

THE YEAR IN RE- VIEW

FY
20
10

DirectRelief
INTERNATIONAL
healthy people. better world. since 1948.



BOARD OF DIRECTORS
FISCAL YEAR 2010
July 1, 2009 - June 30, 2010

CHAIR

Dorothy F. Largay, Ph.D.

VICE CHAIR

Thomas J. Cusack

SECRETARY

James H. Selbert

TREASURER

Kenneth J. Coates

Frederick Beckett

Jon E. Clark

Patty DeDominic

Ernest H. Drew, Ph.D.

Patrick Enthoven

Gary Finefrock

Paul Flynn

Richard Godfrey

Bert Green, M.D.

Raye Haskell

Stanley C. Hatch

W. Scott Hedrick

Priscilla Higgins, Ph.D.

Brett Hodges

Ellen K. Johnson

Donald J. Lewis

Robert A. McLalan

Rita Moya

Carmen Elena Palomo

John Romo

Ayesha Shaikh, M.D.

George Short

Ashley Parker Snider

Gary R. Tobey

Sherry Villanueva

INTERNATIONAL
ADVISORY BOARD

FISCAL YEAR 2010

July 1, 2009 - June 30, 2010

CHAIRMAN

Frank N. Magid

Lawrence R. Glenn

E. Carmack Holmes, M.D.

S. Roger Horchow

Stanley S. Hubbard

Jon B. Lovelace

Donald E. Petersen

Richard L. Schall

John W. Sweetland

PRESIDENT + CEO

Thomas Tighe

HONORARY BOARD

PRESIDENT EMERITUS

Sylvia Karczag

CHAIR EMERITUS

Jean Hay

DIRECTOR EMERITUS

Dorothy Adams

27 S. LA PATERA LANE / SANTA BARBARA, CA 93117 / TEL / 805.964.4767 / 805.964.4767 / 300.676.1638 / 805.681.4838 / FAX



Direct Relief

INTERNATIONAL®

healthy people. better world.® since 1948.



WWW.DIRECTRELIEF.ORG

TABLE OF CONTENTS

DEDICATION	2
INTRODUCTION	3
MESSAGE FROM THE CHAIRMAN AND THE PRESIDENT & CEO	4
INTERNATIONAL PROGRAMS	6
HAITI EARTHQUAKE	
FOCUS ON MOMS + KIDS	
FIGHTING HIV/AIDS	
DIRECT RELIEF USA	20
STRENGTHENING THE SAFETY NET FOR 20 MILLION PEOPLE NATIONWIDE	
EQUIPPING DOCTORS FOR EMERGENCIES IN YOUR COMMUNITY	
OUR PARTNERS	32
MORE HELP TO MORE PEOPLE THAN EVER BEFORE	
INTRODUCTION & CERTIFICATION OF FINANCIAL STATEMENTS	38
COMBINED STATEMENT OF ACTIVITIES	42
NOTES TO THE FINANCIALS	44
OUR INVESTORS	50
GUIDING PRINCIPLES	56



OUR MISSION

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

THIS REPORT IS DEDICATED TO

FRANK N. MAGID
1931 – 2010

FOR HIS GENEROSITY, KINDNESS,
AND ENERGY WHILE SERVING
WITH DISTINCTION AS DIRECT
RELIEF'S INTERNATIONAL
ADVISORY BOARD CHAIRMAN, HE
WILL BE GREATLY MISSED.



he simple goal of enabling people to live healthy, productive lives—regardless of the circumstances into which they are born or find themselves—is a powerful incentive.

It drives Direct Relief’s work in areas where governments and global markets are either unable or unwilling to engage to improve the health of people who are sick or hurt.

Direct Relief provided more help to more people than ever before in Fiscal Year 2010 (July 1, 2009 – June 30, 2010)—**\$243 million in medical aid** to healthcare providers who may not have otherwise been able to do their work. Working with medical professionals in 70 countries, assistance was provided in **5,300 deliveries**, including **\$53 million in medicines** to safety-net health providers in all **50 states of the U.S.**

The year also saw unprecedented efforts in disaster response—**\$59 million** in emergency medical assistance in **1,200 deliveries to 16 countries**. Direct Relief’s infusion of medical aid into Haiti has been the largest from any source—in Fiscal Year 2010, over **494 tons of emergency medical assistance** worth more than **\$45.8 million** delivered directly to tens of thousands of people who needed it through **50 Haitian healthcare partners and facilities**.

The response in Haiti has been the largest and most comprehensive in our 62-year history, and Direct Relief’s activities have been supported only by individuals, private parties, and companies, without any help from government sources.

In Fiscal Year 2010, Direct Relief also grew the global distribution of programs fighting the spread and effects of HIV/AIDS, and expanded efforts that directly address threats to women and children during pregnancy and childbirth.

Partnering with industry leaders and leveraging cutting-edge technologies, Direct Relief’s humanitarian focus and attention to the efficient use of resources remain constant. So too does the approach of supporting local efforts in a respectful manner and without regard to race, ethnicity, politics, religion, gender, or ability to pay.

In a world where the tide of the human condition is on the rise for so many, **there exists a sharpened humanitarian imperative to assist those whose lives remain threatened by sickness, disease, and injury that can be easily diagnosed and treated.**



ALISON WRIGHT



MARGARET MOLLOY

It is our pleasure to share the following report with you about Direct Relief’s activities in Fiscal Year 2010—July 1, 2009, through June 30, 2010. In a year marked by the worst economic conditions in decades and, in Haiti, the most devastating natural disaster in the Western

proved again to be effective in the face of unprecedented challenges. Here at home, Direct Relief USA expanded its assistance to provide free medications and supplies to patients at more than 1,000 nonprofit community health centers and free clinics in all 50 states.¹ Because Direct Relief is the only nonprofit organization licensed to distribute prescription medicines in all 50 states, this effort was essential

as more people sought care at these safety-net clinics in their home communities and the facilities themselves struggled to do more with fewer resources.

In Haiti,² Direct Relief has for many years provided support to local health

facilities and, two years ago, created a program to pre-position emergency medical supplies at local facilities to enable an immediate response in the event of an emergency. This program and the existing ties to key local health programs in the country enabled Direct Relief to launch the largest emergency response in our history following the January earthquake. The long-term challenges for people in Haiti, including those who received disabling injuries in the earthquake, remain daunting, and Direct Relief will continue to help over the long road ahead.

Worldwide, but mainly in developing countries, a woman dies every 90 seconds from complications related to pregnancy. Most of these tragedies

A MESSAGE

from the CHAIR and the PRESIDENT & CEO

Hemisphere in a century, more people needed help. Direct Relief redoubled its efforts, stepped up, and expanded its humanitarian health assistance—both within the United States and internationally—to provide more help to more people than at any time in our organization’s history.

Direct Relief’s work provides an on-the-ground view of how poverty and poor health reinforce each other. Natural disasters, such as Haiti’s tragic earthquake, intensify both. That is why Direct Relief’s longstanding approach is to strengthen locally run health programs that serve people in poverty areas and in response to emergency situations.

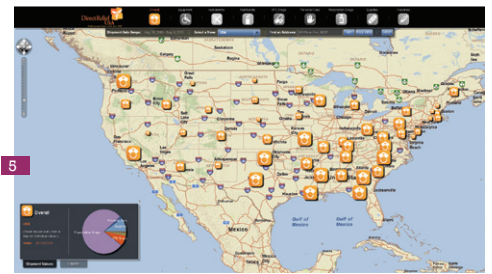
This approach of supporting locally-run facilities



LIBA TAYLOR, LIBATAYLOREU



LINSEY POLLACZEK



are preventable when a woman has access to trained caregivers. That’s why we’re working with obstetric and midwife programs in some of the highest need areas in the world—including Afghanistan, Ethiopia, Indonesia, Kenya, Liberia, Somaliland,³ Southern Sudan, and Tanzania—to support the best local training and care centers. We also ensure that trained caregivers are equipped with medical resources so they can apply their life-saving skills.

