COVER PHOTOS CLOCKWISE FROM TOP LEFT: Allison Jones, Brett Williams, Dan Smith, Jodie Willard
Please visit: www.Jodiewillard.com
This report is dedicated to Dr. Jerome Sulubani,

one of few pediatricians in all of Zambia – for his commitment to the children of Zambia, steadfast dedication to serving his community, and unfailing compassion as he devotes himself to a generation orphaned by HIV/AIDS.
Where We Work

USA $32,295,827
Mexico & Central America $31,524,768
Caribbean $30,974,958
South America $10,527,887
Direct Relief furnished over $200 million in assistance, which included $190 million wholesale of medical material aid and $10 million in cash investments to strengthen health systems affected by disasters.
We are pleased to share with you the results of Direct Relief’s activities for the fiscal year ending on March 31, 2006.

The year stretched our organization to respond to both the chronic health emergencies that confront people living in poverty around the world and those caused by natural disasters – including Gulf State hurricanes, the Pakistan earthquake, and the Asian tsunami, the effects of which remain profound.

In the midst of these events, Direct Relief was fortunate to be able to expand significantly our assistance to help more people than at any time before in our 58-year history.

During the year, Direct Relief furnished over $200 million in financial and material assistance to 56 countries.

**Message from the Chairman and the President/CEO**

In the core area of medical material aid, Direct Relief furnished $190 million (wholesale) in aid, containing over 23.9 million courses of treatment for use by partner health facilities and organizations.

This was a 59 percent increase over the previous year and required a commensurate expansion of our physical-handling abilities to manage the 850 tons of medicines, supplies, and medical equipment that were specifically requested by our partner organizations.

In addition to the significant expansion of our medical material aid program, the generosity of donors allowed for the significant expansion of financial assistance to strengthen local health efforts in areas affected by the Indian Ocean tsunami, Hurricane Katrina and Rita, and the earthquake in Pakistan.

Using funds designated by donors for those specific tragedies, Direct Relief was able to augment the medical material aid with financial investments of $10.2 million in the form of cash grants to rebuild health facilities, initiate mobile medical services, and kick-start health services at the local level in several dozen communities. We adhered to a very strict policy of segregating disaster-designated funds, spending 100 percent of such contributions only for the specific incidents and absorbing administrative costs associated with the relief efforts from other sources.

After almost 60 years, we know that all disasters – including the large-scale catastrophes that make worldwide news – are local. Our efforts in responding to disasters are aimed at the local level, in partnership with those who have the highest incentives and the most at stake in the relief and longer-term recovery efforts. The same approach underlies our day-to-day activities to enhance health services in hard-pressed areas of the world.

We note with deepest thanks that all these activities were financed entirely with resources provided by private parties. Many of the leading health-care companies in the world provided the medical resources. The financial contributions of generous individuals and businesses allowed us to align essential resources with people and facilities worldwide who need them.

We also are pleased to report to those whose generosity financed our activities, that we maintained our traditional efficiencies with regard to fundraising and administrative costs and high leverage with regard to each dollar of cash spent. We also pay special thanks to our own Board of Directors and International Advisory Board, led by Frank Magid.

All unpaid volunteers, these Directors devoted substantial time and energies to our organization and also made personal financial contributions of more than $660,000 during the year.

Fundraising expenses remained less than half of one percent of the total public support of $137.5 million we received, and administrative expenses amounted to less than one percent. These and many more facts are contained in our financial statements and explanatory materials that follow.

Beneath these numbers, however, is the purpose of our organization and the reason we know we receive the generous support from businesses and individuals. Sadly, many people in the world are born into – or pushed by events into – circumstances that leave them vulnerable to basic health concerns and deprive them of the opportunities and simple joy that life holds.

Our efforts to strengthen health services for people in such circumstances, wherever they may live, are highlighted in this report.

Please accept on behalf of our organization deepest thanks for your interest and support.
Historically, the majority of Direct Relief’s in-country health partners are the only source of health services for people living in poverty, in remote areas, or both. By necessity, these partners provide a broad range of services, including emergency medicine, internal medicine, pediatrics, obstetrics, and gynecology. But they focus on the basics. Comprehensive primary health care, health education, and child development services were delivered free of charge through the Venice Family Free Clinic to 21,203 patients in 2005. The clinic was established in 1970 in response to the lack of medical services, such as immunizations and other primary care services, available to low-income families in Venice, California. Today, the small clinic has grown into a model of care. It is the largest free clinic in the United States serving the uninsured, working poor of Los Angeles County. Nearly 75 percent of Venice Family Free Clinic’s patients are below the federal poverty line, and many hold two or three jobs. In 2005, 17 percent of patients treated were homeless men, women, and children. The clinic serves patients primarily from Venice, Santa Monica, Palms, Mar Vista, Inglewood, and Culver City. With seven shipments since 2002 of critically needed antibiotics, analgesics, nutritional supplements, and personal care products, Direct Relief continues to support the Venice Family Free Clinic with essential medicines needed to provide primary care to those who would otherwise go without medical services. Donations have provided full courses of medical treatment to 13,920 people and are valued at $299,806 (wholesale).

The Archdiocese of Lima, Peru operates a comprehensive program to support the delivery of health care services to low-income and impoverished people in Peru that includes five urban health centers and a clinic in the squatter settlement of Manchay, located just south of Peru’s sprawling capital city of Lima. The settlement of Manchay is located on a barren plain with no running water, no sewage system, no paved roads and only sporadic electric power; first populated by native mountain populations, 20 years of guerrilla warfare drove the original inhabitants of Manchay off their lands. Today, Manchay is populated by squatters working mainly as laborers in Lima, and access to primary health care was not readily available before the 2003 construction of Manchay clinic. Since the construction of the clinic, staffed and operated by the Archdiocese of Lima, basic primary care services are available including immunizations, nutritional programs, prenatal care, and child wellness exams to approximately 300,000 patients annually. With one of the highest rates of infant mortality in South America – at 42 deaths per 1,000 births – the provision of primary health care services available through the Manchay Clinic allows for healthier mothers and families. Direct Relief has assisted the Manchay Clinic from its inception with specifically requested medicines, nutritional products, first aid supplies, and personal care products to provide a total of 902,592 full courses of treatment with a wholesale value of $3,169,084 since 2003. In addition to the Manchay Clinic, the Archdiocese of Lima operates five parish health centers offering a similar range of services to the urban poor of Lima.
Women and children are disproportionately affected by poor health outcomes in developing countries. In line with the United Nations Millennium Development Goals, Direct Relief places high priority on improving the health of these most vulnerable populations by working with programs emphasizing maternal and child health.

**Maternal and Child Health**

Direct Relief’s maternal and child health (MCH) support focuses on improving essential medical services for women and children, including prenatal care, safe delivery, care for low-birthweight babies, and access to basic medicines, supplies, and nutritional support for newborns and their mothers.

These are fundamental elements of health and medical services for women and children, but we and the partners we work with recognize that many other issues – income status, legal status, water and sanitation, basic nutrition, and education – also profoundly affect the health of women and children.

In 2006, Direct Relief began a project to strengthen MCH services in high-need areas with local partners that are deeply involved in the specific health and medical issues as well as the related issues affecting women’s and children’s health in their communities.

The project involves providing to these partners specialized MCH modules of diagnostic equipment, surgical hardware and supplies, and related medicines, general supplies, and nutritional supplements. The resources help these partners build upon their existing innovation and deep commitment and model excellence in very difficult circumstances.

The modules, which are tailored in collaboration with the partners and cost approximately $22,000 each, include core items such as ultrasounds, fetal monitors, birthing beds, incubators, baby scales, as well as upgrades to the surgical environment and provision of basic medicines and supplies. Five MCH modules were furnished in early 2006.

Concurrent with strengthening these partners’ capacity to improve services, Direct Relief is gathering information on the effects of these simple interventions to inform our future actions to improve health status of women and children.

**Ghana**

**Jehovah Rapha Healthcare Foundation (Motoka Health Center)**

The Jehovah Rapha Health Care Foundation (JRHCf) was founded in 1996 with the overall aim of extending health-care coverage to deprived and isolated areas of the country where health services were scarce. In 2001, Jehovah Rapha opened the Motoka Health Center, which is the first and only health facility to provide services to the people who inhabit the Motoka area. Built by community volunteers using local materials, the Center consists of a small inpatient ward, a consultation area, examination, delivery rooms, and a brand new surgical suite – courtesy of a grant from the Izumi Foundation. The clinic provides pre- and post-natal care, delivery services, primary care, and community health worker and traditional birth attendant training on adolescent reproductive health and general preventive health issues. In addition, the clinic runs a nutrition program for malnourished children and mothers. The nutrition program serves 800 women and children four times a week. The Motoka clinic treats approximately 1,000 outpatients and 160 in-patients per month. They also conduct health outreach to 20 smaller villages which they access by boat.

Direct Relief has worked with JRHCf for seven years providing over $2.7 million of medical material assistance. In 2005, Direct Relief provided an MCH module that was tailored to meet the Motoka clinic’s need for specialized surgical equipment. The newly constructed suite will enable the Motoka clinic to conduct critical obstetric (e.g. c-sections) and general surgery which will greatly reduce infant and maternal morbidity and mortality for a remote and greatly underserved population. In addition, a blood bank refrigerator will ensure that a critical supply of blood is available for patients in need (e.g. severe anemia, hemorrhaging, etc).
The Unidad Salud Luis Poma medical clinic located in the town of San Julian, El Salvador serves an AmerIndian population of 40,000 whose ancestry goes back to the pre-Colombian Yaqui and Pipil tribes. The clinic focuses on primary care services with an emphasis on maternal-child health and is administered by The Salvadorian Foundation (FUSAL), a longstanding Direct Relief partner that it has collaborated with on many occasions.

Direct Relief designed an MCH module for this facility, to upgrade and expand their prenatal, delivery services, and neo-natal services. A January 2006 provision of aid contained an ultrasound unit, a fetal monitor, birthing beds, baby incubators, adult and baby scales, exam tables, and other patient examination equipment and supplies. The facility will now be able to offer OB/GYN services to a larger number of women and children, with an anticipated 21,000 pre- and post-natal checkups.

FUSAL responded to the new equipment by committing to increase maternal-child health-related staff by hiring an OB/GYN, additional nurses, and midwives.
Direct Relief’s efforts focus on providing health-care professionals the medicines, equipment, and supplies necessary to treat the secondary infections of HIV/AIDS, and on supporting prevention and education services. For example, sulfa has been procured for treatment of pneumocystis pneumonia and broad spectrum antibiotics are sent to combat the myriad of diffuse bacterial infections. Anti-fungals such as itraconozole and ketoconizole are sent to combat opportunistic yeast infections and anti-protozoals to fight parasitic infestations. Direct Relief also supplies a significant amount of supplies for general palliative care such as wound care dressings and personal care items, (including lotions, soaps, and mouth care products) which are all in great demand. To promote safe needle practices, Direct Relief has provided clean needles, syringes, and sharps containers.

On the preventative and educational fronts, Direct Relief furnishes condoms, educational materials about sexually transmitted infections, and HIV diagnostic kits to partners working to reduce the transmission of the virus.

Direct Relief has worked with Dr. Stephen Banonya – the Medical Officer of Health of the Jinja Municipal Council since 2000 – to send necessary medicines and medical supplies to the people of Jinja and the medical professionals who serve them. Since 2000, Direct Relief International has provided $2.2 million in medical assistance to the Jinja Municipal Council and the Jinja Central Clinic.

Direct Relief’s recent provisions of aid to Jinja Municipal Council included the anti-infective drug Lorabid, which is ideal for treating life-threatening acute respiratory infections (ARI’s) commonly found in developing countries. They have also contained specially procured HIV test kits, laboratory equipment, blood glucose test kits, and cough medicine.
India is extremely vulnerable to the HIV/AIDS epidemic because of its socioeconomic status and a large at-risk and marginalized population. AIDS is already the second largest killer of Indian adults, second only to tuberculosis. It is estimated that 5.1 million Indians were living with HIV in 2003; a notable percentage of those infections occurred in married women infected by their husbands. Though India’s HIV rate is low compared to those found in some African countries, the nation’s large population means that the total cases could significantly increase by decade’s end if left unchecked.

AIDS claimed 520,000 lives in Asia in 2005. Currently, over eight million people are living with HIV in Asia, including 1.1 million people who became newly infected in the past year.
Emergency Response

Hurricanes Katrina and Rita ravaged coastal communities throughout the Gulf Coast in August and September 2005, affecting over one million people and resulting in the largest natural disaster in U.S. history.

Hurricanes Katrina and Rita

Direct Relief’s support has been aimed at both the major anchor facilities that provide specialized services and the network of safety-net clinics that play the key role of caring for people who have little money and no insurance. Both types of facilities have undergone tremendous strain from surging patient visits, lack of revenue and, in many cases, storm-related damage.

After the hurricanes, Direct Relief applied its successful California Clinics Program approach to the Gulf states by joining with the national associations of free clinics and community health centers to connect with their statewide clinic associations.

The National Association of Community Health Centers and the National Association of Free Clinics together represent more than 1,200 community-based clinics throughout the U.S. The clinics play an essential role and have deep experience serving people without money or insurance. The hurricanes forced many people into such circumstances while causing a net loss in overall health service capacity resulting in thousands of patients with no way to access health services. These facts led Direct Relief to target aid at these frontline clinics, providing both medical aid to care for patients and financial assistance to conduct rapid assessments and cover increased expenses due to surging demand. Direct Relief has furnished cash grants of more than $400,000 to both associations for allocation to their member clinics and to clinics directly.

The clinic associations’ networks provided a clear view of how the hurricanes were affecting the demand for services among displaced people in Louisiana, Mississippi, and Texas. Through the networks, Direct Relief also was able to share medicines efficiently without duplication, enabling clinics to request essential items and fill emergency needs.

EMERGENCY SHIPMENTS OF MEDICAL GOODS

Number of Shipments: 95
Total weight: 106 tons (213,398 lbs.)
Total Wholesale Value: $26,723,966
Number of people served: 1,652,449
Direct Relief’s Cash Investments with Hurricane Contributions Have:

- Strengthened emergency health services, dental services, care management for evacuees with chronic illness, and community pharmacy services. Through December 2005, Lafayette Community Health Care Clinic provided evacuees with 1,250 dental treatments and prescriptions that carried a value of $91,000. ($50,000)
- Stabilized Touro Infirmary - the only hospital open for adults in the Greater New Orleans area - with funding for the replacement of equipment and contaminated lab supplies. ($250,000)
- Provided blood centrifuge, plasma freezing system, and other essential equipment to the largest distributor of blood in the Gulf region, The Blood Center. ($300,000)
- Established a medical call center to provide information on available medical and pharmaceutical services for two hardest-hit counties along Mississippi coast through the Gulfport Memorial Hospital. ($65,000)
- Supported nine community health clinics throughout the Gulf region through the National Association of Community Health Centers to assist their recovery from Katrina. Funds were used for equipment, supplies, patient transportation, and facility relocation. ($350,000)

CASH GRANT ASSISTANCE

Expenditures: $3,764,765

Number of Grants: 39
- Alabama: $151,825
- Louisiana: $2,161,398
- Mississippi: $616,624
- Texas: $184,918
- National Associations: $650,000

Total Hurricane Cash Expenditures by Function

($3,912,178 expended through March 31, 2006)

- Cash Grants: $3,764,765
- Material Assistance-Transportation: $56,277
- Procurement of Medical Aid: $68,873
- Program Management and Oversight: $22,263

Direct Relief spent no money on fundraising for the hurricanes and is absorbing 100 percent of all administration costs from other sources. Interest on unspent hurricane funds accrues to the hurricane account and may only be spent on direct hurricane expenses.
Millions of lives were devastated by the massive Indian Ocean earthquake and resulting series of tsunamis that ravaged coastal communities of the Indian Ocean in December 2004.

**Tsunami**

Direct Relief’s emergency response and ongoing recovery activities in this enormously complex tragedy have been structured around two basic principles. The first is that our organizational role in the area of health is to support, strengthen, and enable local people and organizations in the affected communities, those who lost the most have the most at stake in the long-term. The second is that designated money and resources received following the tsunami were solely for the benefit of people in affected areas. Direct Relief’s responsibility in responding is that of a trustee accountable both to donors who gave generously and people for whom the resources were given.

The fiscal year covered by this report ended March 31, but intense ongoing support efforts have continued to the time of this writing and will continue. Through March 31, 2006, Direct Relief’s tsunami response efforts included:

**EMERGENCY SHIPMENTS OF MEDICAL GOODS**

**Number of Shipments:** 63  
**Total weight:** 179 TONS  
(358,063 lbs.)  
**Total Wholesale Value:** $44,349,846  
**Number of people served:** 4,359,345

Consistent with Direct Relief’s longstanding policy, all medical material furnished in these extensive emergency shipments was requested and approved prior to shipment by local health professionals from partner hospitals, clinic facilities, and organizations treating tsunami victims at several dozen sites.

**CASH GRANT EXPENDITURES**

**Number of Grants:** 55  
- **Indonesia:** $3,759,869  
- **Sri Lanka:** $3,094,197  
- **India:** $2,779,508  
- **Thailand:** $250,000
A wide range of health-related needs existed in the complex emergency that followed the tsunami. Through cash grants made with tsunami contributions, Direct Relief targeted high-priority needs for basic health-care infrastructure, emergency transport, water and sanitation, and specialized professional services. Examples of funding included:

- St. John’s Ambulance Brigade, Sri Lanka purchased five fully equipped ambulances with a cash grant of $196,180. Funding to train 16 EMTs and 20 First Aid specialists was also included to support emergency services along tsunami affected coastlines.

- Rebuilt the health-care infrastructure of the Andaman & Nicobar Islands with a $1,778,172 grant to construct 34 health-care centers on the remote Indian Ocean islands.

- Procured a Toshiba CAT Scan machine and outfitted the ICU ward for Ampara General Hospital, the main public tertiary facility serving the most severely affected district of Sri Lanka where over 12,000 people died.

- Prevented the spread of water-borne diseases by providing safe drinking water to thousands of families with the construction of 627 new wells and the cleaning of 3,970 wells in Sri Lanka and Indonesia.

- In Banda Aceh, Indonesia, Direct Relief supplied 35 new computers to 35 community health clinics whose equipment had been destroyed in the tsunami. $62,421 will help the provincial department of health to keep track of patient records and all aspects of administration to bring the public health system back to a functioning level.

- Over 170,000 families are being protected from malaria and dengue in Indonesia and Sri Lanka through the provision of 170,300 insecticide-treated mosquito nets, fogging devices, and educational programs promoting malaria and dengue awareness and prevention. Net distribution focused on residents of displaced persons camps and severely affected neighborhoods.
In October 2005, a massive 7.6 earthquake shook northern Pakistan, devastating extensive areas of Pakistani-Administered Kashmir and the North-West Frontier Province. The earthquake left three million people homeless and 200,000 people injured, forcing them to face the Himalayan winter in temporary shelters and tents.

**Pakistan Earthquake**

**EMERGENCY SHIPMENTS OF MEDICAL GOODS**

- **Number of Shipments:** 20
- **Total weight:** 179 TONS (358,063 lbs.)
- **Total Wholesale Value:** $6,918,643
- **Number of people served:** 1,529,607

Direct Relief’s emergency response to the Pakistan quake involved extensive provision of air-freighted medicines, surgical instruments, trauma-care supplies, and medical consumables. Designated financial contributions from individuals and companies allowed Direct Relief to infuse financial support for 20 Basic Health Units (BHU) that replaced demolished clinics in villages throughout the earthquake zone. The BHUs are vital for women and children. In addition, Direct Relief’s ongoing activities provide financial and material support to 12 hospitals, four mobile medical teams, and three maternal and child health facilities throughout the affected regions.

**Cash Grant Assistance Expenditures:** $589,989

- **Number of Grants:** 7

Nearly 60 years of disaster response experience has taught Direct Relief that traumatic injuries caused by earthquakes require extensive long-term care and rehabilitation. Unfortunately, these health issues typically arise after emergency funds are gone. In recognition of this, Direct Relief has focused its available financial support for the Pakistan earthquake on organizations, facilities, and programs involved in rehabilitative medicine – ranging from prosthetics to physical and occupational therapy. Direct Relief’s cash investments with earthquake contributions have:

- Provided funding to Murshid Charity Hospital (CHAL) to purchase the necessary parts to manufacture prosthetic limbs. Murshid has completed assessments in the area around Batagram and has a list of 1,250 amputees who are in need of prosthetic limbs. ($166,000)
- Financed faculty salaries and procurement of medicines, medical supplies, equipment, and office supplies for the Village of Hope Center in Mansehra, Pakistan. The Center, run by the International Medical and Educational Trust, is a temporary home for 1,000 children orphaned by the earthquake and their living family members. ($110,927)
<table>
<thead>
<tr>
<th>Country</th>
<th>Total Wholesale Value</th>
<th>Total Weight</th>
<th>People Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFGHANISTAN</td>
<td>$2,757,638</td>
<td>37,855 lbs.</td>
<td>458,755</td>
</tr>
<tr>
<td></td>
<td>$2,757,638</td>
<td>37,855 lbs.</td>
<td>458,755</td>
</tr>
<tr>
<td></td>
<td>$2,757,638</td>
<td>37,855 lbs.</td>
<td>458,755</td>
</tr>
<tr>
<td></td>
<td>$2,757,638</td>
<td>37,855 lbs.</td>
<td>458,755</td>
</tr>
<tr>
<td>BANGLADESH</td>
<td>$431,321</td>
<td>3,303 lbs.</td>
<td>20,808</td>
</tr>
<tr>
<td></td>
<td>$431,321</td>
<td>3,303 lbs.</td>
<td>20,808</td>
</tr>
<tr>
<td></td>
<td>$431,321</td>
<td>3,303 lbs.</td>
<td>20,808</td>
</tr>
<tr>
<td></td>
<td>$431,321</td>
<td>3,303 lbs.</td>
<td>20,808</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>$223,255</td>
<td>5,870 lbs.</td>
<td>73,869</td>
</tr>
<tr>
<td></td>
<td>$223,255</td>
<td>5,870 lbs.</td>
<td>73,869</td>
</tr>
<tr>
<td></td>
<td>$223,255</td>
<td>5,870 lbs.</td>
<td>73,869</td>
</tr>
<tr>
<td></td>
<td>$223,255</td>
<td>5,870 lbs.</td>
<td>73,869</td>
</tr>
<tr>
<td>CAMBODIA</td>
<td>$211,006</td>
<td>6,486 lbs.</td>
<td>52,041</td>
</tr>
<tr>
<td></td>
<td>$211,006</td>
<td>6,486 lbs.</td>
<td>52,041</td>
</tr>
<tr>
<td></td>
<td>$211,006</td>
<td>6,486 lbs.</td>
<td>52,041</td>
</tr>
<tr>
<td></td>
<td>$211,006</td>
<td>6,486 lbs.</td>
<td>52,041</td>
</tr>
<tr>
<td>CAMEROON</td>
<td>$4,466,633</td>
<td>37,537 lbs.</td>
<td>479,743</td>
</tr>
<tr>
<td></td>
<td>$4,466,633</td>
<td>37,537 lbs.</td>
<td>479,743</td>
</tr>
<tr>
<td></td>
<td>$4,466,633</td>
<td>37,537 lbs.</td>
<td>479,743</td>
</tr>
<tr>
<td></td>
<td>$4,466,633</td>
<td>37,537 lbs.</td>
<td>479,743</td>
</tr>
<tr>
<td>CHINA</td>
<td>$49,058</td>
<td>8,864 lbs.</td>
<td>9,269</td>
</tr>
<tr>
<td></td>
<td>$49,058</td>
<td>8,864 lbs.</td>
<td>9,269</td>
</tr>
<tr>
<td></td>
<td>$49,058</td>
<td>8,864 lbs.</td>
<td>9,269</td>
</tr>
<tr>
<td></td>
<td>$49,058</td>
<td>8,864 lbs.</td>
<td>9,269</td>
</tr>
<tr>
<td>DEMOCRATIC REPUBLIC OF CONGO</td>
<td>$1,069,410</td>
<td>14,530 lbs.</td>
<td>559,147</td>
</tr>
<tr>
<td></td>
<td>$1,069,410</td>
<td>14,530 lbs.</td>
<td>559,147</td>
</tr>
<tr>
<td></td>
<td>$1,069,410</td>
<td>14,530 lbs.</td>
<td>559,147</td>
</tr>
<tr>
<td></td>
<td>$1,069,410</td>
<td>14,530 lbs.</td>
<td>559,147</td>
</tr>
<tr>
<td>DOMINICAN REPUBLIC</td>
<td>$2,032,087</td>
<td>14,433 lbs.</td>
<td>76,509</td>
</tr>
<tr>
<td></td>
<td>$2,032,087</td>
<td>14,433 lbs.</td>
<td>76,509</td>
</tr>
<tr>
<td></td>
<td>$2,032,087</td>
<td>14,433 lbs.</td>
<td>76,509</td>
</tr>
<tr>
<td></td>
<td>$2,032,087</td>
<td>14,433 lbs.</td>
<td>76,509</td>
</tr>
</tbody>
</table>

**Our Partners**

**AFGHANISTAN**
- Afghan Health and Development Services – Kabul
- Afghan Institute for Learning – Kabul, Jalalabad, and Heart
- Bamyan Province Referral Hospital – Bamyan
- Family Health Alliance – Kabul
- Jamaludin Wardak Clinic – Said Abad

**BANGLADESH**
- Shidhulai Swanirvar Sangstha – Dhaka

**BOLIVIA**
- Centro Medico Vivir con Diabetes – Cochabamba
- Proyecto de Salud del Rio Beni – Rurrenabaque

**CAMBODIA**
- Angkor Hospital for Children – Siem Reap
- Mongkul Borei Hospital – Mongkul Borei

**CAMEROON**
- Help Medical Foundation – Douala
- Holy Trinity Foundation Hospital – Buea
- Mamfe General Hospital – Mamfe
- Quality Healthcare Unit – Yaounde

**CHINA**
- Amitabha Foundation – Rashu Township
- China Project – Beijing
- Circle of Health International’s – Nagchu
- One H.E.A.R.T. – Tibet

**DEMOCRATIC REPUBLIC OF CONGO**
- Ambassade de L’Ordre Souverain de Malte – Mahagi
- Diocese de Kiwi-Kasenga – Lumbumbashi
- Project de Lutte Contre Les Handicaps Visuels – Boma

**DOMINICAN REPUBLIC**
- Batey Relief Alliance – Santo Domingo
- Food For The Poor – Puerto Plata
- Health Care Education Partnership – Santo Domingo
- Movimiento Socio Cultural Para Los Trabajadores – Santo Domingo
- Patronato Benefico Oriental, Inc. – La Romana

**ECUADOR**
- Pastaza Health Programs – Pastaza

**EL SALVADOR**
- Clinica Maria Madre de los Pobres – San Salvador
- FUDEM – San Salvador
- FUSAL – San Salvador
- O.E.F. de El Salvador – San Salvador

**ESTONIA**
- Nursing Home Consortium – Parnu

**ETHIOPIA**
- Addis Ababa Fistula Hospital – Addis Ababa
- Free Methodist World Mission Health Center – Addis Ababa

**FIJI**
- Loloma Foundation – Beqa Island

**GHANA**
- Foundation for Orthopedics and Complex Spine, Inc. – Accra
- Jehovah Rapha Health Care Foundation Motoka Clinic – Motoka

**GRENADA**
- Grenada Ministry of Health – St. Georges

**GUATEMALA**
- Atitlan Hospital – Santiago Atitlan
- Caritas Arquidio Cesana – Guatemala City
- Food for the Poor – Zacapa
- HELPS International – Guatemala City
- Liberty University – Guatemala City
- Mayan Medical Relief – Santa Cruz
- Order of Malta – Guatemala City
- Project Xela Aid – Quetzaltenango
- Wings / Alas International – Antigua

**Credibility:** Direct Relief International has been distinguished as a 4-star charity by Charity Navigator. Charity Navigator is a top independent evaluator of nonprofits’ financial health and performance, and currently reports on more than 3,500 U.S. based charities. The 4-star rating is the highest possible rating.
GUYANA
Total Wholesale Value: $6,739,809 • Total Weight: 38,232 lbs.
People Served: 34,001
Amazon Rain Forest Health Care Project – New Amsterdam
Bartica Hospital – Bartica
Central Islamic Organization of Guyana CIOG – Georgetown
Davis Memorial Hospital – Georgetown
Food for the Poor - Guyana – Georgetown
Linden Hospital – Linden
Mahaicony District Hospital – Mahaicony
New Amsterdam Hospital – New Amsterdam
Port Mourant Hospital – Port Mourant
St. Joseph’s Mercy Hospital – Georgetown
Suddie Hospital – Suddie

HAIATI
Total Wholesale Value: $14,805,362 • Total Weight: 105,130 lbs.
Arcachon Hospital – Port-Au-Prince
Archeveche du Cap Haitien – Cap Haitien
Asile Communal – Cap-Haitien
Centre Hospitalier Hosanna – Leogane
Christian Aid Ministries – Titanyen
Hospital Justinien – Cap-Haitien
Mouvement Peyizan Papay – Papay
New Hope Ministries – Cap Haitien
St. Jules Medical Clinic – Bourg du Borgne

HONDURAS
Total Wholesale Value: $7,228,632 • Total Weight: 43,008 lbs.
Baja Project for Crippled Children – Tegucigalpa
Comite de Emergencia Garifuna – Trujillo
Dr. Polo Galindo Clinic – Punta Gorda
Hacienda Cristo Salva – Las Varas
Honduran Health Exchange / C.P.T.R.T. – Tegucigalpa
Hospital Escuela – Tegucigalpa
Hospital Publico San Felipe – Tegucigalpa
Proyecto Aldea Global – Tegucigalpa

INDIA
Total Wholesale Value: $19,881,325 • Total Weight: 102,642 lbs.
Amrita Institute of Medical Sciences & Research Centre (AIMS) – Cochin
Andaman and Nicobar Administration – Port Blair
Lata Mangeshkar Medical Foundation – Pune
Meenakshi Mission Hospital – Madurai
Prasad Chikitsa – Ganeshpuri
Public Health Department – Mumbai
Society For Service To Voluntary Agencies – Mumbai
Sonada Tibetan Refugee Settlement – Sonada
Tamil Nadu Social Welfare Board – Chennai

INDONESIA
Total Wholesale Value: $4,523,924 • Total Weight: 105,130 lbs.
Balai Pengobatan Muhammadiyah – Banda Aceh
CHF International – Banda Aceh
International Medical Corps – Jakarta
International Relief & Development – Jakarta
Rotary Health Center – Banda Aceh
Sisters of Charity of Our Lady Mother of Mercy – Teluk Dalam
Sumba Foundation – Bali
Yayasan Bumi Setat Clinic – Samaritga
Yayasan Kasih Peduli Masyarakat Indonesia – Medan

IRAQ
Total Wholesale Value: $3,408,815 • Total Weight: 6,294 lbs.
People Served: 150,738
Freedom & Peace Trust – Baghdad, Basra, and Nasiriyah

JAMAICA
Total Wholesale Value: $10,027,949 • Total Weight: 47,886 lbs.
People Served: 731,565
Food for the Poor – Spanish Town
Jamaica Humanitarian Dental Mission – St. James
Jamaica Partners – Ocho Rios
Missionaries of the Poor – Kingston

KENYA
Total Wholesale Value: $174,890 • Total Weight: 8,757 lbs.
AMREF – Nairobi
Crescent Medical Aid – Nairobi
Meru Hospice – Meru

LAOS
Total Wholesale Value: $8,332,823 • Total Weight: 2,066 lbs.
Luang Prabang Provincial Hospital – Luang Prabang
Mahosot Hospital – Vientiane

LIREBIA
Total Wholesale Value: $4,713,824 • Total Weight: 40,719 lbs.
Christian Aid Ministries – Monrovia
Project Momentum Liberia – Monrovia

MALAWI
Total Wholesale Value: $2,296,775 • Total Weight: 28,363 lbs.
People Served: 430,584
Christian Aid Ministries – Blantyre
Montfort Hospital – Blantyre

MEXICO
Total Wholesale Value: $360,855 • Total Weight: 3,557 lbs.
AeroMedicos of Santa Barbara – Cadeje
Hospital Seguros Sociales Islas Mujeres – Isla Mujeres
Juarez Eye Center – Ciudad Juarez
LIGA International – Mazatlan
Potter’s Clay – Ensenada
Women with a Purpose – Tijuana

NEPAL
Total Wholesale Value: $38,754 • Total Weight: 571 lbs.
People Served: 356
Shahid Gangalal National Heart Centre – Kathmandu

NICARAGUA
Total Wholesale Value: $8,476,720 • Total Weight: 110,585 lbs.
People Served: 562,061
A Tomorrow for Children Foundation – Managua
American Nicaraguan Foundation/MINSA – Managua
Caritas de Nicaragua – Managua
Nicaraguan Children’s Fund – Puerto Cabezas
Wisconsin /Nicaragua Partners of the Americas – Managua

NIGER
Total Wholesale Value: $291,488 • Total Weight: 9,643
People Served: 408,216
Islamic Relief – Niamey
Quality Assurance Project – Niamey

NIGERIA
Total Wholesale Value: $103,990 • Total Weight: 476 lbs.
People Served: 6,968
Antof Rural Resource Center – Oron
St. Gerard’s Catholic Hospital – Kaduna
PAKISTAN
- Total Wholesale Value: $8,213,931 • Total Weight: 95,416 lbs. People Served: 2,143,898
  - Abbottanions Medical Association – Abbottabad
  - Afghanistan Institute of Learning – Peshawar
  - AIMS Hospital – Islamabad
  - American Refugee Committee International – Islamabad
  - Australian Aid International – Islamabad
  - Bethania Hospital – Sialkot
  - Caritas Pakistan - Lahore – Lahore
  - Disaster Resource Network – Islamabad
  - Help for Health Medical Association – Lahore
  - Marafie Foundation – Islamabad
  - Marie Stopes Society – Karachi
  - Pakistan Hand Carry – Islamabad
  - Pakistan Medical Society – Manshera
  - Pakistan-NWFP – Islamabad
  - Relief International – Manshera
  - Samaritan’s Purse – North West Frontier Province
  - Society for Human Rights & Prisoners Aid – Lahore
  - Tsunami Relief And You – Islamabad

PAPUA NEW GUINEA
- Total Wholesale Value: $368,293 • Total Weight: 2,214 lbs. People Served: 106,670
  - Wewak General Hospital – Wewak

PERU
- Total Wholesale Value: $3,518,459 • Total Weight: 48,044 lbs. People Served: 822,161
  - Arzobispado de Lima – Lima
  - Dirección Regional de Salud de Ayacucho – Ayacucho
  - Gesundheit Institute – Lima
  - Hospital Hipolito Unanue – Tacna
  - Hospital Regional de Ayacucho – Ayacucho
  - International Society for the Preservation of the Rainforest (SPTR) – Iquitos

PHILIPPINES
- Total Wholesale Value: $89,288 • Total Weight: 5,595 lbs. People Served: 201,166
  - Dr. Jose Locsin Memorial Hospital – Silay City
  - Reyes-Villanueva Medical Relief – Baguio
  - Rotary Club of Cebu Fuente – Cebu

ROMANIA
- Total Wholesale Value: $3,594,863 • Total Weight: 47,420 lbs. People Served: 1,157,064
  - Christian Aid Ministries Romania – Floresti
  - Victor Gomoiu Children’s Hospital – Bucharest

RUSSIA
- Total Wholesale Value: $134,500 • Total Weight: 20,913 lbs. People Served: 377,934
  - Globus Relief – Moscow

SOUTH AFRICA
- Total Wholesale Value: $1,835 • Total Weight: 218 lbs. People Served: 1,818
  - Sparrow Ministries – Maraisburg, Roodepoort

SOUTH KOREA
- Total Wholesale Value: $10,820 • Total Weight: 896 lbs. People Served: 12,974
  - St. John of God Clinic – Kwang-Ju

SRI LANKA
- Total Wholesale Value: $205,913 • Total Weight: 10,303 lbs. People Served: 201,162
  - Children of Joy
  - Church on The Way – Eastern Province
  - El Salvador
  - Global Health Access Program
  - Hill Tribe Clinics – Chiang Rai

TANZANIA
- Total Wholesale Value: $5,980,082 • Total Weight: 58,552 lbs. People Served: 1,063,833
  - KADERES – Karagwe, Kagera
  - Kagera Salient Dispensary – Kyaka, Kagera
  - Marie Stopes Tanzania – Dar es Salaam
  - Mkuranga Hospital and Health Centers – Mkuranga
  - Sumbawanga Regional Hospital – Sumbawanga
  - Tarime Goodwill Foundation Hospital – Tarime

THAILAND
- Total Wholesale Value: $36,825 • Total Weight: 319 lbs. People Served: 26,168
  - Global Health Access Program – Mae Sot Village

USAID Senegal - Partner Health Centers – Ngor Diarama

SIERRA LEONE
- Total Wholesale Value: $601,896 • Total Weight: 6,100 lbs. People Served: 74,154
  - Ndegbormei Development Organization – Freetown

Somalia
- Total Wholesale Value: $3,195,955 • Total Weight: 15,349 lbs. People Served: 218,678
  - Cabdale H. Hersi – Hargeisa
  - Edna Adan Maternity and Teaching Hospital – Hargeisa

SOUTH AFRICA
- Total Wholesale Value: $1,835 • Total Weight: 218 lbs. People Served: 1,818
  - Sparrow Ministries – Maraisburg, Roodepoort

SOUTH KOREA
- Total Wholesale Value: $10,820 • Total Weight: 896 lbs. People Served: 12,974
  - St. John of God Clinic – Kwang-Ju

SRI LANKA
- Total Wholesale Value: $205,913 • Total Weight: 10,303 lbs. People Served: 201,162
  - Children of Joy
  - Church on The Way – Eastern Province
  - El Salvador
  - Global Health Access Program
  - Hill Tribe Clinics – Chiang Rai

TANZANIA
- Total Wholesale Value: $5,980,082 • Total Weight: 58,552 lbs. People Served: 1,063,833
  - KADERES – Karagwe, Kagera
  - Kagera Salient Dispensary – Kyaka, Kagera
  - Marie Stopes Tanzania – Dar es Salaam
  - Mkuranga Hospital and Health Centers – Mkuranga
  - Sumbawanga Regional Hospital – Sumbawanga
  - Tarime Goodwill Foundation Hospital – Tarime

THAILAND
- Total Wholesale Value: $36,825 • Total Weight: 319 lbs. People Served: 26,168
  - Global Health Access Program – Mae Sot Village
  - Hill Tribe Clinics – Chiang Rai

Efficiency: Forbes magazine once again recognized Direct Relief as one of only eight nonprofit organizations in the United States that is 100% efficient in fundraising and by Consumers Digest as one of only five of the leading U.S. charitable organizations with a 99% or better efficiency ranking. The Chronicle of Philanthropy ranked Direct Relief as one of the top 400 charities for the sixth year in a row as well as recognizing it as the largest non-academic charity in California.
TRINIDAD AND TOBAGO
Total Wholesale Value: $818,316 • Total Weight: 174 lbs.
People Served: 1,515
NIPDEC, Central Stores – Port of Spain

UGANDA
Total Wholesale Value: $2,211,184 • Total Weight: 27,041 lbs.
People Served: 652,410
Jinja Municipal Council – Jinja
Marie Stopes Uganda – Kampala
St. Mary’s Clinic – Kabale
Uganda Reproductive Health Bureau – Kampala

UKRAINE
Total Wholesale Value: $52,126 • Total Weight: 5,649 lbs.
People Served: 158,589
Rohatyn Central District Hospital – Rohatyn

USA
Total Wholesale Value: $32,305,504 • Total Weight: 285,808 lbs.
People Served: 2,305,281
Acadiana Outreach Center – Lafayette
AidSail – Los Angeles
AltaMed Boyle Heights – Los Angeles
American Indian Healing Center – Whitter
American Red Cross – Baton Rouge
American Red Cross – Montgomery
Arroyo Vista Family Health Center – Los Angeles
Asian Health Services, Inc. – Oakland
Asian Pacific Health Care Venture, Inc. – Los Angeles
Barrio Comprehensive Family Health Care Center – San Antonio
Bayou Clinic, Inc. – Bayou le Batre
Bell Gardens Family Medical Center – Bell Gardens
C.L. Brumback Community Health Center – Belle Glade
Calcasieu Community Clinic – Lake Charles
Camino Health Center – San Juan Capistrano
Casa de Salud – Santa Ana
Casa Esperanza – Santa Barbara
Catholic Charities – Santa Barbara
Central City Community Clinic – Los Angeles
Charitable Christian Medical Clinic – Hot Springs
Chinatown Service Center Family Health – Los Angeles
Christian Health Center – Heber Springs
Cleaver Family Wellness Clinic – El Monte
Clinica Msr. Oscar A. Romero – Los Angeles
Clinica Sierra Vista – Lamont
Coastal Family Health Center – Gulfport
Common Ground Clinic – New Orleans
Community Care Health Centers – Huntington Beach
Community Health Centers of the Central Coast – San Luis Obispo
Community Healthworx – Alexandria
Comprehensive Health Centers – San Diego
Covington Food Bank – Covington
Crosby Memorial Hospital / DMAT Center – Picayune
Dr. Arenia C. Mallory Community Health Center – Lexington
Earl K. Long Charity Hospital – Baton Rouge
East Jefferson Community Health Center – River Ridge
East Texas Community Health Services – Nacogdoches
East Valley Community Health Center – West Covina
El Proyecto del Barrio – Winnetka
Etowah Free Community Clinic – Gadsden
Family Health Care Clinic, Inc. – Pearl
Family Health Care Network – Porterville
Family Health Center, Inc. – Laurel
FEMA Special Needs Center – Baton Rouge
Fort Bend Family Health Center – Richmond
Franklin Primary Health Center – Mobile
Franklin Rural Health Center – Franklinton
G. A. Carmichael Family Health Center – Yazoo City
Globus / Dream Weaver Medical – Salt Lake City
Haight Ashbury Free Medical Clinic – San Francisco
Harbor Free Clinic – San Pedro
Health Linkages Program – Santa Barbara
Healthcare for the Homeless – Huston
Healthy Smiles Program – Santa Barbara
Heymann Center Emergency Shelter – Lafayette
HOPE Clinic – Houston
International Medical Alliance – Long Beach
International Medical Alliance – Slidell
Jackson Parish Hospital – Jonesboro
Jackson-Hinds Comprehensive Health Center – Jackson
Jefferson Comprehensive Health Center – Fayette
Jefferson Parish Sheriff Command Center – New Orleans
Jennings American Legion Hospital – Jennings
JWCH Institute, Inc., Medical Clinic at Weingart – Los Angeles
KHEIR – Los Angeles
La Amistad de Jose Family Health Center – Orange
La Clinica de la Raza – Oakland
La Maestra Family Clinic, Inc. – San Diego
Lafayette Community Health Care Clinic – Lafayette
Laguna Beach Community Clinic – Laguna Beach
Los Angeles Free Clinic – Los Angeles
Louisiana Hospital Association – Baton Rouge
Louisiana Board of Pharmacy Drug Dist. Center – Baton Rouge
LSU Eye Center – Baton Rouge
LSU Mid City Clinic – Baton Rouge
MEMA – Jackson
Memorial Hospital at Gulfport – Gulfport
Mendocino Community Health Clinics, Inc. – Ukiah
Mid-City Community Clinic – San Diego
Mission City Community Network, Inc. – North Hills
Mississippi Dept. of Health – Jackson
Mississippi Diabetes Foundation – Jackson
Mobile Medical Office – Eureka
Montgomery Rotary Emergency Shelter – Montgomery
Mostellar Medical Center – Irvington
National Renal Alliance – Long Beach
New Beginning Outreach Ministries, Inc. – Greenburg
New Life Church – Long Beach
New Life Mobile Medical Clinic – Tustin
Nhan Hoa Comprehensive Health Care Clinic – Garden Grove
North County Health Services – San Marcos
North East Medical Services – San Francisco

Over the last three years Direct Relief has assisted the 6.6 million uninsured Californians by supplying California’s network of nonprofit free and community clinics with pharmaceutical products and supplies they need to care for the uninsured. In 2005, Direct Relief provided more than $5.1 million (wholesale) of pharmaceuticals and supplies to 56 community and free clinics in California through more than 127 shipments.
Venice Family Free Clinic – Venice  
West Jefferson Medical Center – Marrero  
Westside Family Health Center – Santa Monica  
Wilmington Community Clinic – Wilmington  
Women’s Clinic & Family Counseling Center – Los Angeles

**VENEZUELA**

Total Wholesale Value: $17,529 • Total Weight: 227 lbs.  
People Served: 2,743

Turimiquire Foundation – Cumana

**WEST BANK/GAZA**

Total Wholesale Value: $942,247 • Total Weight: 14,643 lbs.  
People Served: 278,547

ANERA – Jerusalem

**ZAMBIA**

Total Wholesale Value: $4,245,726 • Total Weight: 50,977 lbs.  
People Served: 668,513

HOSO UNHCR/Kawambwa Hospital – Kawambwa  
Lubwe Mission Hospital – Samfya  
Lusaka District Health Management – Lusaka  
Mambilima Mission Hospital – Mambilima  
Mansa General Hospital – Mansa  
Mbereshi Mission Hospital – Kawambwa  
Mr. Chiman Patel – Mansa  
St. Francis Katete Mission Hospital – Katete  
Zambia Helper’s Society – Lusaka

**ZIMBABWE**

Total Wholesale Value: $2,188,591 • Total Weight: 14,391 lbs.  
People Served: 107,871

J.F. Kapnek Charitable Trust – Avondale

**WORLDWIDE**

Total Wholesale Value: $1,501,522 • Total Weight: 8,322 lbs.  
People Served: 233,944

Bristol Myers Squibb Medical Mission Box Program  
Operation Smile
The year that ended March 31, 2006, was the second year of Direct Relief’s new reporting period. The change from our previous calendar-year reporting was prompted by the fact that Direct Relief typically operates at a deficit for fifty out of fifty-two weeks each year, with calendar-year-end giving determining whether the organization met its budget goals.

By changing the fiscal year and budgeting cycle, the organization can now adjust fourth quarter spending plans, if necessary, based on the results of the calendar-year-end donations. The new calendar also allows for a more informed basis to develop following year budgets. The completion of two years’ activities on this reporting schedule allows for apples-to-apples comparison to the prior year’s results.

Direct Relief’s financial statements must account for both cash and medical material resources (or in-kind contributions) that are entrusted to the organization to fulfill its humanitarian medical mission. In fiscal year 2006, approximately 90 percent of our total public support and revenue of $137.5 million was received in the form of in-kind materials and services. The previous pages explain where and why these material resources and other inventories carried forward from the prior fiscal year were provided.

The merging of cash and in-kind contributions in the following financial statements, which are necessarily prepared in accordance with Generally Accepted Accounting Principles, can be confusing to the non-accountants among us. 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 that was generously donated to Direct Relief in 2006 by people, businesses, organizations, and foundations.

At the close of fiscal year 2006, Direct Relief’s financial situation was in excellent shape.

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 these factors.

First is the timing of donations being received and the expenditure of those donations whether in the form of cash or in-kind medical material. Donations – including donations 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.

Near the end of fiscal year 2005, for example, Direct Relief received a large infusion of cash and product donations for the tsunami. As that fiscal year ended, the tsunami funds and tsunami-designated product inventories that had not been spent were reported as “surplus.” In turn, those funds were carried forward and spent on tsunami activities during the course of fiscal year 2006 covered by this report. This resulted in a net operating “loss” in FY 2006.

Second is the issue of administrative expenses and how they are paid. With regard to tsunami-designated contributions received in 2005 and spent in 2006, our organization adopted a strict policy to ensure that 100% of all tsunami contributions are used only on expenses directly related to benefit tsunami victims. None of the tsunami funds were or will be used to cover pre-existing organizational costs, including staff salaries. We adopted a similar policy following Hurricanes Katrina and Rita and the Pakistan earthquake.

Consistent with this policy, all administrative expenses, including approximately $100,000 in banking and credit-card processing fees associated with simply receiving tsunami and Katrina contributions, were absorbed through other resources. The effect of this policy has been to shift administrative costs associated with our emergency response efforts to the overall organization. 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 victims for whose benefit the funds were entrusted to Direct Relief.

Another factor is the valuation of in-kind medical donations. Accounting standards require Direct Relief to use “fair market value” and to do so we traditionally have used the wholesale prices published by independent, third-party sources for valuation whenever possible. Such valuations typically are substantially lower than published retail prices. Because nonprofit organizations are rated on, among other things, the amount of support received, a strong incentive exists to use higher valuation sources, such as retail prices, which would be permissible. However, we believe that, in this area and most others, a conservative approach is best to instill public confidence and give the most accurate, easy-to-understand basis for our financial reporting.

Finally, we note that our organization’s independently audited financial activities were also reviewed by an audit committee, the majority of whose members are not Directors of the organization. This additional level of independent review is required under the law of California.
### Statement of Financial Position

as of March 31, 2006 and March 31, 2005

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Support &amp; Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions of goods and services</td>
<td>$121,512,474</td>
<td>88.4%</td>
</tr>
<tr>
<td>Contributions of cash and securities-tsunami</td>
<td>1,519,919</td>
<td>1.1%</td>
</tr>
<tr>
<td>Contributions of cash and securities-Pakistan</td>
<td>1,543,188</td>
<td>1.1%</td>
</tr>
<tr>
<td>Contributions of cash and securities-Katrina</td>
<td>4,730,442</td>
<td>3.4%</td>
</tr>
<tr>
<td>Contributions of cash and securities-other</td>
<td>6,646,027</td>
<td>4.8%</td>
</tr>
<tr>
<td><strong>Total Public Support</strong></td>
<td>$135,952,049</td>
<td>98.9%</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,522,663</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Total Public Support and Revenue</strong></td>
<td>$137,474,712</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of medical donations shipped</td>
<td>190,056,683</td>
<td>119,419,491</td>
</tr>
<tr>
<td>Inventory valuation adjustment</td>
<td>2,179,103</td>
<td>296,270</td>
</tr>
<tr>
<td>Operations and shipping</td>
<td>6,238,939</td>
<td>3,609,828</td>
</tr>
<tr>
<td>Cash grants – tsunami relief activities</td>
<td>5,541,731</td>
<td>3,224,192</td>
</tr>
<tr>
<td>Cash grants – Pakistan relief activities</td>
<td>590,041</td>
<td>–</td>
</tr>
<tr>
<td>Cash grants – Katrina relief activities</td>
<td>3,764,765</td>
<td>–</td>
</tr>
<tr>
<td>Cash grants – other</td>
<td>345,618</td>
<td>–</td>
</tr>
<tr>
<td>Contributed services</td>
<td>–</td>
<td>24,608</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td>$208,716,880</td>
<td>151.8%</td>
</tr>
<tr>
<td>Supporting Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>$680,955</td>
<td>676,219</td>
</tr>
<tr>
<td>Administration</td>
<td>998,093</td>
<td>583,173</td>
</tr>
<tr>
<td><strong>Total Supporting Services</strong></td>
<td>$1,679,048</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$210,395,928</td>
<td>153.0%</td>
</tr>
<tr>
<td><strong>Increase in Net Assets</strong></td>
<td>$(72,921,216)</td>
<td>-53.0%</td>
</tr>
</tbody>
</table>

### Statement of Activities

for the years ending March 31, 2006 and March 31, 2005

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in net assets</td>
<td>$(72,921,216)</td>
<td>$93,511,654</td>
</tr>
<tr>
<td><strong>Adjustments to reconcile change in net assets to net cash provided by operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in inventory</td>
<td>71,235,278</td>
<td>(79,855,228)</td>
</tr>
<tr>
<td>Changes in other operating assets and liabilities</td>
<td>(405,876)</td>
<td>(213,783)</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>$(2,091,805)</td>
<td>13,442,643</td>
</tr>
<tr>
<td><strong>Net cash used by investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase and sale of investments and equipment</td>
<td>(2,841,887)</td>
<td>(1,194,989)</td>
</tr>
<tr>
<td><strong>Net cash used by financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage payments/Capital Lease</td>
<td>(29,611)</td>
<td>(45,435)</td>
</tr>
<tr>
<td><strong>Net increase in cash</strong></td>
<td>$(4,963,303)</td>
<td>12,202,219</td>
</tr>
<tr>
<td><strong>Cash, Beginning of Year</strong></td>
<td>$12,836,987</td>
<td>634,768</td>
</tr>
<tr>
<td><strong>Cash, End of Year</strong></td>
<td>$7,873,684</td>
<td>$12,836,987</td>
</tr>
<tr>
<td></td>
<td>2006</td>
<td>2005</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 7,873,684</td>
<td>$ 12,836,987</td>
</tr>
<tr>
<td>Securities</td>
<td>9,360,016</td>
<td>6,596,966</td>
</tr>
<tr>
<td>Inventories</td>
<td>24,210,039</td>
<td>95,445,318</td>
</tr>
<tr>
<td>Other current assets</td>
<td>218,188</td>
<td>339,614</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$41,661,927</td>
<td>$115,218,885</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and equipment</td>
<td>3,666,840</td>
<td>3,169,394</td>
</tr>
<tr>
<td>Remainder interests</td>
<td>37,485</td>
<td>67,219</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>3,332</td>
<td>5,437</td>
</tr>
<tr>
<td><strong>Total Other Assets</strong></td>
<td>$3,707,657</td>
<td>$3,242,050</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$45,369,584</td>
<td>$118,460,935</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables and other current liabilities</td>
<td>$391,332</td>
<td>$534,635</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>51,821</td>
<td>49,242</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>$443,153</td>
<td>$583,877</td>
</tr>
<tr>
<td><strong>Other Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term debt</td>
<td>1,467,282</td>
<td>1,519,104</td>
</tr>
<tr>
<td>Capital Lease Obligation</td>
<td>20,990</td>
<td>–</td>
</tr>
<tr>
<td>Distribution payable</td>
<td>28,542</td>
<td>27,121</td>
</tr>
<tr>
<td><strong>Total Other Liabilities</strong></td>
<td>$1,516,814</td>
<td>$1,546,225</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$1,959,967</td>
<td>$2,130,102</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Restricted Investment Fund</td>
<td>9,549,798</td>
<td>7,358,570</td>
</tr>
<tr>
<td>Undesignated</td>
<td>27,781,915</td>
<td>99,457,873</td>
</tr>
<tr>
<td><strong>Total unrestricted net assets</strong></td>
<td>$37,331,713</td>
<td>$106,816,443</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>6,052,868</td>
<td>9,504,390</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>25,036</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>$43,409,617</td>
<td>$116,330,833</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$45,369,584</td>
<td>$118,460,935</td>
</tr>
</tbody>
</table>
Fiscal Year Results

In the fiscal year ending March 31, 2006, Direct Relief International provided 612 shipments of humanitarian medical material including pharmaceuticals, medical supplies, and medical equipment. The more than 850 tons (1.7 million pounds) of material aid was furnished to local health programs in 56 countries, including the United States, and had a wholesale value of $190,056,683. The provisions contained in these aid shipments were sufficient to provide treatment to 23.9 million people.

In addition, the organization provided $10.2 million in the form of cash grants to dozens of locally run health programs in areas affected by the December 2004 tsunami, hurricanes Katrina and Rita, and the Pakistan earthquake of October 2005. The overall assistance furnished by Direct Relief International in fiscal year 2006 exceeded $200 million. Direct Relief received no governmental assistance. All these resources were obtained from private sources.

Comparison to Previous Year’s Results

All financial statements presented in this report show both the results for the current fiscal year and those of the fiscal year ended March 31, 2005, for comparison purposes.

Leverage

For each $1 that Direct Relief spent in 2006 for general operations, administration, fundraising, and our core medical assistance program, the organization provided $25.51 worth of wholesale medical material assistance. These cash operating expenses totaled $7,451,387. The expenditure of these funds enabled Direct Relief to furnish $190,056,683 worth (wholesale value) of medical material resources to 56 countries. The value and volume of product shipped increased 59% and 63%, respectively over the previous full-year audited period.

In addition to the core medical material assistance program, Direct Relief also provided financial assistance of $10,242,155 through cash grants. The vast majority of these grants (over $9.8 million) were made from designated contributions received (including in the previous year) for the tsunami, the Gulf state hurricanes, and the Pakistan earthquake of October 2005.

With tsunami-designated funds, the organization incurred $7,260,354 in tsunami cash expenditures, of which over $5.5 million was in the form of cash grants to support essential relief and recovery efforts conducted by local organizations in the affected countries and colleague international nonprofit organizations.

With Katrina-designated contributions, the organization incurred expenditures of $3,912,177, of which $3,764,765 was spent in the form of cash grants to health facilities and organizations providing direct health services to victims of the Gulf state hurricanes.

With funds received for the Pakistan earthquake of October 2005, the organization spent a total of $805,730, of which $590,041 was spent in the form of cash grants.
Staffing
These activities were accomplished by a staff which, as of March 31, comprised 38 positions (30 full-time, 8 part-time). Measured on an FTE (full time equivalent) basis, the total staffing over the course of the year was 32. This figure is derived by dividing the total hours worked by 2,080, the number of work hours by 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 and fundraising, and general administration. These are described below. The following sections describe the financial activities of our organization, how resources are spent, and how your funds are leveraged to provide assistance to people in need throughout the world.

Program Expenses
In 2006, Direct Relief spent $17,887,060 on programmatic expenses. $1,571,975 paid for salaries, related benefits (health, dental, and long-term disability insurance, retirement-plan matching contributions), and mandatory employer paid taxes (social security, Medicare, workers’ compensation, and state unemployment insurance) for 19 full-time and 6 part-time employees engaged in programmatic functions.

Program expenses also include:
- purchase of medicines, equipment, parts, and other medical supplies not available through donation ($1,886,983)
- inventory valuation adjustment ($2,179,103)
- cash grants to partner organizations ($10,242,155 of which $5,541,731 was for tsunami relief, $3,764,765 for Hurricane Katrina relief and $590,041 for relief from the Pakistan earthquake)
- ocean/air freight and trucking for outbound shipments to partners and inbound product donations ($1,045,530)
- travel for oversight and evaluation ($163,019); contract services ($146,579); packing materials and supplies ($44,534); equipment repairs and maintenance ($18,269)
- a pro-rata portion of other allocable costs (see below)

Fundraising Expenses
Direct Relief spent a total of $680,955 on resource acquisition and fundraising in 2006. $279,226 paid for salaries, related benefits, and taxes for 4 full-time employees engaged in resource acquisition and fundraising.

Fundraising expenses also include:
- $161,000 for the production, printing, and mailing of newsletters, the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials.
- $95,542 in expenses directly related to fundraising events
- $51,086 in travel and mileage-reimbursement expenses
- $29,935 in contract services
- $15,561 in outside computer services related to fundraising
- $11,636 in advertising and marketing costs
- a pro-rata portion of other allocable costs (see below)

It should be noted that Direct Relief does not classify any mailing expenses 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.” In such instances, the entire mailing expense would be designated as a fundraising expense.

<table>
<thead>
<tr>
<th>FISCAL YEAR 2006</th>
<th>CASH AND SECURITIES</th>
<th>IN-KIND MATERIALS AND SERVICES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT WE RECEIVED</td>
<td>$15,962,239</td>
<td>$121,512,474</td>
<td>$137,474,713</td>
</tr>
<tr>
<td>WHAT WAS USED</td>
<td>$(20,339,246)</td>
<td>$(190,056,683)</td>
<td>$(210,395,929)</td>
</tr>
<tr>
<td>YEAR-END TOTALS</td>
<td>$(4,377,007)</td>
<td>$(68,544,209)</td>
<td>$(72,921,216)</td>
</tr>
</tbody>
</table>
Administrative Expenses

Direct Relief spent a total of $998,093 on administration. Administration is responsible for financial and human resource management, information technology, and general office management. $552,694 was for salaries, related benefits, and taxes for 7 full-time and 2 part-time employees engaged in administration and financial management.

Administrative expenses also include:

- $44,866 in credit card, banking, brokerage, and portfolio-management fees. Of that amount, approximately $29,000 was directly attributable to relief donations for Hurricane Katrina and the Pakistan earthquake
- $18,814 for duplicating and printing of which $15,567 was spent on producing our 2005 Annual Report.
- $247,191 in consulting fees, including communications services ($148,201) information technology services ($11,022), a business process/ workflow review consultancy ($45,951), recruiting services ($26,487) and service mark/trademark registration fees
- $33,674 in accounting fees for the annual CPA audit, the use of a temporary employment agency, the cost of preparing and filing nonprofit registration statements with state authorities in over thirty U.S. jurisdictions, payroll processing and reporting, and other financial services
- $3,135 in taxes, licenses and permits. Direct Relief has registered as an exempt organization in virtually every state requiring such registration
- A pro-rata portion of other allocable costs (see below)

Other Allocable Costs

Direct Relief owns and operates a 40,000-square-foot warehouse facility that also serves as its headquarters and leases another 23,000-square-foot warehouse. Costs to maintain the warehouses 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 above include the proportional share of these costs associated with the space occupied by fundraising staff). The salary of the President and CEO is also allocated to functions in accordance with the time spent on the functions as follows: fundraising (20 percent), administration (30 percent), and programmatic activities (50 percent).

Board Restricted Investment Fund

In 1998, Direct Relief’s Board of Directors established a Board Restricted Investment Fund (sometimes characterized as a “quasi-endowment” in legal or accounting terminology) to help secure the organization’s financial future. The Fund was established with assets valued at $773,786 in 1998.

The Fund is administered by the Board’s Finance Committee, which meets monthly and oversees investment policy and fiscal operations. Board policy authorizes the distribution of up to five percent (5%) of the average market value (measured January 1 for the three preceding years) of the Fund’s portfolio assets to support general operations. Distributions in excess of five percent require approval of three-fourths of the Board of Directors.

By Board policy, gifts received through bequests are deposited into the Fund. During the course of fiscal year 2006, the net effect of transfers into and from the Fund was an addition of $678,000.

As of March 31, 2006, the Fund was valued at $9,549,798.

Cash versus In-Kind Support

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 contributed products. Direct Relief’s program model involves obtaining and providing essential medical material resources. Cash support – as distinct from the value of contributed goods – is used to pay for the logistics, warehousing, transportation, program oversight, administration, fundraising, staff salaries, purchasing of essential medical products, acquisition of medical products through donations, and all other expenses.

How Changes in Inventory Affect our Bottom Line

Direct Relief must account for all donations – both cash and in-kind material or services – that it receives. The organization receives in-kind donations of medical products on an ongoing basis. These donations are 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 year of receipt, it may occur in the following year. An expense is recorded when the products are shipped. For the year ending March 31, 2006, Direct Relief shipped out $71,235,279 more in humanitarian aid than it received in product donations. As noted above, substantial inventory received for tsunami assistance in fiscal year 2005 was carried forward and distributed in fiscal year 2006.
Product Valuation:

In-kind contributions, such as contributed medicines, supplies, or equipment, are valued at the wholesale price in the United States. Specifically for pharmaceutical products, the source of and basis for product values are the “Average Wholesale Price” (AWP), which is published by Thomson Healthcare’s “Redbook.” While retail values may be significantly higher, Direct Relief traditionally has chosen to use the more conservative value of the AWP to value pharmaceutical products that are contributed. For used medical equipment, the organization determines the value by reviewing the price of similar equipment listed for sale in trade publications or in relevant markets, including internet sites such as eBay.
DIRECT RELIEF INVESTORS

We thank the following individuals, organizations, and companies whose generosity enabled us to help over 23 million people around the world.

Manufacturers providing medical donations in Fiscal Year 2006

Abbott
AcryMed, Inc.
Alcon Laboratories, Inc.
Allergan, Inc.
Altau, Inc.
American Diagnostic Medicine, Inc.
American Health Products Corporation
Amgen
Amsino International
Ansell Healthcare Incorporated
Aramco Services Company
AstraZeneca
BD
Beaumont Products, Inc.
Blue Ridge Medical, Inc.
Boehringer Ingelheim Cares Foundation
Bridging the Gap
Bristol-Myers Squibb Company
BSN Medical, Inc. - Orthopaedics GBU
Carlsbad Technology, Inc.
Child Health Foundation
Cypress Pharmaceutical, Inc.
Daichi
Den-Mat Corporation
East West Associates
Edgepark Surgical
Ethicon, Inc.
evo Medical Solutions
FNC Medical Corporation
Forest Laboratories, Inc.
Forest Pharmaceuticals, Inc.
FSC Laboratories, Inc.
Fuji Photo Film USA
GlaxoSmithKline
Havel’s Incorporated
HDC Corporation
HemoCue
Henry Schein, Inc.
Herban Essentials
Hi-Tech Pharmacal Company, Inc.
Hogil Pharmaceutical
Hospira, Inc.
Invacare Supply Group
Johnson & Johnson
Johnson & Johnson Consumer Companies
Joseph Weintraub, Inc.
Kawasumi Laboratories America, Inc.
Kendall Healthcare, Tyco
King Pharmaceuticals, Inc.
KM Medical, Inc.
Laddawn
Major Pharmaceuticals
Marlex Pharmaceuticals, Inc.
Martin Roth & Co.
McNeil Consumer & Specialty Pharmaceuticals
Medline Industries
Medtronic Neurologic Technologies
Medvantx, Inc.
Mentor Corporation
Merck & Company, Inc.
Microflex
Microlife USA, Inc.
Microspecialties, Inc.
Midmark Corporation
Miltex Instrument Company
Mylan Laboratories, Inc.
Narx Pharma, Inc.
National Library of Medicine, NIH
Navix Diagnostix, Inc.
Nellcor
North Safety Products
Ohm Laboratories
Paragon Zoo Animals Teaching Aids
Pfizer Consumer Healthcare
Progressive Medical International
Quest Diagnostics
Reliant Pharmaceuticals
REM Eyewear
Rigel Pharmaceuticals, Inc.
Ronna Barrett Lavender Company
Sage Products, Inc.
Sandel Medical Industries, LLC
Sanoft-aventis
Sappo Hill Soapworks
Schering-Plough Corporation
Spectrum
STADA Pharmaceuticals, Inc.
Sucal Medical, Inc.
Sunstar Butler
Taro Pharmaceuticals U.S.A., Inc.
Tea Tree Therapy
TEVA Pharmaceuticals USA
The Harvard Drug Group
The National Pediculosis Assoc., Inc.
Ther-Rx Corporation
Tri-anim
Tyco HealthCare/Mallinckrodt
Walduck Plastics
Watson Pharma, Inc.
Western Scientific Co.
Wisconsin Pharmacal Company, LLC
Young Dental
Zimmer Orthopedic Surgical Products
Zooth, a Division of Gillette

Medical Facilities, Organizations, Institutions, and Individuals providing in-kind support in Fiscal Year 2006

($1,000+)

Ms. Ann Allen
Mr. Richard E. Baker
Dennis Baker, M.D.
Richard Berkman, M.D.
J. Glenn Bradley, M.D.
Camarillo Christian Church
Cancer Center of Santa Barbara
Cardinal Health Foundation
Mr. S. E. Castaneda
Ms. Anne-Marie Castleberg
Rick Closson, M.D.
Mr. R. Costa
Countrywide
Dental Care for Children
Dr. and Mrs. Robert M. Dunn
Dupont Displays
Free Wheelchair Mission
Global Links

Globus Relief Fund
Goleta Valley Cottage Hospital
Gratiot Community Hospital
Mr. Thomas Green
Mr. Tim Hatcher
Hebrew Home of Greater Washington
Herban Essentials
International Aid
International Truck and Engine Corp.
Interplast
Mr. Eric Issacs
George Johnson, M.D.
Scott Kozak, M.D.
Noreen and John La Pointe
Liga International
Mr. James Lynch
Marian Community Hospital
Mr. Mark Mazzaiti
William Morton-Smith, M.D.
Mr. Jack Mosely
Mr. Joseph Naus
Neonatal Services, PSC
Newport Family Practices
Mr. Jerry O’Callahan
Oral Health America
Pacific Rim Outpatient Surgery Center
Pacific Suites
Perfecto Chacon
Mr. Nathan O. Reynolds
Saddleback Eye Center
Salvation Center
Ms. Kristine Sandoe
Sanum Diabetes Research Institute
Santa Barbara Cancer Foundation
Santa Barbara City College
Santa Barbara Cottage Hospital
Santa Barbara Surgery Center
SEE International
Sequoia Hospital
Serenity House
Ms. Vicky Sims
Raymond Sims, M.D.
Mr. David Smith
St. Joseph’s Hospital
Ms. Peggy Stanwood
Tarascon Publishing
Ms. Nancy Thompson
Tri-Counties Blood Bank
Mr. Steve Turkheimer
UCSB - Central Stores
UCSB Student Health Service
Valley Animal Hospital
Vencor Pharmacy
Ventura County Medical Center
Vista Del Monte
Vitamin Angel Alliance
Mr. Martin H. Walker
Ms. Frances Power Weismiller
Mr. Allyn Wilde

And special thanks to the many Kiwanis Clubs, Lions Clubs, Emblem Clubs, and Rotary Clubs that have supported Direct Relief International.

Thank You!
Ambassador of Health
($100,000 +)
Anonymous
Abbott Fund
Allergan Foundation
American Community Trust
Amgen Foundation, Inc.
The Antioch Company
Mrs. Maria Bregy
Mr. and Mrs. William Casner
Dodge & Cox
ExxonMobil Corporation/
ExxonMobil Foundation
FedEx
Google
Infinitum Capital Management
Johnson & Johnson Family of Companies
Kind World Foundation
Mr. and Mrs. Jon B. Lovelace
Mayo Clinic
McCormick Tribune Foundation
Mercury
Northern Trust Bank
The Orfalea Fund
The Osprey Foundation
San Francisco Foundation
Santa Barbara Vintners’ Foundation
Mr. Michael Scott
The Sixty Four Foundation
The PRASAD Project
WellPoint Foundation

Consul General
($50,000 +)
Anonymous
BASF Corporation
BD
Blue Shield of California Foundation
Bradlees Stores, Inc.
Francois and Sheila Johnson Brutsch
Bush Hospital Foundation
The California Endowment
Central Minnesota Community Foundation
Crescent City Relief Fund, Inc.
Mr. Paul Harman/Harman Family Foundation
Henry Schein, Inc.
Mr. Donald S. Kennedy
Ms. Dorothy F. Largay and
Mr. Wayne E. Rosing
The Linbury Trust
Mr. and Mrs. Glenn Lukos
The Nurture Foundation
The Cynthia and George Mitchell Foundation
Montecito Union School
Pediatric Charitable Fund, Inc.
Pfizer, Inc.
Reebok Human Rights Foundation
Rose Hills Foundation
Mr. and Mrs. Peter Schwartz
Sea Smoke Cellars
Six Furlongs, L.L.C.
Trust Company of the West

Global Emissary
($25,000 +)
Anonymous
Alcon Laboratories, Inc.
American Jewish World Service
Mr. and Mrs. Bruce Anticouni
Aveda Corporation
Mr. and Mrs. Philip M. Battaglia
Bunzl USA, Inc.
California Community Foundation
Mr. Bruce Campbell
The Capital Group Companies
Charitable Foundation
The Capital Trust Company of Delaware
Mr. and Mrs. Robert Cathcart
Roy R. and Laurie M. Cummins Fund
Mr. and Mrs. Killick Datta/
Global Brands Marketing, Inc.
Dendrite International, Inc.
The Gunzenhauser-Chapin Fund
Hingham Foundation
Mr. and Mrs. Brett Hodges/
WWW Foundation
HyCite Corporation
Izumi Foundation
Ms. Wendy E. Jordan
Mr. and Mrs. Donald Maharam
Mr. Ken Maytag/
Fred Maytag Family Foundation
MLB Advanced Media LP
The J. Douglas and
Marian R. Pardee Foundation
Mr. and Mrs. Donald E. Petersen/
The Donald E. and
Jo Anne Petersen Foundation
Mr. John Powell and Ms. Melinda Lerner
QAD Inc.
Mr. and Mrs. James J. Roehrig
Selective Insurance
Mr. and Mrs. Harold Simmons/
Harold Simmons Foundation
Ms. Carol L. Skinner
Mr. and Mrs. Mike Smith
Stone Family Trust
Trumpf, Inc.
Union for Reform Judaism
Vadasz Family Foundation
The David Vickter Foundation
Jodie Willard
Mr. and Mrs. Anant Yardi
Yardi Systems, Inc.

World Health Envoy
($10,000 +)
Anonymous
Mr. and Mrs. John H. Adams
Mr. and Mrs. Stephen Adams
American Jewish Joint Distribution
Committee, Inc.
Mr. and Mrs. Thomas Barr
Mr. and Mrs. Lance Bauer
Mr. Marc Benioff
Big Dog USA, Inc.
Bison Films
Boehringer Ingelheim CARES Foundation
John G. Braun Charitable Annuity Trust
Brinstone Group
Dr. Bronwen G. Brindley and
Mr. John L. Warre
Catholic Healthcare West/
Marian Medical Center Foundation
The Hon. and Mrs. Henry E. Catto/
Catto Charitable Foundation
Celebrity Poker Showdown/Andrew Firestone
Mr. and Mrs. Robert Childress
Mr. and Mrs. Jim Clendenen
Community Action Commission
Ms. Helen S. Converse
Countrywide Cares
Mr. and Mrs. Thomas Crawford
CSI Capital Management
Mr. and Mrs. Thomas J. Cusack
Peggy and Steve Dow
Mr. and Mrs. Thomas P. Elsaesser
Estonian American Fund for
Economic Education, Inc.
Mr. and Mrs. Gary Finefrock
Florida Emergency Physicians
Mrs. Barbara Hunter Foster/
The Pacer Foundation
Mr. Stephen Fraga
Mr. and Mrs. Edward Gaylord
Mr. and Mrs. Daniel F. Gerber
Mr. and Mrs. Allen Gersho
Global Partners for Development
Richard and Rhoda Goldman Fund
Dr. Bert Green and Ms. Alexandra Brookshire/
Brookshire Green Foundation
Mr. and Mrs. Steven Gumins
Guyana Medical Relief, Inc.
Mr. and Mrs. Michael A. Hamilton
Mr. W. T. Hammond
Mr. and Mrs. Ken Harvey
Mr. and Mrs. Stanley C. Hatch
Mr. and Mrs. Roger W. Higgins/
Higgins-Trappell Family Foundation
Mr. and Mrs. Brian Hodges
Mr. Erle Holm
Mr. and Mrs. S. Roger Horchow/
The Horchow Family Charitable
Foundation
Host Marriott L.P.
HSBC Community & Philanthropic Services
Mr. and Mrs. Stanley Hubbard
International Transport Solutions
Mr. and Mrs. James H. Jackson/
The Anne Jackson Family Foundation
Jimbo’s Natural Family, Inc.
Mr. and Mrs. Peter O. Johnson, Sr.
Joint Commission
Mr. Larry Koppelman and
Mrs. Nancy Walker Koppelman
Ms. Julie Ladner and Mr. Brian Fahnstock
The Lehrer Family Foundation
Mr. Fredric C. Leutheuser
Ms. Sheila Lipin
Mayo Foundation for Medical
Education and Research
Mrs. Barbara Hunter Foster/
The Pacer Foundation
Mr. and Mrs. Andrew Murray
MyFonts.com, Inc.
Mr. and Mrs. Robert Nakasone
Ms. Anita C. Nonneman
O’Melveny & Myers Fund
Once Upon A Time Foundation
Opal Restaurant & Bar
Orfalea Family Foundation
Mr. and Mrs. Frank R. Ostini
The Hitching Post
Ms. Barbara L. Pagano
Peninsula Community Foundation
Phoenix International Freight Services, Ltd.
Dr. Kevin W. Plaxco and Mrs. Lisa Plaxco
Mr. and Mrs. Michael E. Pulitzer
Quantum
Red Onion Saloon, Inc.
Mr. John Rogers and Ms. Beth Whitehead
Mr. and Mrs. Nick Runnebohm
Arthur N. Rupe Foundation
Ms. Nancy D. Russell
salesforcefoundation.org
Mr. and Mrs. Denis R. Sanan
sanofi-aventis
Mr. and Mrs. Richard L. Schall
Mrs. C. William Schlosser/Nancy B. and C. William Schlosser Family Foundation
The Schow Foundation
Mr. and Mrs. James H. Selbert
Seven Lakes Chapel in the Pines, Inc.
Dr. Ayesha Shaikh and Mr. Mohammed Shaikh
Shaker Family Charitable Foundation
Mr. Thomas E. Simonds
Skyscraper Challenge
Mrs. Judith Cosden Stapelmann
Steinmetz Foundation
Mr. and Mrs. John Sweetland
Swift Foundation/MSST Foundation
Mr. and Mrs. Walter J. Thomson
Mr. and Mrs. Stanley Tomchin
Mr. and Mrs. Michael Towbes
Turpin Family Charitable Foundation
Mr. and Mrs. Paul H. Turpin
University Surgical Associates
VPD
Wackenhut Corporation
Mr. and Mrs. James R. Warren
Mr. W. Wright Watling
Weingarten Foundation
Mr. Dana White
Ms. Deborah Wilson
WineCask
Winky Foundation
Wood-Claeyssens Foundation
Mr. and Mrs. Robert Wooley
President’s Council
($5,000 +)
Anonymous
Adesta
Allied Beverage Group, LLC
Mr. and Mrs. David H. Anderson
Sally Anderson
Anthill Trading, Ltd.
Arnesen Woodland Hills LLC
Mr. Anderson J. Arnold
Associated Students UCSB
Association for Asian Studies
Ms. Pascale Bassan
Ms. Jocelyn Bauer
Mr. and Mrs. Arnold Bellowe
Mr. Rick Belluzzo
Bodhi Monastery
Mr. and Mrs. Jack Bowen
Bristol-Myers Squibb Company
Mr. and Mrs. Leonard Broom
Brown Family Foundation
Ms. Marlene Bulfone
Henry W. Bull Foundation
Mr. and Mrs. Frank Buquicchio
Burke, Williams, & Sorensen, LLP
Mr. and Mrs. Frederick P. Burrows
Dr. and Mrs. Eric K. Butler
Mary Corrigan
CBRB Community Foundation
Mr. and Mrs. Leslie Charles
The Cheeryble Foundation
Mr. and Mrs. Kenneth J. Coates
Coldwell Banker
Mr. and Mrs. A. Joseph Collette
Community Foundation Silicon Valley
Conejo Valley Congregational Church
Mr. Lance Connor and Ms. Nancy Werner
Corinthian Colleges, Inc.
Mr. Michael Corrigan and Dr. Laura Corrigan
Mr. and Mrs. Brian Coryat
Mr. Stanford T. Crapo
The Crawford Idema Family Foundation
Mr. John Davies
Ms. Paula Diemer
Divyajyot Foundation, Inc.
Mr. and Mrs. James Drasdo
DreamTending, LLC
Mr. and Mrs. R. Chad Dreier
Dr. and Mrs. Ernest H. Drew
Ms. Onda F. D’Urso
Mr. and Mrs. Thomas E. Everhart
Farheep Solutions, Inc.
Mr. and Mrs. James R. Feutz
Fireman’s Fund Insurance Company
Mr. and Mrs. Brooks Firestone
First Congregational Church of Cheshire
First Quadrant
Mary Alice Fortin Foundation
Ms. Susanne A. Fox
Mr. and Mrs. Lawrence R. Glenn
Mr. and Mrs. Richard Godfrey
Goleta Valley Junior High School
Dr. and Mrs. Alan J. Gottlieb
Mr. and Mrs. Robert Goulette
The Green Park Foundation
Mr. Bob Gregg
Mr. Mike Gross
Mr. Jeremy Guiles
Stephen and Carla Hahn Foundation
Tom Merit Hancock Family Fund
Mr. David Harris
Mr. and Mrs. W. Scott Hedrick
Ms. Beverly S. Heminway
Dr. Karl F. Hens
Mr. Brian F. Hershkowitz and Ms. Diana Miller
Hixon Properties Incorporated
Mr. and Mrs. Bob Hodek
Mr. and Mrs. George Holbrook, Jr./George W. Holbrook Jr. Foundation
Dr. and Mrs. E. Carmack Holmes
Mr. and Mrs. Preston Hotchkis
Mr. Thomas Hudson
Mrs. Mary Hulitar
In the Tradition, Inc.
India Development & Relief Fund Incorporated
International Foundation
Ms. Lynne C. Israel
Mr. and Mrs. Conrad Janis
Mr. and Mrs. Richard A. Johnson
Mr. Michael Kahan
Karl Storz Imaging, Inc.
Mr. and Mrs. Daniel Keelan
Mrs. Caroline Power Kindrish Trust
Mr. and Mrs. Robert Klauser
Mr. and Mrs. John Knox-Johnston
La Colina Junior High School
Lazy Acres Market
Mr. and Mrs. Adam J. Leaderman
Mr. and Mrs. Mark R. Lembersky
Levy, Harkins & Co., Inc.
Mr. Milton C. Lewis, Jr.
Lopker Family Foundation
Lower Merion School District
Mr. and Mrs. Robert C. Lowes
Ms. Patricia Macfarlane
The Hon. and Mrs. John D. Macomber
Mr. and Mrs. Frank Magid
Mrs. Louise F. Maisen
Mr. and Mrs. Richard Mansfield
Ms. Alice Matzkin
The Harold McAlister Charitable Foundation
Mr. James P. McAlister and Mrs. Mari R. McAlister
The Ralph H. and Ruth J. McCullough Foundation
McLarand, Vasquez, Emsiek & Partners, Inc.
Mequon Thiensville School District
Mr. Glenn Neal
Mr. Mark Nelkin
Ms. Mary M. Newman and Ms. Felicity Figueroa
The NMHC Foundation
Ms. Sandra Nowicki
Dr. Sean O’Regan
The Pajadoro Family Foundation
Ms. Victoria Pauley
Mr. Austin H. Peck, Jr. and Mrs. Carolyn Amory-Peck
Peruvian American Medical Society
Pro Packing, Inc.
ProFund Advisors
Mr. and Mrs. David Dasmussen
Rat’s Restaurant
Mr. Randall Rettig
Mr. and Mrs. J. P. Roston
RSP Architects, Ltd.
Dr. Stephen Sacks
San Juan Unified School District
Santa Barbara Chapter/MOWW
Ms. Edith Satter
Schering-Plough Corporation
Schleyer Foundation
Schleyer Foundation
Schwenkhof, Inc.
Sear Family Foundation
Seattle Foundation
Direct Relief notes with sadness that Bill Schlosser passed away on May 18, 2005, at the age of 83. Bill was among the most generous supporters in Direct Relief’s history.

The extraordinary generosity that Bill bestowed upon our organization was only one element of an extraordinary life that bequeathed a legacy in business, in other philanthropic ventures and, most importantly, in a remarkable family.

Bill shared both his good fortune and irrepressible wit with our organization and many others. As the husband of past Board Chairman Nancy Schlosser, he often quipped, “I gave Direct Relief International the best years of my wife.”

We share the Schlossers’ – and humanity’s – loss of one of the greatest generation’s all-time good guys.
“The mission of Direct Relief International is to provide appropriate ongoing assistance to health institutions and projects worldwide that serve the poor and victims of natural and civil disasters without regard to political affiliation, religious belief, ethnic identity, or ability to pay.”
President & CEO
Thomas Tighe

International Advisory Board
Frank N. Magid, Chairman
Hon. Henry E. Catto
Lawrence R. Glenn
E. Carmack Holmes, M.D.
S. Roger Horchow
Stanley S. Hubbard
Jon B. Lovelace
Hon. John D. Macomber
Donald E. Petersen
Richard L. Schall
John W. Sweetland

Board of Directors
Denis Sanan, Chairman
Stanley C. Hatch, Vice Chairman
Jim Shattuck, Secretary
Kenneth J. Coates, Treasurer
Carolyn Amory-Peck
Bruce N. Anticouni
Gilbert L. Ashor, M.D.
Philip M. Battaglia
Frederick Beckett
Frederick P. Burrows
Morgan Clendenen
Killick S. Datta
Thomas H. Dittmer
Ernest H. Drew, Ph.D.
Gary Finefrock
Catherine B. Firestone
Louise Gaylord
Bert Green, M.D.
Brett Hodges
Tara Holbrook
Peter O. Johnson, Sr.
Richard Johnson
Lawrence Koppelman
Dorothy Largay, Ph.D.
Nancy M. Lessner
Alice G. Mattingly
Michael McCarthy
Robert C. Nakasone
Carmen Elena Palomo
Paul H. Turpin
Sherry Villanueva

Honorary Board
Sylvia Karczag, President Emeritus
Dorothy Adams

27 S. La Patera Lane
Santa Barbara, Ca 93117
Tel: (805) 964.4767
Fax: (805) 681.4838
www.DirectRelief.org