transportation and inbound product donations (\$2.8 million, of which \$1.3 million was donated)
- Travel for oversight and evaluation (\$242 thousand); contract services (\$1.7 million, of which \$586 thousand was donated); packing materials and supplies (\$206 thousand); and disposal costs for expired pharmaceuticals (\$58 thousand)
- The value of expired products disposed of (\$26.2 million)
- A pro-rata portion of other allocable costs (see page 39)



← PROGRAM EXPENSES BY FUNCTION

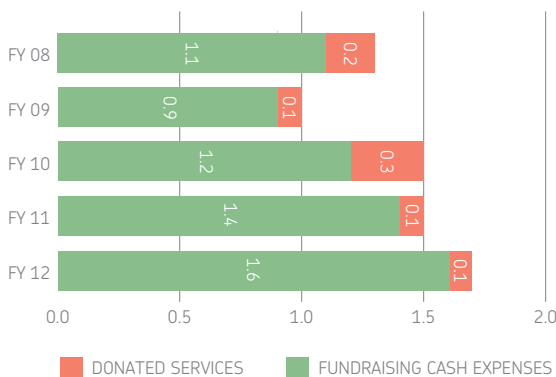
FUNDRAISING EXPENSES

Direct Relief spent a total of \$1.67 million on resource acquisition and fundraising in Fiscal Year 2012. These expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. A total of \$1.04 million was spent for salaries, related benefits, and taxes for eight full-time employees engaged in resource acquisition and fundraising.



- \$72 thousand for the production, printing, and mailing of newsletters, the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials
- \$4 thousand in advertising and marketing costs
- \$14 thousand in travel and mileage-reimbursement expenses
- \$216 thousand in contract services (\$66 thousand of which were donated services)
- \$19 thousand in supplies in support of the fundraising staff
- \$37 thousand in outside computer services related to fundraising
- A pro-rata portion of other allocable costs (see page 39)

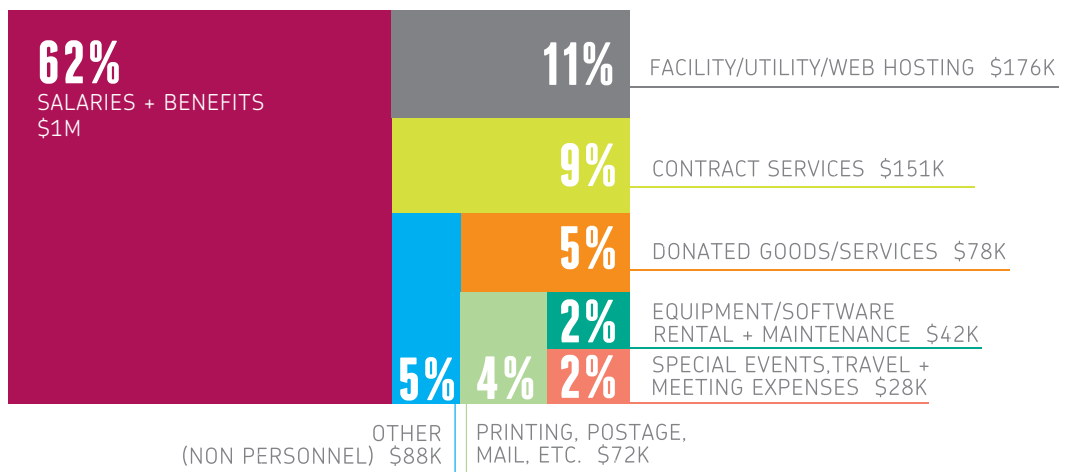
FUNDRAISING EXPENSES



NOTE:

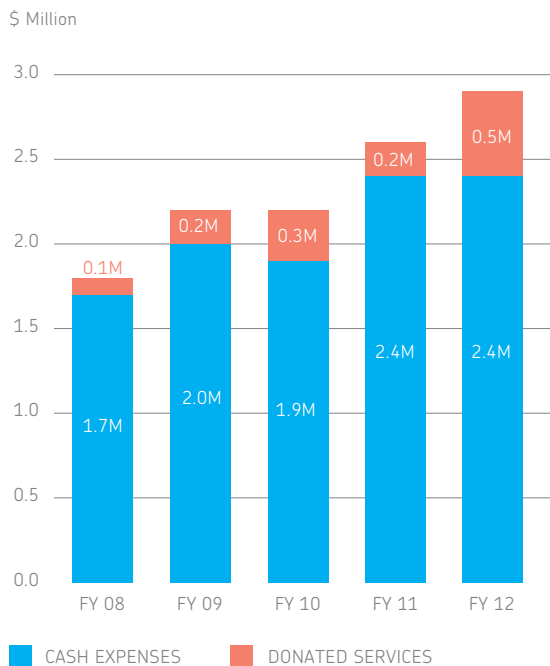
It should be noted that Direct Relief does not classify any mailing expenses or costs for informational materials as “jointly incurred costs”—an accounting practice that permits, for example, the expenses of a newsletter containing information about programs and an appeal for money to be allocated partially to “fundraising” and partially to “public education,” which falls under program costs. The \$88 thousand that was incurred for such expenses was only allocated between fundraising and administration expenses.

FUNDRAISING EXPENSES BY FUNCTION



MANAGEMENT AND GENERAL EXPENSES

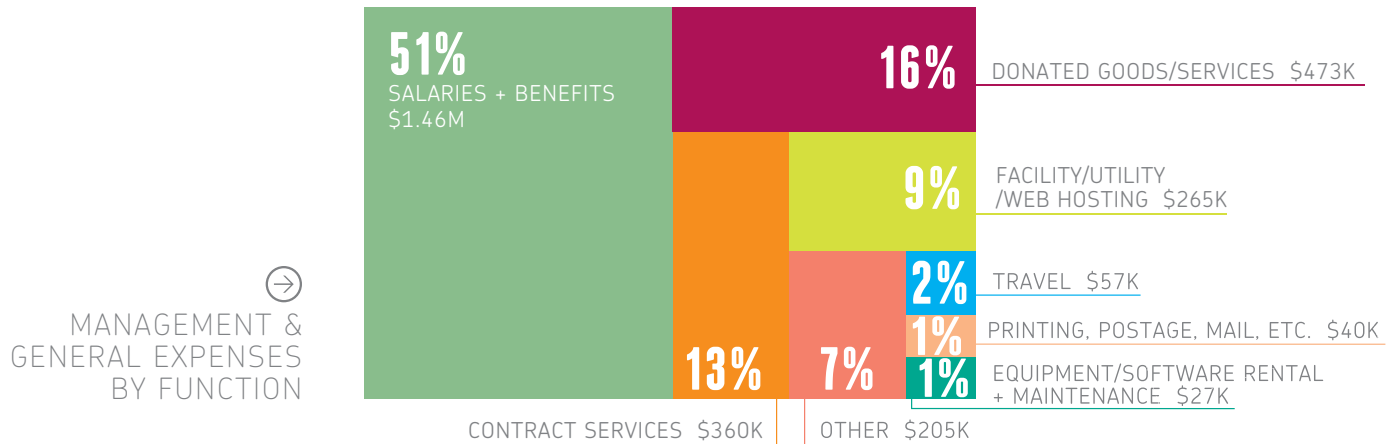
Direct Relief spent a total of \$2.89 million on management and general expenses. Approximately \$800 thousand of this amount was paid from funds received out of the assets of the Direct Relief Foundation. Management and general expenses are those that relate to financial and human resource management, information technology, communications, public relations, and general office management. A total of \$1.46 million was for salaries, related benefits, and taxes for 12 full-time employees and one part-time employee engaged in administration and financial management.



MANAGEMENT & GENERAL EXPENSES ALSO INCLUDED:

- \$42 thousand in credit card, banking, and brokerage fees
- \$28 thousand for duplicating and printing
- \$813 thousand in consulting fees, including information technology services (\$123 thousand), management fees for invested assets (\$49 thousand), communication services (\$550 thousand, of which \$375 thousand were donated services from Ogilvy, Google and the GSK PULSE Volunteer Partner Program), finance consulting/other services (\$6 thousand), and recruiting/other human resource services (\$1 thousand)
- \$50 thousand in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- \$46 thousand in legal fees, of which \$29 thousand was provided pro bono for legal representation related to general corporate matters
- \$21 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

MANAGEMENT & GENERAL EXPENSES



OTHER ALLOCABLE COSTS

Direct Relief owns and operates a 40 thousand square-foot warehouse facility that serves as its headquarters and leases another 23 thousand square-foot warehouse. Costs to maintain these facilities include mortgage interest, depreciation, utilities, insurance, repairs, maintenance, and supplies. These costs are allocated based on the square footage devoted to respective functions (e.g. fundraising expenses described earlier include the proportional share of these costs associated with the space occupied by fundraising staff). The cost of information technology services are primarily related to the activities of the respective functions described above. These costs are allocated based on the headcount devoted to the respective functions.



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

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

EXECUTIVE COMPENSATION

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



Direct Relief
USA™

healthy people. better world. since 194





INVESTORS

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





FOUNDERS' SOCIETY

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

**LEADERSHIP
+
COMMITMENTS**

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

Mr. and Mrs. John H. Adams
Judy and Bruce Anticouni
S. Balolia Family Foundation
Mr. and Mrs. Philip Berber
Mrs. Shelby C. Bowen
Mrs. Maria Bregy
François and Sheila Johnson Brütsch
Mr. Bruce Campbell
Harman Cain Family Foundation
Dolores and Robert Cathcart
Mr. and Mrs. William C. Clarke III /
Osprey Foundation
Ms. Laurie Converse
Roy R. and Laurie M. Cummins Fund of
The Oregon Community Foundation
Mr. and Mrs. John D. Curtis
Mr. and Mrs. Thomas J. Cusack
Peggy and Steve Dow
Mr. and Mrs. James Drasdo
Jack and Marie Eiting Foundation
Mr. and Mrs. Thomas P. Elsaesser
Peggy and Gary Finefrock
Mrs. Barbara Hunter Foster /
The Pacer Foundation

Mr. and Mrs. Gregg L. Foster
Mrs. Louise B. Gaylord
Kate and Dick Godfrey
Mr. and Mrs. Lawrence L. Goodman
Dr. Bert Green and Ms. Alexandra
Brookshire / Brookshire Green
Foundation
Dr. Catherine Grotelueschen and
Mr. James H. Grotelueschen
Mr. William T. Hammond
Mrs. Mary Harvey
Betty and Stan Hatch
Mr. and Mrs. W. Scott Hedrick
Hexberg Family Foundation
Priscilla Higgins, Ph.D. and
Mr. Roger W. Higgins / Higgins-
Trapnell Family Foundation
Brett and Natalie Hodges /
WWW Foundation
Mr. Erle G. Holm
Mrs. Jackie Inskeep
Mr. and Mrs. James H. Jackson /
The Ann Jackson Family Foundation
Mr. and Mrs. Peter O. Johnson, Sr.
Ms. Wendy E. Jordan
Mr. Donald S. Kennedy
Dorothy Largay and Wayne Rosing
Mr. and Mrs. Seymour Lehrer
Nancy Lessner
Mrs. Lillian P. Lovelace
Judith and Glenn Lukos
Mr. Ken Maytag / Fred Maytag
Family Foundation
The Nurture Foundation

Jo Anne and Donald E. Petersen
Mr. John Powell and
Ms. Melinda Lerner
Mr. and Mrs. Michael M. McCarthy
Mr. and Mrs. Alexander M. Power
Mr. and Mrs. Michael E. Pulitzer
Mr. and Mrs. James J. Roehrig /
Roehrig Family Foundation
Maryan and Richard Schall
Mrs. Nancy B. Schlosser /
Nancy B. & C. William Schlosser
Family Foundation
Mrs. Michiyo Schmidt-Petersen
Mr. and Mrs. Edgar H. Schollmaier /
Schollmaier Foundation
Mrs. Nan Schow / The Schow
Foundation
Ms. Rachael Schultz
Mr. and Mrs. Harold Simmons /
Harold Simmons Foundation
Stone Family Fund
Mr. and Mrs. John Swift & the Swift
Foundation / MSST Foundation
Tomchin Family Charitable Foundation
Mr. and Mrs. George Turpin, Sr.
Mr. and Mrs. Guhan Viswanathan
Mr. and Mrs. Cooper Williams

FISCAL YEAR 2012 INVESTORS



ANDREW STERN

Contributors to Direct Relief from July 1, 2011-June 30, 2012

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

* indicates former board members

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

‡ Abbott Fund
Glenda Martin

VISIONARIES (\$100,000 +)

‡ François and Sheila Johnson Brütsch
‡ Mr. Bruce Campbell
The Drucker Institute
Facebook, Inc.
‡ FedEx
The Fistula Foundation
Mr. and Mrs. Gregg L. Foster
GlaxoSmithKline Foundation
‡ Google
The Green Foundation
‡ Johnson & Johnson Family of Companies
William J. Partridge Estate
‡ Pfizer, Inc.
Martin and Lillian Platsko Trust
Santa Barbara Vintners' Foundation

Zynga Game Network

AMBASSADORS (\$50,000 +)

‡ The Allergan Foundation
Peter and Carmen Lucia Buck Foundation
The California Wellness Foundation
Covidien
‡ Roy R. and Laurie M. Cummins
Fund of The Oregon Community Foundation
‡ Mr. Mario J. Frosali
Global Partners for Development
The Green Park Foundation
‡ Mr. W. Scott Hedrick and
Ms. Mer James
‡* Dorothy Largay and
Wayne Rosing
The Morrison & Foerster Foundation
Mr. and Mrs. Graham Nash
The Hidy Ochiai Foundation
Mr. and Mrs. William Sanger

Mr. and Mrs. Edgar H. Schollmaier /
Schollmaier Foundation
Mrs. Nan Schow /
The Schow Foundation
Carol Van den Assem Trust

ADVISERS (\$25,000 +)

Alcon Laboratories, Inc.
‡ Amgen Foundation, Inc.
‡ BD
Boehringer Ingelheim Cares Foundation
The California Endowment
‡ Mr. and Mrs. Thomas J. Cusack
CVS Caremark Charitable Trust
‡ Mr. and Mrs. Thomas P. Elsaesser
Akber H. Hashim, M.D.
‡ Hexberg Family Foundation
Japanese American Citizens League
Mr. and Mrs. Richard E. Lunquist
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 Estate of Marguerite Bulf
 Don Bullick
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 Ms. Carol Carson
 Estate of Charlotte Castalde
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 The Crosby Fund
 Marjorie B. Cullman Trust
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 Mildred K. Fusco Trust
 Estate of Hannah Monica Gallagher
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 Mrs. Raye Haskell
 Betty & Stan Hatch

Estate of Dorothy S. Hitchcock
 Terrence Joseph Hughes
 Estate of Dorothy Humiston
 Mr. and Mrs. Richard A. Johnson
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 The Anette La Hough Trust
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 Estate of the Lensch Family
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 Estate of Velma Morrell
 Helga Angenenndt Morris
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 Estate of James Orr
 Estate of Harold A. Parma
 William J. Partridge Estate

Jo Anne and Donald E. Petersen
 Martin and Lillian Platsko Trust
 Mr. Juan Posada
 Estate of Nancy Roberts
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 Schepanovich Trust
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 Estate of Elna Theusen
 Estate of Wilbur H. Thies, Sr. and Emily P.
 Thies
 Estate of Grace A. Tickner
 Tilton Family Foundation
 Donn V. Tognazzini
 Carol Van den Assem Trust
 Estate of Marie L. Van Schie
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 Simone G. Woodcock
 Linda Seltzer Yawitz
 Marjorie Lynn Zinner

*deceased

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▶ **Serve People.**

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

▶ **Lift from the Bottom,
Pull from the Top.**

Work with world-class companies and institutions to bring resources to the most medically underserved communities in the U.S. and abroad.

▶ **Remove Barriers.**

Create transparent, reliable, cost-effective channels to contribute and to access essential medical resources, particularly medicines, supplies, and equipment.

▶ **Ensure Value for Money.**

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

▶ **Build Upon What Exists.**

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

▶ **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 working on related causes and complementary interventions in order to leverage resources.

▶ **Focus on Activities with
High Impact on Health.**

Support initiatives that improve maternal and child health; health systems strengthening; prevention and treatment of HIV/AIDS and other chronic diseases; emergency preparedness and response.

▶ **Respond Fast While Looking Ahead.**

In emergencies, support the immediate needs of those affected by working with local partners best situated to assess, respond, and prepare for the long-term recovery.

▶ **Be a Good Partner and Advocate.**

Give credit where due, listen carefully, and respect those whom we serve and those contributing resources.

OUR MISSION

**IS TO IMPROVE THE
HEALTH AND LIVES OF
PEOPLE AFFECTED BY
POVERTY, DISASTER, AND
CIVIL UNREST.**



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