Obstetric fistula injuries are a devastating consequence of poor access to maternal care. About two million women live with this condition, which many people outside of public-health circles do not know even exists. Direct Relief remains committed to supporting health facilities that specialize in fistula repair surgery, and this year we have supported seven Fistula Repair Programs with surgical supplies that enabled 4,000 women⁴ to receive this life-restoring repair.

We are pleased to report that all fundraising and administrative expenses incurred during the fiscal year were paid by the Direct Relief Foundation, the supporting organization established to manage bequest proceeds, provide financial stability, and finance rapid emergency response and other key initiatives when no other funding exists.

One of those key initiatives—directly related to our ability to help more people than ever before—was the implementation of a robust, scalable, SAP information system with enhanced analytic capability providing an unprecedented level of transparency in humanitarian assistance. For instance, on DirectRelief.org, supporters of our work in Haiti and the U.S. can view precise mapping of every donation sent to every healthcare

providing partner in those countries.⁵

Such a system implementation during tough economic times may seem counter-intuitive and high risk. Other options would have been to hunker down or cut back, but those options also involved risk, including triggering a self-defeating contraction cycle of doing less, needing less, doing less, etc.

By accelerating through tough times, not slowing down, Direct Relief is a stronger organization. We were able to pursue our humanitarian mission even more intensely and in the most efficient, respectful, and productive manner possible. Because, for all the many challenges that the year presented, a constant was that people whose lives and health are threatened by poverty, disease, or natural disaster need help.

Please accept our heartfelt thanks for your interest and involvement in the work of Direct Relief.



DOROTHY F. LARGAY,
Chair



THOMAS TÖHE,
President & CEO



*EXPANDING ACCESS AND
QUALITY HEALTHCARE FOR
MILLIONS OF PEOPLE IN*

**70
COUNTRIES
AROUND
THE WORLD,**

*FOCUSING ON PROGRAMS
SERVING WOMEN AND CHILDREN,
ACTIVITIES THAT ADDRESS HIV/AIDS
PREVENTION AND CARE,
AND EMERGENCY PREPAREDNESS
AND RESPONSE.*



They survived the earthquake.
We're helping them survive what comes after.

In Haiti, Direct Relief has been among the world's largest providers of medicines and medical supplies since the tragic January earthquake. Through the end of Fiscal Year 2010 (which ended June 30, 2010), Direct Relief provided emergency medical assistance worth **\$45.8 million** to more than **50 hospitals, health facilities, responding organizations, and camps** caring for injured and displaced people.¹



Having worked in Haiti since 1964, Direct Relief had strong relationships with the country's largest hospitals and clinics, allowing us to rapidly deploy resources where they were needed most.

Backed by the massive generosity of private and corporate supporters, Direct Relief put together the most comprehensive emergency response in its 62-year history—more than **494 tons of specifically requested medicines and supplies** have been expedited to caregivers in Haiti.

As unprecedented as the short-term response was, Direct Relief recognizes that the need in Haiti hasn't faded with the headlines.

↓
3
HIGH-IMPACT WAYS
DIRECT RELIEF IS HELPING TO MAKE QUALITY HEALTHCARE VIABLE FOR THE LONG TERM IN HAITI.



ALISON WRIGHT

2

No. 1 THE RIGHT MEDICINES & SUPPLIES, IN THE RIGHT HANDS

15% of the nine million people living in Haiti were displaced by the earthquake and forced to live in some sort of makeshift shelter.²

This population was extremely vulnerable to the most basic health concerns related to hygiene and compromised water and sanitation systems. Direct Relief supports the material needs of healthcare providers and helps strengthen their ability to stave off epidemics.

Immediately following the earthquake, Direct Relief's partner facilities were over-whelmed with hundreds of patients, volunteers, and unsolicited donations. Direct Relief established an in-country warehouse³ to help work around the logistical bottlenecks that would have otherwise choked the distribution of aid to those healthcare providers who needed medicines and supplies as quickly as possible. The warehouse allows Direct Relief staff in Haiti to manage our assistance and control the supply chain,⁴ taking the logistical burden off the healthcare facilities, and allowing them to focus on patient care—not trucking and warehousing. Working with colleague nonprofits, healthcare companies, and international and Haitian authorities,



4

ALISON WRIGHT

Direct Relief introduced the first online medical-supply ordering system to Haiti. These steps brought transparency, efficiency, and precision to a deeply complex situation so that we can continue to provide a key supply lifeline to Haitian health facilities.

Within hours of the quake, Direct Relief was in contact with corporate partners, matching anticipated needs with available supply. Donor companies continue to respond with the largest amount of medical product support Direct Relief has received

for an emergency in its history. The sheer quantity of donations received warranted the temporary expansion of our headquarter's warehouse space from **50,000 to 100,000 square feet.**

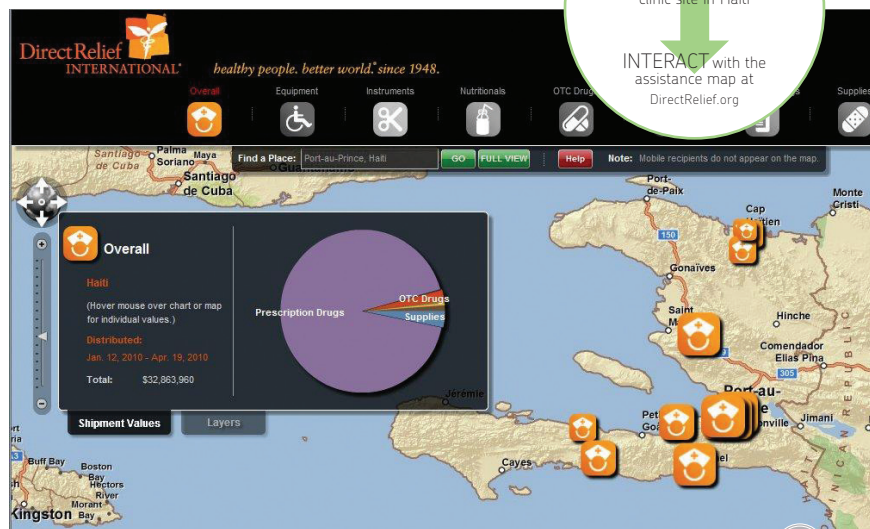


ALISON WRIGHT

3

Transparency IN HUMANITARIAN RESPONSE

Direct Relief deployed ArcGIS Server and Adobe Flex to produce an interactive web mapping application showing the location and value of all Direct Relief aid shipments. By linking specific clinical location data from the United Nations to our own data, we have been able to demonstrate **an unprecedented level of transparency in humanitarian disaster response.**



No. **2**

MOBILITY FOR THE LONG TERM: PROSTHESES & REHABILITATION

Traumatic injuries were widespread following the earthquake—crushed bones, spinal cord injuries, and amputated limbs. Many of these injuries will result in life-long conditions and most will require rehabilitation. Even if the earthquake had not decimated the healthcare infrastructure, it would have been unable to support the immediate and long-term needs of those affected.

Building on the success of the prosthesis and orthotics program Direct Relief created in Pakistan following the earthquake of 2005, Direct Relief committed **\$2 million** to strengthen Haiti’s physical rehabilitation capacity.



ALISON WRIGHT

\$2 MILLION to strengthen Haiti’s rehabilitation capacity

Partnering with local groups, Direct Relief has leveraged long-standing relationships with international experts to help establish effective and lasting prosthetic and orthotic centers¹ in Haiti, and ensure that these local organizations have the resources to train new prosthetists and orthotists so that the new centers are adequately staffed by Haitians. This work will help people long after the emergency of the earthquake has given way to the everyday reality of health care in Haiti.

AN OUTPOURING OF SUPPORT

In Fiscal Year 2010, 25,000 private donors gave \$6.4 million to Direct Relief for Haiti. 47 companies supported Direct Relief’s efforts.

OUR TOP 12 CORPORATE SUPPORTERS FOR HAITI
in alphabetical order:

Abbott	Amgen Foundation
Baxter International	BD
Covidien	Eli Lilly & Company
FedEx	GlaxoSmithKline
Johnson & Johnson Family of Companies	
Merck & Co., Inc.	P&G
Teva Pharmaceuticals	

FOR THE FULL LIST of generous companies who provided support in FY2010 ▶ see p/56



OUR BIGGEST RESPONSE EVER

\$48.5 MILLION
IN EMERGENCY MEDICAL ASSISTANCE TO 50 HAITIAN HEALTHCARE PROVIDERS

including:

- Partners in Health
- Saint Damien Pediatric Hospital
- American Refugee Committee
- Hospital Albert Schweitzer
- Visitation Hospital
- Hospital Justinien

[LEARN MORE DirectRelief.org](http://DirectRelief.org)

DIRECT INVESTMENT IN COMMUNITIES

No. 3

International aid groups have received more than \$2 billion in donations for Haiti, yet many smaller community groups still struggle to access funding. **Direct Relief committed \$500,000 to create a Community Grant Fund** that will give local Haitian NGOs¹ and community groups access to cash **grants up to \$25,000**. These grants will ensure that local groups—like those detailed below—that were operating before the earthquake and have the most at stake in the country’s recovery aren’t overlooked.

The HAITIAN HEALTH AND EDUCATION FOUNDATION provides health care and training for medical professionals in Haiti. The Foundation improves health conditions through preventive care, primary care administered at the outpatient clinic, secondary- and tertiary-level training, and inpatient hospital care at the Haitian Community Hospital. In the aftermath of the earthquake, the Foundation provided **free medical services for three months at the Haitian Community Hospital** to approximately **250,000 area residents**. It was then forced to charge for services again or risk running out of money and shutting its doors. However, the roughly \$4 (U.S.) asked of patients for medical services is insurmountable for many Haitians. Direct Relief provided **\$25,000** to enable the hospital to keep offering free services for pregnant mothers and the severely handicapped for three more months and to hire three Haitian medical personnel to work in the clinic.

An investigation by the City Hall of Acul du North found that 18,000 migrants are now living in the municipality, in addition to the 70,000 residents who were already lacking adequate medical services. THE PEASANT MOVEMENT OF ACUL DU NORD (MPA) works to



DIRECT RELIEF STAFF SORT EMERGENCY MEDICAL SUPPLIES WITH HOSPITAL SACRE-COUR CDTI PHARMACIST VINCENT NIVENSON JR. (CENTER, FRONT).

improve the lives of farmers in the north. **Direct Relief is supporting MPA with a grant of \$25,000** to reduce the high prevalence of malaria and typhoid fever by improving sanitation; raising awareness through education campaigns; and establishing a medical clinic staffed by a doctor, nurse, and lab technician to help treat patients.

“IN HAITI, DIRECT RELIEF HAS DELIVERED MORE CRITICALLY NEEDED ASSISTANCE IN LESS TIME TO MORE GROUPS THAN EVER BEFORE. THE BEST INTERESTS OF LOCAL GROUPS HAVE LONG BEEN AT THE HEART OF DIRECT RELIEF’S WORK, BECAUSE WE KNOW THAT THE BEST INTEREST OF THE COMMUNITY ARE AT THE HEART OF THESE GROUPS’ WORK.”

– Brett Williams, Direct Relief Director of Emergency Preparedness and Response



KRISTIN BROWN

SUPPORTING MOTHERS & BABIES WORLDWIDE



A woman dies every 90 seconds from complications during pregnancy and childbirth—more than 350,000 each year worldwide. Nearly all—99 percent—of these deaths occur in developing countries. For every woman who dies during childbirth, another 20 to 50 survive but suffer devastating injuries such as obstetric fistula. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.

While Direct Relief's work aims to expand the quality, availability, and access to health services for all people, a principal focus of this effort is on maternal and child health. These interventions include expanding access to care, ensuring safe deliveries through midwife training and kits, addressing complications through emergency obstetric care, restoring health through obstetric fistula repair, and preventing mother-to-child transmission of HIV.

**HERE ARE
3 WAYS
DIRECT RELIEF
IS ADDRESSING
THREATS TO
WOMEN DURING
PREGNANCY &
CHILDBIRTH →**

Safe Delivery



MIDWIFE TRAINING & KITS

Pregnancy and childbirth are the leading causes of death and disability among women in developing countries. Having a skilled attendant present during delivery is considered the single most critical intervention for ensuring safe motherhood. Direct Relief is deeply committed to reducing maternal and infant mortality worldwide. We support facilities and organizations that train midwives so that more women have access to prenatal and obstetric care, and more babies are properly cared for during their critical first days. We also help equip birth attendants with necessary supplies to make use of their life-saving skills.



MIDWIFE TRAINING

Afghanistan has one of the highest maternal mortality rates in the world, but the AFGHAN INSTITUTE OF LEARNING (AIL)¹ is working to reverse that statistic. Founded by Sakena Yacobi in 1995, AIL provides healthcare services, preschool through university-level education, and training to women and girls at four sites in Afghanistan. With support from the Abbott Fund and Direct Relief, AIL has operated a successful nurse-midwife training course since 2005. To date, **more than 100 women have completed their training**, with most now employed in clinics and hospitals.

Trainees study a comprehensive curriculum of medical subjects during the 18-month program and after graduation are able to treat an estimated **11,000 patients** a year. Because it is culturally preferred that Afghani women receive health care from a female provider, highly skilled nurse-midwives represent greater access to care and are highly sought after. The Abbott Fund has funded nurse-midwife training programs since 2005; together, Direct Relief and the Abbott Fund have provided AIL with more than **\$7 million in cash grants and medical material assistance**.

In the ongoing conflict zone of eastern Myanmar, formerly Burma, where civil war has continued for decades and most NGOs are not permitted to work, women face grave risks giving birth. In this rural and remote area, one of 12 pregnant women will die from delivery-related causes, and one of seven children will die before the age of five.

For five years, GLOBAL HEALTH ACCESS PROGRAM (GHAP) has worked against these trends through the Mobile Obstetrics Maternal Health Worker (MOM) project. The innovative MOM project has shown that given

In Afghanistan, where only **14%** of births are attended by a skilled healthcare worker and the literacy rate is just **13%** for women, Direct Relief and the Abbott Fund have teamed up for five years to support the critical work of the Afghan Institute of Learning in training midwives and educating women and children.



COURTESY OF ONE HEART

4

resources and properly adapted training, mobile health workers can provide basic emergency obstetric care, antenatal care, and family planning, even in conflict zones where health centers simply do not exist.

When MOM began, only five percent of women in the region had a skilled birth attendant with them at the time of delivery. Three years later, nearly 50 percent of deliveries were overseen by a health worker capable of providing emergency procedures like treating post-partum hemorrhage and providing blood transfusions. Based on the MOM project's success in eastern Myanmar, it has been replicated on Myanmar's borders with China and India. Altogether, **the project now reaches roughly 87,000 people**, and in the last year alone, trained **107 health worker/midwives and 399 traditional birth attendants**.

Direct Relief has helped fund this tri-border maternal and child health project for the past year and a half. Our support has enabled GHAP and its local partners to provide training and education focused on antenatal care, safe delivery, postnatal care, and neonatal care, in addition to providing midwife kits for GHAP midwives² and maternity kits for new mothers.

EQUIPPED AND READY

Training and equipping midwives saves lives and significantly increases and improves the chance for safe delivery. Based on input from partners in the field, Direct Relief created medical kits to equip midwives.

On one of the poorest islands in Indonesia—Sumba—the SUMBA FOUNDATION is working to improve lives and wellbeing by strengthening the island's health system through the constructions and management of health

clinics. But, because of the distance and rugged terrain, not every patient—and especially not every pregnant mom—is able to access a medical facility.

By also providing training and resources like Direct Relief's midwife kits, Sumba Foundation midwives³ are able to deliver at clinics or to travel to people's homes, helping save new lives no matter where a mom needs to deliver.

Since 1998, ONE HEART WORLD-WIDE⁴ has been on a mission to end the high-stakes gamble that giving birth can often be in developing countries. One Heart asserts that pregnancy should not be a life threatening "condition" and that it is unfair so many women die or are injured during labor when the reasons for death and injury are understood and can be prevented. One Heart works in rural Tibet, where **one of every 33 women die during childbirth, one of 10 newborns die during their first month of life, and 95 percent of women give birth alone**. In order to improve these realities, One Heart educates mothers and families on how to prevent injury and death and how to improve their chances for a safe delivery. They also provide Direct Relief's midwife kits and other resources to individuals, trained professionals, and health facilities so that adequate resources are available at every level of care.



SUMBA FOUNDATION



COURTESY OF MOM PROJECT

2

Kits targeted to partners' needs have helped increase capacity for safe delivery in several regions around the world:

AFRICA / Cameroon, Ethiopia, Ghana, Malawi, Uganda, Tanzania

ASIA / Afghanistan, China (Tibet), India, Indonesia, Laos, Philippines

LATIN AMERICA + THE CARIBBEAN + El Salvador, Haiti, Honduras, Mexico

PACIFIC / Fiji



KRISTI BULLOCK

Addressing Complications



EMERGENCY OBSTETRIC CARE

“Skilled midwives; an obstetrician; an operating theatre; the antibiotics and drugs to ensure that should complications arise; a mother rapidly brought back to good health—these apparently basic things are regarded as a great luxury in Africa.”

— John Nduba, M.D., AMREF Director for Sexual, Reproductive, and Child Health

The women of Southern Sudan typically deliver at home without a skilled attendant present. If an obstetric emergency develops, the patient must travel long distances on poor roads to access a facility offering adequate care. In Western Equatoria, **MARIDI COUNTY HOSPITAL¹** is the only facility within **70 miles** (a minimum of two hours to travel) that can perform C-sections and has done so with a barely functioning surgical theater. According to WHO and UNICEF, Western Equatoria has the highest maternal mortality ratio in the world: **2,327/100,000**. Recognizing this need for effective emergency obstetrics, Direct Relief committed to upgrade the surgical theater. Direct Relief is providing Maridi County Hospital with an ultrasound, large autoclave and sterilizing drums, operating table, operating lights, suction machine, blood bank unit, C-section instrument kit, baby scales, mayo stand, respiratory supplies, diagnostic equipment, delivery kits, and an anesthesia machine.

EmOC is part of a care continuum. Adequate prenatal care supporting the mother and her unborn baby is paired with careful monitoring before and throughout delivery by a skilled birth attendant. Proper training enables a midwife to provide interventions when complications arise, or to know when to refer a woman to a facility that can provide EmOC. **AMREF trains midwives and clinical officers in Southern Sudan,² and Direct Relief sees that these health professionals have the tools they need** to support such critical decision making.

In Uganda, AMREF and Direct Relief support **one hospital and 37 health centers** in Soroti district—serving a total catchment of three million people. AMREF provides training and capacity building at the health centers and District health office and Direct Relief supplies materials, pharmaceuticals, and equipment.³ At the District’s request, Direct Relief provided equipment and supplies needed for the start of EmOC services at Princess Diana. Direct Relief has also donated nine motorcycles and several computers to AMREF in Soroti to assist in service delivery and evaluation of the project.

In five to 15 percent of deliveries worldwide, an unpredictable complication occurs. That’s when emergency obstetric care (EmOC), such as a cesarean section, becomes necessary. But for women in developing countries, access to EmOC is very limited, so those who experience complications during delivery will likely suffer debilitating injuries like obstetric fistula or even death. The disability or loss of a mother reduces the survival rates of her other children and affects not just her family but the community at large.

In partnership with **AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF)**, Direct Relief has programs in Uganda and Southern Sudan to fight maternal mortality by equipping health facilities and providers so they can offer quality EmOC services.



3

KRISTI BULLOCK



2

KRISTI BULLOCK

Every year, an estimated 350,000 women die during pregnancy and childbirth. For every woman who dies in labor, many more will suffer serious injury if proper obstetrics care is not available in time. This tragedy is most significant in the poorest countries where the risk of death and disability is hundreds of times greater than it is in the developed world.

Worldwide, an estimated two million women are living with obstetric fistula. **80 percent** of whom live in sub-Saharan Africa. Obstetric fistula is a devastating childbirth injury that develops during prolonged labor when adequate medical care is not available. The result is a tear in the birth canal which leaves the woman incontinent and almost always results in stillbirth of the child. Women who develop fistula are often ostracized because of the odor caused by chronic incontinence. The stigma that women with fistula endure adds to the grief already caused by the physical injury and loss of the baby in delivery.

Obstetric fistula is both preventable and treatable. When women deliver in the presence of a skilled birth attendant and have access to emergency obstetrics care, specifically a cesarean section, the incidence of maternal death and disability drops significantly. Obstetric fistula can be repaired by a surgical procedure, which when undertaken by a trained surgeon, can have a success rate of **90 percent** on the first attempt. Many women with fistulas live with the condition for many years before receiving treatment, and the ability to leave the hospital completely healed and dry after years of incontinence has a profound impact on a women's health and well-being.

Direct Relief supports seven obstetric fistula repair and prevention programs in Africa, which collectively provide treatment for more than 4,000 women with obstetric fistula annually. Direct Relief has provided over **\$1 million** in medical and surgical supplies and funding to support the facilities and healthcare providers providing this life-restoring treatment.

Since inception in 1974, the Addis Ababa Fistula Hospital has treated **30,000** women for fistula repair.

Restoring Health & Hope

OBSTETRIC FISTULA PREVENTION & CARE



LIBA TAYLOR - LIBATAYLOR.EU

1

ADDIS ABABA FISTULA HOSPITAL

In Ethiopia, Direct Relief provides support to the **ADDIS ABABA FISTULA HOSPITAL**, the only medical center in the world dedicated exclusively to fistula repair. The hospital is the model institution for obstetric fistula repair and training in Africa, providing free repair services for approximately 2,500 women every year and long-term care for 50 women whose obstetric fistula cannot be repaired.

EDNA ADAN UNIVERSITY HOSPITAL

THE **EDNA ADAN UNIVERSITY HOSPITAL**,¹ formerly the Edna Adan Maternity Hospital, is located in Hargeisa, Somaliland and was established in 2002 to provide quality

medical services for women and children in the Horn of Africa. The hospital has grown significantly and now is a leading referral and teaching hospital in the region and receives patients from all corners of Somaliland as well as from neighboring Somalia and Ethiopia. The hospital provides treatment for obstetric fistula repair and trains midwives and nurses in fistula management and prevention.

In 2010, in collaboration with THE FISTULA FOUNDATION, Direct Relief enabled the construction and equipping of an operating theater which will increase the hospital's capacity to provide fistula repair surgery as well as provide emergency cesarean sections in order to reduce the incidence of obstetric fistula.



LINDSEY POLLACK

Meet Nkwimba When Nkwimba went into labor with her eighth child in her village in Shinyanga District in northern Tanzania, she had no bus fare to take her to the nearest hospital, which was far away on very bad roads. She labored at home for several days. As a result of the prolonged labor, Nkwimba suffered two fistulas, leaving her unable to control both her bladder and bowel movements.

Several months later, Nkwimba and her husband were able to afford the trip to the **BUGANDO MEDICAL CENTER** where she was admitted to the fistula ward. Five months later, one of the fistulas has been repaired successfully and she is able to walk with minimal pain. She is still waiting for the repair of her second fistula due to the long waiting list at the hospital, but she is hopeful about the outcome. The thought of returning to her community healed gives her reason to smile.

3

High-Impact Partnerships CHALLENGING HIV/AIDS



1

RAPID HIV TESTING OF PREGNANT WOMEN

Every 48 seconds, a child is infected with HIV, the virus that causes AIDS. It is essential to focus resources on where this infectious disease exists to save those who have contracted it and can transmit it and those who are most likely to contract it. Deciding who to treat requires knowing who is sick. Rapid test kits are donated by Abbott—**16 million tests to prevention programs throughout the developing world since 2002**—and distributed by Direct Relief to **69 developing countries** eligible for the program.

In 2010, Direct Relief distributed **three million rapid tests** to support nearly **60 organizations** in **20 countries** worldwide.



33.3 million people worldwide are living with HIV/AIDS.

The HIV transmission rate has declined by almost **20%** relative to 10 years ago (*thought to be the peak of the epidemic*).

Still, **2.6 million people** were infected with HIV in 2009—over **7,000 infections every day**.

There are **two HIV infections** for every **one person** starting HIV treatment.



LINSEY POLLACZEK

2

FIGHTING OPPORTUNISTIC INFECTION

Cryptococcal meningitis and other serious fungal infections are frequent complications in patients infected with HIV. Through the Diflucan® Partnership Program, Pfizer's antifungal medicine is made available by Direct Relief—**\$74.1 million in distributed Diflucan** in 2010—to governments and nongovernmental organizations in developing countries free of charge for the treatment of opportunistic infections associated with HIV/AIDS.

In its tenth year, this partnership has provided nearly **3 million bottles of Diflucan** (tablets, pediatric oral suspension, and IV fluid).



LINSEY POLLACZEK

3

HOSPICE AND PALLIATIVE CARE SUPPORT

According to UNAIDS, an estimated 33.3 million people are living with HIV/AIDS. Africa has been the hardest hit by the HIV/AIDS pandemic, as the continent is home to **68 percent** of those infected.

Through the African Palliative Care Association (APCA) and the Hospice and Palliative Care Association of South Africa (HPCASA), Direct Relief provides medical supplies and equipment to support hospice and home-based care providers caring for people with HIV and other serious illness.

In 2010, Direct Relief supplied providers at **28 sites in Uganda, South Africa, Zimbabwe, and Kenya.**



LINSEY POLLACZEK

*STRENGTHENING
THE SAFETY NET FOR*

**20
MILLION
PEOPLE**

“WE WANT TO EXPRESS OUR DEEP GRATITUDE for all of the help Direct Relief has given us in making sure our patients receive essential medicines and medical supplies. We serve homeless people and residents of public housing. Many of them have no insurance, and none of them have the capacity to pay out of pocket for expensive prescriptions or other supplies. Your help is a life saving resource.”

– Barbara L. Crider, Director of Health Services, York County Community Health Care, Sanford, ME

Direct Relief

USASM



MARGARET MOLLOY

“After providing significant support to the Gulf Coast Health Centers in the aftermath of Hurricane Katrina, Direct Relief has continued to make quality medications and medical products available to Health Centers across the country. Direct Relief staffers don’t just talk about their commitment to the underserved, the organization provides resources to help address the problem. The partnership is invaluable to Health Centers and people they serve.”

– Malvise A. Scott, Senior Vice President, Partnership and Resource Development, National Association of Community Health Centers

Many people in the U.S. are unable to pay for the medication and medical supplies necessary to improve or maintain their health status. Prescription drugs and medical supplies are costly, and too many people cannot afford to buy the medicine they need. People with low-incomes and limited or no health insurance face the most challenges obtaining medication and supplies. A large portion of this vulnerable population—over **20 million people**—is seen at community clinics and health centers throughout the country each year.

Direct Relief USA is supporting more than **1,100 of these clinics** in all **50 states**, Washington D.C., and Puerto Rico. Since 2004, we’ve provided more than **\$225 million in medical assistance** to clinics for distribution to

their patients who cannot afford their prescriptions. It’s a high-impact, low-cost program that has become increasingly important as the economy has faltered.

The expanded commitment to help in the U.S. prompted Direct Relief to build what is now the largest nonprofit program of its kind in the nation. **Direct Relief is the first and only nonprofit organization that is a wholesale pharmacy distributor in all 50 states.**

Our network of partner clinics and the information and distribution systems we have built to assist them are also a key platform for focused, efficient response during emergencies, to which low-income communities and people are most vulnerable.

SUPPORTING *the SAFETY NET*

Direct Relief USA strengthens community clinics and health centers throughout the United States through three programs:

- ✓ **SAFETY NET SUPPORT:** Increasing Access to Medication for Underserved People
- ✓ **EMERGENCY PREPAREDNESS + RESPONSE:** Building Resource Capacity in Times of Crisis
- ✓ **REPLENISHMENT:** Providing a Reliable, No-Cost Supply of Medications to Clinics

Bolstering **PREVENTIVE & PRIMARY CARE**

Direct Relief USA's
SAFETY NET SUPPORT

+ **REPLENISHMENT PROGRAMS**

Safety Net Support

Increasing Access to Medication for Underserved People

In 2004, Direct Relief USA launched a program to provide ongoing inventory support to the nation's healthcare safety net by increasing access to pharmaceuticals and medical supplies. This program leverages Direct Relief's partnerships with companies that donate medicine and supplies to assist safety net providers care for their low-income, uninsured patients.

To date, more than **1,100 community clinics and health centers across the country** have received pharmaceuticals, medical supplies, and other resources from Direct Relief.

In FY2010, Direct Relief received support from more than **80 healthcare manufacturers**. These companies donated more than **400 different medicines**—from antibiotics to treat infections, to anti-hypertensives to help patients after suffering a heart attack. These medicines and supplies help keep clinics and their ever-growing patient populations healthy for their communities and families.

➔ See HOW IT WORKS / Diagram #1

Replenishment

Providing a Reliable, No-Cost Supply of Medications to Clinics

Direct Relief USA's Replenishment Program is an innovative approach to disbursing pharmaceuticals and medical supplies to community clinics and health centers. Direct Relief builds on partnerships with healthcare companies to offer a stable source of products to safety net clinics through a single source at no cost. The program offers an alternative to navigating myriad individual patient assistance programs (PAP).

The Replenishment Program provides medications at no cost to eligible clinics that meet the enrollment criteria. Once a clinic is enrolled, all program medications dispensed to qualified patients are replenished on a bottle-for-bottle replacement basis, based on the past month's utilization.

Traditional PAPs provide prescription medicines to low-income, uninsured patients and are an essential element of the nation's healthcare safety net. To access these PAPs on behalf of their patient population, clinics must interface with each separate pharmaceutical company to become enrolled and receive requested medications. In a busy and high-volume clinic environment, PAP enrollment requires significant investment of time and administrative functionality that is burdensome to staff. Separate and distinct PAP requirements create an unintended barrier to access of medication and a delay in care. Direct Relief's replenishment program is helping to address this major challenge.

➔ See BENEFITS

"Due to the economy, we have had more patients who were recently laid-off. With this increased patient load, we were able to continue to provide the same level of care since our paperwork and packages have decreased due to the replenishment program."

— Sharon Ng, Pharm.D., Pharmacy Director, Venice Family Clinic, Venice, CA



MARGARET MOLLOY

BENEFITS

Direct Relief USA's Replenishment Program has substantial benefits for patients, safety net partners, healthcare companies, and public health:

FOR PATIENTS

- ✓ Increases access to medicine at the point of care
- ✓ Reduces wait time for prescriptions
- ✓ Improves health outcomes and medication compliance

FOR SAFETY NET CLINICS

- ✓ Improves efficiencies with a single process and point of access
- ✓ Reduces administrative burden and related costs

FOR HEALTHCARE AND PHARMACEUTICAL COMPANIES

- ✓ Reduces administrative burden
- ✓ Improves financial savings
- ✓ Expands benefits from charitable investment

FOR PUBLIC HEALTH

- ✓ Strengthens the safety net
- ✓ Increases access to care
- ✓ Enables more efficient expenditure of scarce resources
- ✓ Improves health outcomes

➔ Diagram #1

HOW IT WORKS

Direct Relief USA provides ongoing inventory support to safety net clinics to maximize effectiveness and efficiency.

HEALTHCARE MANUFACTURERS donate medications and medical supplies for targeted distribution to healthcare facilities serving uninsured and underinsured patients.

DIRECT RELIEF USA ➔ Conducts outreach to safety net partners to monitor and address resource needs.
➔ Offers and distributes no-cost medications and supplies to safety net partners.

COMMUNITY CLINICS AND HEALTH CENTERS request and receive needed medications and medical supplies at no cost.

Helping Uninsured Patients with Diabetes

A PARTNERSHIP OF PREVENTION



In the United States, 23 million people—nearly eight percent of the population—have diabetes. Since this most recent economic crisis began, more than **8.2 million people have lost their jobs**, and for many their health insurance along with it—**455,000 of these people are estimated to have diabetes.**

To address this growing need, Direct Relief USA and medical manufacturer Roche partnered to launch a nationwide program to assist people with diabetes who lack health insurance and are low-income. For these patients, obtaining the necessary diabetes testing supplies can be a prohibitive expense. The inability to regularly check blood glucose levels could result in a number of serious, sometimes life-threatening, complications, like stroke, heart disease, and kidney disease.

In an effort to prevent these serious complications, Roche teamed up with Direct Relief to donate test strips and glucose meters directly in the hands of the providers who service the country's most vulnerable populations. This program provided thousands of patients who were unable to afford testing supplies with the resources necessary to better monitor and manage their condition.

SANTA BARBARA NEIGHBORHOOD CLINIC'S DR. NEIL SULLIVAN (RIGHT) RECEIVES DIABETES TEST STRIPS AND BLOOD GLUCOSE METERS FROM DIRECT RELIEF USA'S DAMON TAUGHER.

APPROACH

➔ Prior to 2010, Roche made diabetes testing supplies available to uninsured patients through its patient assistance program (PAP). However, with the high concentration of PAP-eligible patients treated at safety net clinics, the decision was made to partner with Direct Relief because of its strong network of over **1,100 community clinics and health centers nationwide**. Direct Relief's relationship with this clinic network enabled Roche to most effectively reach patients needing glucose testing products.

Safety net clinics and health centers were targeted where Roche had the highest utilization rates of their PAP, as well as high rates of unemployment. In January 2010, Direct Relief distributed a nationwide communication to inform clinics in these areas of the new program and to gauge their interest in participating. Clinics were also surveyed to enable a better understanding of their low-income patients with diabetes, with the goal of using the information to develop an allocation plan for the donation. ➔

“Thank you for your generosity in donating insulin meters and other pharmaceuticals. Your donation will be put to good use, helping us provide medical care to those who are homeless or at risk of homelessness within our community.”

- N. Lee Carroll, Executive Director, Health Care for the Homeless, Milwaukee, WI



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

INTERACT with the assistance map at DirectRelief.org/USA

1 in 3 U.S. ADULTS COULD HAVE DIABETES BY 2050 IF HEALTH TRENDS CONTINUE.

- CDC, 2010



RESULTS

\$5 million in ACCU-CHEK® Aviva test strips and glucose meters donated and distributed

Over **200 clinics and health centers** providing care to **1.8 million patients** (9.4% of whom are uninsured with diabetes)


32 states + D.C.

Clinics were able to immediately deliver the supplies to their uninsured patients without the burden of additional applications or paperwork

EMERGENCY PREPAREDNESS HERE AT HOME

*HERE ARE 3 WAYS DIRECT RELIEF IS READYING
U.S. COMMUNITIES FOR DISASTERS*





“Direct Relief continually meets identified gaps. Without their assistance we would not be able to provide...this level of preparedness that our community needs.”

– Nancy Lapolla, Director, Santa Barbara County Public Health
Department’s Office of Emergency Services



READY

PREPARING CLINICS ALONG THE GULF COAST FOR *the* **HURRICANE SEASON**

Hurricanes pose an annual threat to people living along the Gulf of Mexico, and individuals who are low-income, have chronic medical conditions, or have limited access to transportation to evacuate are at higher risk for needing medical assistance. In times of emergency, clinics are one of the primary sources of care for these populations and are under-equipped to handle the large influx of patients. That's why Direct Relief's hurricane preparedness support is focused on readying these safety net healthcare providers.

READYING THE SAFETY NET

Based on lessons learned from Hurricanes Katrina, Rita, and others, as well as work with the Texas Blue Ribbon Commission on Emergency Preparedness and Response, Direct Relief developed the hurricane preparedness ("prep") pack program in 2007 to ensure that safety net clinics in at-risk areas have the resources necessary to offer rapid response in the event of a major storm. The pre-positioning of medical products is critical

to ensure that patients' needs are met and that medical professionals are equipped with the tools needed to treat the injured immediately following a disaster.

The packs are also designed to be mobile, so that they can be easily transported should a clinic have to evacuate and set up temporary operations off-site. This preparation also enables clinics to treat patients instead of referring them to already over-burdened hospital emergency rooms.

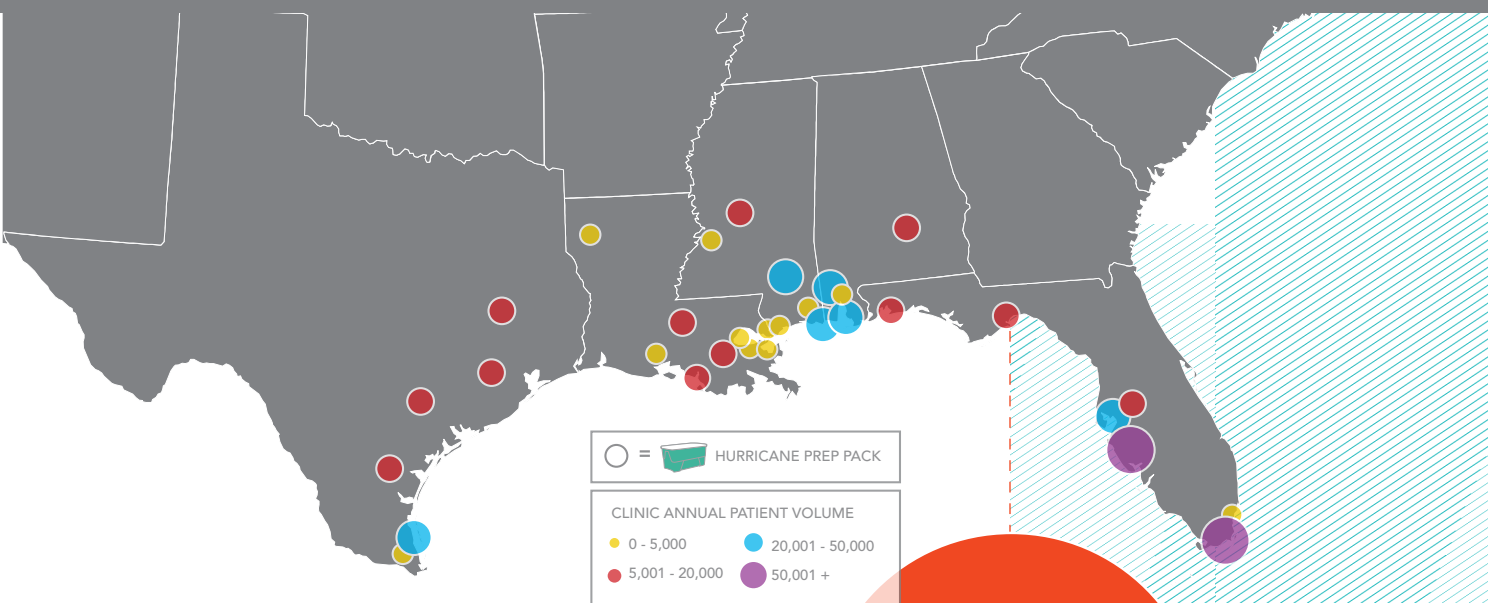
2010 PREPAREDNESS EFFORTS

Before the hurricane season began, Direct Relief USA delivered hurricane prep packs to **30 partner clinics in Alabama, Florida, Louisiana, Mississippi, and Texas.**

U.S. partner clinics that received prep packs were selected for their location, past experience with emergency response, vulnerability of patient population, and capacity to treat victims during a disaster.

At a wholesale value of **\$12,000 each** and stocked with enough materials to treat **100 patients for 3-5 days**, the packs help providers treat conditions ranging from basic trauma injuries to chronic illnesses.

Any prep pack contents remaining after hurricane season were absorbed into clinic inventories to assure that the resources would be utilized and benefit their uninsured patient populations.



PREP PACKS provided to U.S. clinic partners CONTAINED MEDICAL ITEMS TO TREAT 100 PATIENTS FOR 3-5 DAYS:

- ✓ Anti-infection and antibiotic medicines for injection, topical, and oral use
- ✓ Diabetes testing supplies including glucose meters, test strips, and lancets
- ✓ Insulin, insulin syringes, and oral medications for diabetes management
- ✓ Medications to treat hypertension
- ✓ Aspirin, acetaminophen, and other pain-management medicines
- ✓ Inhalers to treat patients with asthma
- ✓ Prescription drugs for the management of behavioral health conditions
- ✓ Emergency epinephrine doses for severe allergic reactions
- ✓ Medications for seizure control
- ✓ Medicines to prevent and treat eye infections
- ✓ Stethoscope, blood pressure cuffs, and exam gloves
- ✓ Gauze and elastic bandages for wound care

“In case of emergency, the packs would have been opened and used as the first line of relief to patients seeking assistance.”

— Catherine Russo, R.Ph., Pharmacist, Teche Action Clinic Family, Franklin, LA

Meanwhile, throughout the rest of hurricane alley...

Prepositioned hurricane modules prepare vulnerable Caribbean island nations

In 2010, Direct Relief placed **12 hurricane preparedness modules in Haiti, the Dominican Republic, and Jamaica**. Larger in scale than the prep packs and tailored to international health needs, the modules include a broad spectrum of medical material aid: water purification supplies, oral rehydration solution, basic medicines, and wound-care supplies.

The modules contain supplies to treat up to 1,000 people for one month for a variety of conditions, a provision that allows time to deliver additional emergency aid consignment. In Haiti in particular, already poor roads become impassible during a hurricane’s flooding rains and mudslides, cutting off humanitarian aid deliveries. With prepositioned materials, healthcare providers have critical supplies on hand during an emergency and patients continue to receive the care they need.

In response to the devastating earthquake that struck Haiti in January and left millions of people displaced, two additional modules were prepositioned in Port-au-Prince at Direct Relief’s Haiti warehouse this year. These modules will remain available for immediate deployment should a hurricane hit earthquake-affected areas.

Like the prep packs, a hurricane module’s contents can support the ongoing work of healthcare providers and can be readily absorbed into their regular stock if not needed for emergency response.



Equipping Medical Reservists Here at Home

“Grab and Go” Medicine for Local Emergency Response Volunteers

Direct Relief equips local Medical Reserve Corps (MRC) units to ensure that medical volunteers are ready and able to help during public health emergencies. The nearly 900 MRC units around the country are completely volunteer and members must provide their own supplies and equipment for use during emergencies.

At the request of the Public Health Department’s Office of Emergency Services, and with support from FedEx, **Direct Relief designed and provided 90 members of the Santa Barbara County MRC with custom preparedness kits.**

In FY2010, Direct Relief provided **125 backpacks to the Ventura County MRC unit**, and has plans to equip volunteers in Los Angeles County in FY2011.

The streamlined backpacks start at the basic level for an

emergency medical technician, and include more advanced products and supplies for nurses and physicians. Contents include first-aid supplies, medications, and diagnostic tools, and enable MRC members—trained, credentialed medical personnel—to support the work of first responders when an emergency strikes.

Designed to “grab and go,” the preparedness kits were created with input from other experienced emergency responders, including physicians from the UCLA School of Medicine, the University of Pittsburgh, emergency field physicians from Australian Aid International, and representatives from the Santa Barbara Public Health Department.

INFECTION CONTROL

critical in any emergency, particularly hurricanes and floods, during which waterborne illnesses are prevalent

- N95 PARTICULATE MASKS¹
- EXAM GLOVES
- HAND SANITIZER
- ANTIBIOTICS
- ANTIFUNGAL OINTMENT
- HYDROCORTISONE CREAM

DIAGNOSTICS

to quickly and accurately assess the condition of patients on-scene

- STETHOSCOPE²
- BLOOD PRESSURE CUFF
- OPHTHALMOSCOPE
- THERMOMETERS³

TRAUMA CARE

for open wounds most frequently associated with earthquakes

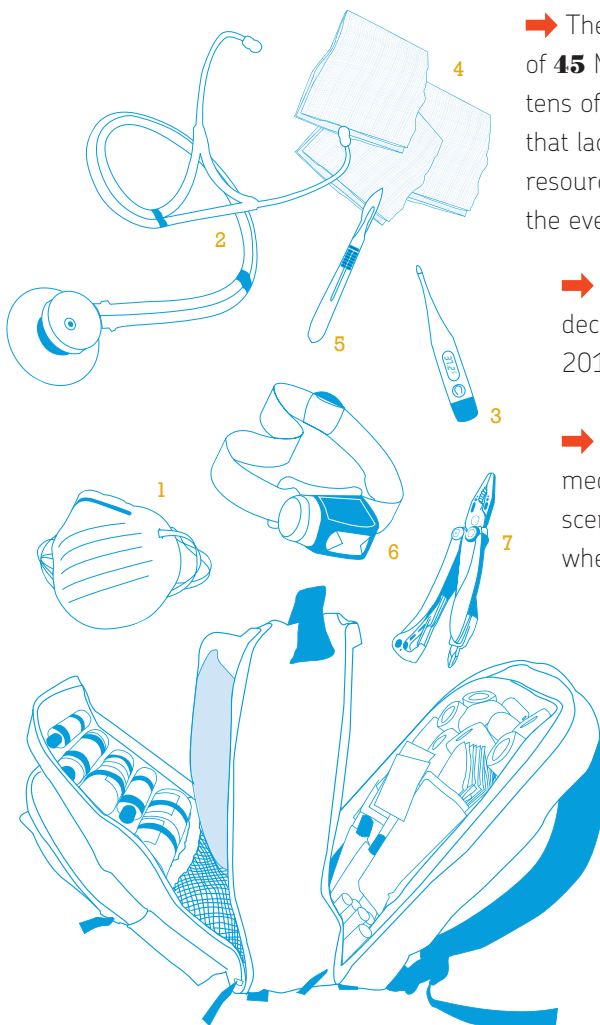
- GAUZE PADS AND BANDAGES⁴
- SCALPELS AND SHARPS CONTAINER⁵
- SUTURE KIT
- IODINE

PERSONAL PROTECTION

+ TOOLS to help first responders reach people trapped under debris after an earthquake or keep people warm and dry through a hurricane

- HEADLAMP AND WORK GLOVES⁶
- EMERGENCY BLANKETS
- PONCHOS
- COLD AND HEAT PACKS
- MULTI-TOOL AND DUCT TAPE⁷

MEETING A CRITICAL NEED.



➔ There are over **4,600** members of **45** MRC units in California and tens of thousands more nationwide that lack the appropriate medical resources necessary to mobilize in the event of an emergency.

➔ There were **79** federally-declared disasters in the U.S. in 2010, up from **59** in 2009.

➔ MRC members support the medical professionals first on-scene to treat injured people when a local emergency hits.

➔ **887** MRC units currently exist in the U.S., covering **72.6%** of the country’s area and **89.5%** of the **255.1** million people in the U.S.



PREPARING CALIFORNIA

ROBERT A. EPLETT / CAL EMA

Working with the State of California to Respond Better

On May 18-19, 2010, Cal EMA officials participated in the Golden Guardian 2010 Exercises throughout California. The exercises portrayed mock terrorist attacks and State/local emergency response to those attacks. Here, Direct Relief Director of Emergency Preparedness and Response Brett Williams (far left) helps coordinate the mock response from the State Operations Center.

Direct Relief USA plays an integral part in California's Standardized Emergency Management System through partnership with the California Emergency Management Agency (Cal EMA). This allows us to further represent clinics, health centers, and public health officials by anticipating and addressing their material resource needs during an emergency.

Working with Cal EMA—due to our expertise in medical product distribution and our relationships with the country's leading pharmaceutical and medical manufacturers—Direct Relief leads the distribution of donated medical resources to front-line health providers during an emergency for the Business and Utility Operations Center (BUOC). The BUOC engages private industry during emergencies, and includes representatives from Target, Wal-Mart, Home Depot, Lowes, the California Utilities Emergency Association, San Francisco Helicopters, the California Resiliency Alliance, and the California Grocers Association.

Working with Cal EMA,

Direct Relief leads the distribution of donated medical resources to front-line health providers during an emergency in California.

ROBERT A. EPLETT / CAL EMA





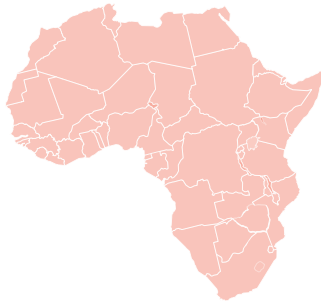
OUT

PART



INTERNS

AFRICA



\$ 82,429,171

12,618,626 DDD*

574,133 lbs.

71,949 cu. ft.

BENIN

- Hôpital Evangélique Bembereke

BOTSWANA

- Baylor Pediatric Aids Clinic

BURKINA FASO

- Association Dounia Solidarite
- Centre Hospitalier Univeritaire Sanou-Sourou
- Jeremi Association

BURUNDI

- Ministry of Health

CAMEROON

- Bawambi & Bros Enterprise
- Cameroon Baptist Convention Health Board
- Help Medical Foundation
- Holy Trinity Foundation Hospital
- Kolofata District Hospital
- Ministry of Health
- Oeuvre De Santé De L'eglise Evangélique Luthérienne de Cameroun
- Quality Healthcare Unit Shemka Foundation
- Rural Community Medical Foundation
- Tokombere Hospital
- Tropical Medicine Research Center

COTE D'IVOIRE

- Hope Worldwide Cote d'Ivoire

DEMOCRATIC REPUBLIC

- CONGO
- Action De Lutte Contre La Pauvreté et las Maladies Transmissibles
- Aungba Health Zone
- Heal Africa
- Health and Development Over the Land Committee
- Inter Church Medical Assistance
- PROLHAVIC
- UNC DRC PMTCT Project

ETHIOPIA

- Addis Ababa Fistula Hospital
- African Services Committee
- Menschen Fur Menschen
- Ministry of Health, Hareg Project

GHANA

- German Rotary Volunteer Doctors
- King's Medical Center
- Komfo Anokye Teaching Hospital
- Marie Stopes Ghana
- Nana Hema Dekyi Government Hospital
- SAMORGHEP/Maranatha Health Services

GUINEA

- Ministry of Health

KENYA

- Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH)
- AMREF Kenya
- Catholic Medical Mission Board
- Crescent Medical Aid
- Elizabeth Glaser Pediatric AIDS Foundation
- Family Health International
- International Medical Corps
- Jamaa Mission Hospital
- Kenya Medical Research Institute Family AIDS Care
- Marie Stopes Kenya
- Mariira Catholic Dispensary
- Matata Nursing & Maternity Hospital
- Matibabu Foundation
- Meru Hospice
- Moi Teaching and Referral Hospital
- National Aids and STI Control Program
- Network of Aids Researchers in East and South Africa
- OGRA Foundation
- Pathfinder International
- St. Joseph's Mission Hospital Nyabondo
- United States Military HIV Program
- University Of Nairobi
- Viagenco Hospice and Integrated Care and Support Program

LIBERIA

- Christian Aid Ministries
- ELWA Hospital
- JFK Medical Center
- Ministry of Health and Social Welfare

MADAGASCAR

- Marie Stopes Madagascar

MALAWI

- Banja La Mtsogolo, Marie Stopes Malawi
- Baylor College of Medicine Children's Foundation
- College of Medicine
- Family Health International
- Montfort Mission Hospital
- Mulanje Mission Hospital
- Partners in Health
- Partners in Hope
- Queen Elizabeth Central Hospital
- Trinity Mission Hospital

MALI

- Global Alliance to Immunize Against AIDS Vaccine Foundation
- L'Hopital les Femmes et les Enfants
- TurtleWill

MOZAMBIQUE

- Elizabeth Glaser Pediatric AIDS Foundation
- Health Alliance International

NIGER

- Health Care Improvement Project
- Nomad Foundation
- TurtleWill

NIGERIA

- Campaign for AIDS Research
- Catholic Medical Mission Board
- Family Health International
- Finemed Diagnostic Foundation
- HIV/Aids Support Organization
- Life Eva Project
- Marie Stopes Nigeria
- Ministry of Defense
- The Ecwa Aids Ministry

RWANDA

- CHF/Community HIV/AIDS Mobilization Program (CHAMP)
- Ministry of Health, Treatment and Research AIDS Center
- Partners in Health

SENEGAL

- USAID Senegal

SIERRA LEONE

- Marie Stopes Sierra Leone
- Medical Research Centre (MRC)
- Ndegborme Development Association
- Ndegborme Development Organization
- UNICEF

SOMALILAND

- Edna Adan Maternity and Teaching Hospital
- Hargeisa Hospital

SOUTH AFRICA

- Camdeboo Hospice
- Chatsworth Hospice
- Department Of Health Provincial Administration
- Escourt Hospice
- Good Samaritan Hospice
- Good Shepherd Hospice
- Grahamstown Hospice
- Highway Hospice
- Howick Hospice
- Ingwavuma Orphan
- Msunduzi Hospice
- Perinatal HIV Rese
- South Coast Hosp
- St. Bernard Hosp
- St. Francis Hosp
- Sunshine Coast
- Transkei Hospic
- Verulam Hosp
- Zululand Hosp

SUDAN

- National Health Training AMCEF Sudan

SWAZILAND

- Ministry of Health

TANZANIA

- African Medical a Foundation
- Bugando Medic
- Dr. Atman Hos
- Elizabeth Glas Foundation
- Huruma Des Services
- Karagwe De
- Marie Stor
- Marie Sto
- Mkurang
- Mpanda
- Naman
- Sumba
- Tanza
- Deve
- Org

TOGO

- M
- O

U

-
-

- JF Kapnek Charitable Trust
- Ministry of Health & Child Welfare
- Population Services Zimbabwe
- Salvation Army Howard Hospital
- Seke Rural Home Based Care
- United Methodist Church Hospitals
- Zimbabwe AIDS Care Foundation
- Zimbabwe Association of Church Related Hospital

- Family Health International
- Himalayan Health Care
- National Center for Aids Control
- Family Health International
- Shahid Gangalal National Heart Center

SOUTH ASIA



\$ 4,642,134

₹ 1,416,768 DDD*

⚖️ 146,848 lbs.

📦 14,186 cu. ft.

AFGHANISTAN

- Afghan Health and Development Services
- Afghan Institute of Learning
- Afghan Reconstructive Surgery and Burn Center
- