Facing the pandemic together
Dear Friends,

In a year like no other, I could not be prouder of my colleagues at Relief International who came together, not only to continue the provision of vital services to millions of people in vulnerable situations, but to prevent and treat COVID-19 in communities who faced the pandemic with very few resources.

By February, with Iran at the epicentre of the pandemic, we knew the whole world would be affected by the novel coronavirus. Relief International’s teams on the ground responded with renewed urgency as they worked to ensure the safety of our staff and those we work alongside. Providing PPE and training on infection control and other prevention and protection means, our teams worked rapidly to flex programs and scale up our response in order to help prevent and treat COVID-19 whilst ensuring our existing services continued safely. They offered financial support to families facing economic hardship through cash assistance and moved our education programs online, overcoming multiple challenges along the way.

We also worked together to face our own organizational challenges as we discovered and addressed some systematic failures regarding negotiating humanitarian access with an armed group in a conflict zone. As a result, the Board made a change of leadership, appointing Ann Koontz to guide our organization through this difficult time.

My fellow board members and the leadership at Relief International are extremely thankful for the continued trust of our donors and supporters. Our work would not be possible without their generosity. Our core principles are the bedrock of operating safely in extremely difficult environments. Our promise to all those who support and work for RI is to uphold these principles with transparency, robust accountability and the greatest of respect.

We are proud to share our 2020 Annual Report, which showcases our vital work, standing alongside families from Iran and Syria to Myanmar and Ghana, as we faced the pandemic together to protect lives and livelihoods. Thanks to the generosity of our donors and our dedicated staff, our work will continue as we stand together to face the challenges of 2021 and beyond with renewed hope and resilience.

With warmest regards,

Chip Levengood
Chairperson, Relief International Board of Directors
Relief International goes where the need is greatest. We are there with people facing extreme challenges from displacement, poverty, natural disasters and conflict. And we stay for as long as we are needed – often for over a decade.

We work alongside communities because programs designed, built and judged by the community they serve are more likely to succeed. And to last. 98% of our 7,300 staff members and volunteers are local nationals.

We currently work in 16 countries, responding to the most urgent needs while also working towards long-term, sustainable solutions to water and sanitation, healthcare, education, and economic challenges. We have worked this way for over 60 years and will continue whenever and wherever there are communities facing tough times.
In 2020, Relief International provided more vital services in fragile settings than ever before.

3,890,000
SERVICES IN AFRICA
GHANA, SOMALIA, SOUTH SUDAN AND SUDAN

3,000,000
SERVICES IN THE MIDDLE EAST
IRAQ, JORDAN, LEBANON, SYRIA, TURKEY AND YEMEN

5,350,000
SERVICES IN ASIA
AFGHANISTAN, BANGLADESH, IRAN, MYANMAR, PAKISTAN AND PHILIPPINES
Health and nutrition during the pandemic

Relief International is a major provider of Health and Nutrition Programs in 14 out of the 16 countries where we work. Our work ranges from providing life-saving care to people in vulnerable situations to rebuilding health systems so they can provide universal care for all. In fragile and conflict affected countries, our mobile medical units provide care to communities completely cut off from services, and our hospitals in besieged cities treat mass injuries and offer counseling to treat trauma related disorders. In areas facing drought and food insecurity, our healthcare facilities screen children for malnutrition and treat waterborne disease spread by lack of access to clean water sources.

“We ensured continued access to health and nutrition services. Amidst the pandemic, people still needed to access our health services for delivering babies, treatment for malnourished children, or to access disease clinics. We have been able to continue provision of these essential services safely throughout the pandemic. We’re proud of that.”

MELANIE KEMPSTER
GLOBAL HEALTH AND NUTRITION DIRECTOR, RI

Melanie and colleagues in Sudan

“Staff and patient safety was critical. At the outset of the pandemic, we had to secure and ensure the continuation of our existing health and nutrition programs, which provided 6.5 million consultations in 2019. We safeguarded our health facilities, ensuring staff were fully trained on the new and changing COVID-19 guidelines around infection prevention and control and case management and that they had access to PPE and knew how to use it. Only then could we look at how to specifically respond to COVID.”

The disease is global but our response has been diverse. Our approach has altered in different countries which shows our agility to respond to diverse types of health needs. No two settings are the same. In some countries we are faced with ten people living in a room with no running water. In others, we manage functioning hospitals but war rages outside them. We have supported mild cases of COVID-19 with home-based care, utilizing our network of community health volunteers to monitor health status and support food deliveries door to door so patients can quarantine safely. It may surprise some but COVID-19 is not the biggest concern for many of the communities where we work. Malaria, childhood illnesses and childbirth can be more pressing health issues.

“The economic fallout of COVID-19 now impacts nutrition. In Sudan we see this now and it will get worse before it gets better. There’s a lot of food insecurity as there were limited social safety nets in place when lockdowns occurred.”

MELANIE KEMPSTER
GLOBAL HEALTH AND NUTRITION DIRECTOR, RI

“Preparedness is everything. Having systems in good order in advance enables you to deal better with outbreaks. Our infection prevention and control systems were already in place in many of the countries where we work meaning we could scale up quickly. The processes we have in place across our settings have now been further strengthened because of the pandemic and this will have a long-lasting impact on future disease outbreaks.

“COVID has taught us we can do things differently. We can reduce our travel as a lot of work doesn’t have to be face to face. We can remotely manage clinics and projects and share learnings online. There’s been a real sense of global connectedness among staff across locations and countries with everyone having to rally together. The pandemic is also changing the way we work in ways that will have a positive environmental impact.

“The economic fallout of COVID-19 now impacts nutrition. In Sudan we see this now and it will get worse before it gets better. There’s a lot of food insecurity as there were limited social safety nets in place when lockdowns occurred. People couldn’t go to work and, therefore, earned no income. Any savings people had, have now been used. This makes putting preventative measures, such as isolation, in place much harder. People have to choose between working to support their families, despite infection risks, or isolating at home with no income. It’s an impossible position.

“Inequity is our biggest challenge. Covid has made disparities even more apparent. The disease is on a global scale and, in many ways, we are all in the same situation. But to see the statistics in terms of access to testing and treatment, and then when you look at vaccination rollout, it’s not fair.
At the start of each day we all focus on protection and prevention. It’s a lengthy process getting through security, health-screening, removing clothing, jewelry, phones, donning scrubs and full PPE. It’s intense work on the ward and it’s very hot. Our staff can only work for a maximum of three hours at a time wearing the full protective gear.

We’ve recently delivered our first baby at the facility, a little boy weighing 2.9 kilograms. His mother was in her last trimester and receiving treatment when she went into labor. There was joy all around and both mother and baby are doing well.

Seeing people recover from Covid gives me hope. The patients are so happy when they leave, sometimes they are dancing, we receive many messages of thanks from the community and from the agencies and government officials working here - this motivates all of us, people really appreciate the work we do and it’s really rewarding.

Over 800,000 stateless Rohingya refugees live at the world’s largest refugee settlement in Cox’s Bazaar. Relief International provides vital healthcare services in three camps where we treat both the Rohingya and host communities.

"At the start of each day we all focus on protection and prevention. It’s a lengthy process getting through security, health-screening, removing clothing, jewelry, phones, donning scrubs and full PPE. It’s intense work on the ward and it’s very hot. Our staff can only work for a maximum of three hours at a time wearing the full protective gear.

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Many families were still struggling to rebuild their lives following the Taal Volcano eruption in January, which damaged the homes and livelihoods of tens of thousands, when COVID-19 broke out across the Philippines in March. At the same time, Relief International’s teams were responding to a polio outbreak, the first to be recorded in the country in nearly 20 years. Comprising more than 7000 islands, the Philippines are home to communities speaking over 120 languages in settings ranging from large cities to locations only accessible by canoe. Our teams now had to work fast to protect families against both virus outbreaks.

In response to the immediate need for protective equipment, we developed a new project to empower local women to produce PPE such as gowns and masks, providing them with much needed income and an important role in protecting their communities. We also provided tens of thousands of families with critical hygiene kits containing essential personal items such as soap and washing powder.

However, we quickly realized that getting information to communities across the islands was the most vital intervention required. Our messaging, which we developed in consultation with the Department of Health of the Philippines, focused on how to protect against both polio and COVID-19 and how to recognize symptoms. In order to reach as many people as possible, we launched a series of recorded campaigns, using Bluetooth speakers embedded with sound clips of the key messages. These speakers were attached to vehicles such as tricycles, trucks, cars, bicycles, and jeeps that roamed around communities continuously playing the reminders. This approach alone reached more than three million people in areas that couldn’t be reached by social media, text blasts, and radios.

In addition, we partnered with over 20 radio stations to play these key messages, and we also spread the word on social media and through distributing information flyers. Influencers such as community leaders, municipal chief executives, tribal leaders of indigenous groups, and women were also briefed and trained to become ambassadors of hygiene and health in their communities. This further strengthened our information and education campaigns by mobilizing people who were respected in their communities.

We were able to achieve this rapid and wide-reaching response by working with the Department of Health and other partners. The enormity and innovation of Relief International’s efforts meant we were able to disseminate polio & COVID-19 key messages to more than 10 million people across the Philippines.

“Our social mobilizers went out every day, riding for hours with the message blaring from their speakers. They were determined to help protect as many people as possible from the outbreaks of both polio and COVID-19.”

BING CONSTANTINO
RI PROGRAM MANAGER, PHILIPPINES
On February 19, 2020, Iran reported its first case of COVID-19 and the country quickly became a regional epicenter for the disease with a death toll that was the highest recorded outside of China. As one of only two international charities with permission to operate in Iran, Relief International’s response was vital.

Neighboring countries started to close their borders and, as Iran’s ability to import critical medical supplies was impeded, our teams worked around the clock to purchase protective medical equipment for frontline health workers and diagnostic kits to test patients for the virus.

For over three million Afghan refugees in Iran, healthcare represented only a fraction of the needs brought about by the pandemic. Unemployment, school closures, and the economic downturn all added serious burdens to those already facing vulnerability.

Ali, who lives with a hearing impairment, was in the 11th grade when COVID-19 forced his school to close. He and his three siblings shared their parents’ cell phone when they needed to access their online classes. But, with limited internet access and competing class schedules, it was nearly impossible for Ali and his siblings to complete their schoolwork from home.

In Iran, many Afghan refugee families like Ali’s aren’t able to afford electronic devices such as tablets and, as a result, many children didn’t have access to the tools they needed to continue their education from home.

In response, Relief International launched a new project to provide refugee students with the essential equipment they need for remote learning during the pandemic. Our teams provided more than 1,000 tablets across 16 provinces to children living with disabilities — those that need this support most.

For Ali, learning that he would receive a tablet for school was a major piece of good news during a particularly challenging year. “This tablet will help us a lot. We will now wake up with both a tablet and a smartphone, which we will be able to rotate between us to stay on top of our studies,” Ali told our team when they delivered his new tablet.

“Our priority is to provide children with the ability to study, learn, and thrive, particularly children with learning disabilities who may need extra support, and especially now the pandemic adds extra challenges,” says Samira Faridmanesh, our Education Advisor in Iran.

“These children are at greater risk of dropping out of school as their classes were the first to close when COVID-19 cases spiked in Iran,” adds Samira. “But now, students like Ali are equipped with the tools they need to excel this school year.”

RI distributes a tablet to Ali as part of our e-learning program

“OUR PRIORITY IS TO PROVIDE CHILDREN WITH THE ABILITY TO STUDY, LEARN, AND THRIVE, PARTICULARLY CHILDREN WITH LEARNING DISABILITIES WHO MAY NEED EXTRA SUPPORT, AND ESPECIALLY NOW THE PANDEMIC ADDS EXTRA CHALLENGES.”

SAMIRA FARIDMANESH
EDUCATION ADVISOR, IRAN
Coronavirus scared me a lot. I could not do anything and could not escape. I surrendered to everything. I am a sick woman," says 80-year-old Kaarima.

She lives alone in a refugee camp in northern Syria, with no means of income and declining health. She has lost touch with all of her six children when they fled from the war in Syria.

She is just one of millions of Syrians displaced by the war, with over half of the population either forced to flee the country or displaced within Syria itself.

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She is just one of millions of Syrians displaced by the war, with over half of the population either forced to flee the country or displaced within Syria itself.

Continuing to reach people wherever we are needed

Kaarima lives in one of the 1200 camps in northern Syria where life was already incredibly tough, but the COVID-19 pandemic has exacerbated all the issues that those who are displaced face. It is thought that at least 1.1 million Syrian refugees and displaced people in Syria have been driven into poverty as a result of the pandemic.1

"I have been here for a year, I have lived in a tent alone, and I can only go to the bathroom with the help of one of my neighbors," Kaarima says.

She is unable to find a source of income in her camp and relies mainly on her neighbors, who bring things for her and prepare food. She suffers from general fatigue, diabetes and chronic headaches and has no means to reach or pay for medical help. Every month though she is visited by Dr. Khaled as part of Relief International’s mobile clinic service.

The mobile clinics offer free medicines and medical support to displaced communities in northern Syria. During the pandemic the mobile clinics have continued to offer these vital services as well as raising awareness about COVID-19 and how to protect against it.

Kaarima explains, "I can’t move. All my body hurts me. I had a chair with wheels, but it was broken. But Dr. Khaled comes to see me. He examined me and prescribed medicine for me as well as telling me to rest.

"I cannot describe my condition before the arrival of the clinic. I wished to die and did not die.

I was very sick and tired, but I had no medicine. My condition was difficult, but now I am a lot more relaxed [...] and I am happy because I found someone standing next to me and helping me. I hope that the service will continue for me and the people like me."

The mobile clinic is one a number of life saving health services provided by RI in Syria to the millions of displaced Syrians in the north of the country. RI runs primary healthcare centers, mobile units and hospitals as well as an extensive network of community health workers that have all worked to continue their services and meet the challenges of the pandemic. Community health workers alone have conducted 62,571 sessions to 221,658 people, educating them on how COVID-19 is spread and how to prevent it.

1,100,000
HEALTHCARE CONSULTATIONS PROVIDED

* Names changed to protect identity.
Prevention and protection: improving access to handwashing in Rakhine State

As global leaders and influencers the world over encouraged people to wash their hands during the pandemic, over nine million people in Myanmar continued to live without clean water with access particularly poor in rural and remote areas.2

Areas like conflict-affected Rakhine state where Relief International was already well established in improving healthcare and livelihood opportunities. As COVID-19 broke out in March, Relief International worked alongside the local authorities, launching a rapid response.

Our teams set to work establishing 241 handwashing stations in prominent townships across the state where we also provided key health messages on prevention and protection.

For many Myanmarese like Hla, the handwashing stations provided both hygiene and reassurance; “I was worrying about touching food at the market. Now I feel better as I can wash my hands straight after I buy food for my family. I feel clean and safer.”

We sourced and distributed Personal Protective Equipment and disinfected popular public areas to help prevent the spread of the disease. In Sittwe, the capital city of Rakhine state, Relief International set up five COVID-19 screening checkpoints, where we also distributed leaflets and posters about how to prevent the spread of infection, how to recognize symptoms, and what to do if symptomatic.

While case numbers initially remained relatively stable, a major second wave in August saw numbers increasing from 10 to 1,000 a day,1 overwhelming the already fragile health system. In response to this peak in cases our teams set up a 100-bed COVID-19 quarantine center in the capital of Mrauk U Township in the North of Rakhine state. We repaired an existing building and the center opened in mid-September. This safe space for people to stay after exposure to the disease was equipped with bedding and personal items such as soap, toothbrushes and other hygiene items. From here, our staff were able to continue to promote disease prevention and hygiene best practice and were able to triage any patients who became symptomatic to nearby hospitals.

At the end of 2020 our teams had provided over 75,000 health consultations and given 5,500 people improved access to sanitation systems in the country.

2 https://www.wateraid.org/where-we-work/myanmar
The COVID-19 pandemic has caused inequality to rise across the globe. Access to healthcare remains a challenge for many and poverty has grown exponentially as a result of loss of earnings and economic downturn. The pre-existing demands on many Ghanaians facing vulnerability not only remain, but have become more challenging. The support given to families by Relief International’s clean fuel stove initiative, ‘Gyapa’, is as vital as ever as economic and health concerns deepen.

Gyapa means ‘good fire’ which could not be a more fitting name for the 264,000 cookstoves now sold in Ghana thanks to an innovative partnership between Relief International, Ghanaian communities and the CO2 emissions experts at ClimateCare. Since 2007, we have worked together to design, produce and sell this safer cooking solution, the Gyapa™ Cookstove, which cooks food more quickly, requires 50 percent less fuel and is less smoky.

Exposure to smoke from cooking is harmful to health and can lead to a plethora of early childhood diseases and even premature death.

More than 80 percent of Ghana’s population relies on solid fuels, such as charcoal and wood, for their household cooking needs.

This reliance increases pressure on local natural resources, leading to environmental degradation. Inefficent cooking practices also contribute to climate change through emissions of greenhouse gases, such as carbon dioxide and methane, and aerosols such as black carbon.

To date, the Gyapa stove has cut CO2 equivalent of 4 Million tons of carbon emissions and reduced exposure to toxic fumes. “You can cook a lot of food without wasting much charcoal,” explains Aijat. Across the country, families like Aijat’s have saved over $165 million in fuel costs thanks to Gyapa. The stove is made in part by using recycled and locally available materials, such as old refrigerators and car hoods. This makes it not only climate friendly, but affordable at under $10.

Production is kept local, creating almost 1000 jobs and counting. Currently 13,000 stoves are produced monthly by 350 manufacturers and sold at more than 600 local retailers, making a real difference to people.

This means people like Lucky, a Gyapa™ cookstove distributor, have steady employment and families are not only safer but are also saving money by cutting fuel costs. “Our children are now in university through this work.” Lucky explains.

“Through the Gyapa stove, we have demonstrated how to promote mass sales of improved cookstoves and the complex organizational requirements needed to achieve success. Our business model is unique – in addition to consumer and environmental benefits, the manufacture and sale of these stoves has created numerous employment opportunities.”

ATSU TITIATI
RELIEF INTERNATIONAL’S GHANA COUNTRY DIRECTOR
Relief International is ever grateful for the incredible support and commitment shown by its donors who include governments, foundations, corporations, and private individuals. It is only with this support that we were able to provide over 12 million services to people facing vulnerability over the past year.

We welcomed many new supporters to join our mission and were heartened by the renewed commitment from our loyal donor base. As a result, our private funding increased dramatically from $800,000 in 2019 to $3.9 million in 2020. This enabled us to react rapidly to help prevent, protect and treat as the virus took hold in each of the countries where we work. At the same time, we were able to maintain our existing vital programs in health and nutrition, water, sanitation and hygiene, education and livelihoods in many settings.

President’s Council members are our most powerful partners for change who have made an exceptional commitment to help us respond to the world’s worst humanitarian crises.

Bader Philanthropies
Center for Disaster Philanthropy
GlobalGiving
Google.org and Google employees
Johnson & Johnson Foundation
Henry L. Kimelman Foundation
Mountain Valley Water Corporation of Los Angeles
Anonymous (3)

Leadership Council members are key investors in the fragile settings where we work.

Children of Persia, Inc.
Employee of World Fuel Services Corporation
Julia Guth
Dave Hardman
Johnson & Johnson (Middle East), Inc.
Kay Family Foundation
Elizabeth Mertz
Society of Iranian American Health Professionals
Irene and Alan Wurtzel
Zakat Foundation of America
Bharati Jain
Benevity – The UK Online Giving Foundation
Anonymous (2)

Patrons are among our most dedicated supporters helping to transform the lives of people living in the world’s most fragile settings.

Are we grateful for and proud of our 138 Patrons who supported our mission in 2020.

Foundation and Government Partners

Abdulla Al Ghuair Education Program, Ltd
Action Against Hunger
Anonymous
Australian Government
Department of Foreign Affairs and Trade
Bureau of Population, Refugees, and Migration
Crown Agents
Department for International Development
Development Alternatives, Inc.
European Commission’s Department for International Cooperation and Development
Food and Agriculture Organization
French Embassy General Fund
German Federal Foreign Office
Global Affairs Canada
Humanitarian Aid Department of the European Commission (ECHO)
InterAction
International Organization for Migration
International Rescue Committee
King’s College London
Latter Day Saint Charities, Inc
Le conseil départemental du Rhône
Ministry of Foreign Affairs of Denmark (DNANDA)
Ministry of Public Health Afghanistan
Norwegian Refugee Council
Pioneer Carbon
Save the Children UK
Solidarity’s International
Start Network
Swiss Federal Department of Foreign Affairs
Syrian American Medical Society Foundation
U.N. Children’s Fund
U.N. Development Program
U.N. High Commissioner for Refugees
U.N. Office for Project Services
U.N. Office for the Coordination of Humanitarian Affairs
U.N. Population Fund
U.S. Agency for International Development
USAID’s Bureau of Humanitarian Affairs
World Bank
World Food Program
World Health Organization
WVI World Vision International

“Twenty twenty was a year that changed us all. As a family, we wanted to stand in solidarity with families across the globe who were particularly vulnerable during the pandemic. We knew that refugees, many living in overcrowded temporary shelters and those living in other fragile settings, would be hardest hit. Through RI’s teams, we have helped Syrian children in Jordan to continue their education, we have helped provide essential PPE and training to healthcare workers in Bangladesh, we have helped provide clean water and handwashing points to families in Myanmar. We are proud to support Relief International, its dedicated staff and the families it stands alongside.”

Misia Landau, Lauren Broch and Ricki Grossman
RI Patrons

Donate
Make an annual gift to Relief International at the Patrons or Council level to invest in long-term change.

Sign Up
Sign up for our newsletter to be the first to hear about what we’re doing to help people recover and rebuild their lives in the world’s most fragile settings, including Syria, Myanmar, and Iran.

Fundraise
Start your own fundraising campaign to support Relief International and our work in fragile settings. For more information, contact: philanthropy@ri.org

Share
Follow us on social media to get real-time alerts from our teams on the ground — and share these updates with your followers to raise awareness and help transform lives around the world.

Relief International
We’re always on the lookout for talented professionals to join our team. Whether you work in the field, or in finance, operations, or another area, you’ll be a significant part of our mission to deliver solutions for people in fragile settings.

ReliefInternational
# 2020 Financials

## 2020 Combined Financials (Unaudited)

**Support and Revenue**

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<tr>
<th></th>
<th>2020</th>
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<tr>
<td>Grants and contributions</td>
<td>$148,694,836</td>
<td>$122,549,163</td>
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<tr>
<td>Contributed goods and services</td>
<td>$22,726,423</td>
<td>$31,772,349</td>
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<tr>
<td>Other revenue</td>
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<tr>
<td><strong>Total Support and Revenue</strong></td>
<td><strong>$173,069,823</strong></td>
<td><strong>$156,433,519</strong></td>
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**Expenses**

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<td>Programs and services</td>
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<td>General and administrative</td>
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<td><strong>Total Expenses</strong></td>
<td><strong>$174,252,003</strong></td>
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Increase (decrease) in net assets

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<td>$(1,182,180)</td>
<td>$(1,460,480)</td>
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Net assets beginning of the year

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<tr>
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<td>$4,276,797</td>
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Net assets end of the year

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<tr>
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<tbody>
<tr>
<td><strong>$3,094,617</strong></td>
<td><strong>$4,276,797</strong></td>
<td></td>
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</table>

Our audited accounts will be published on our website when they become available.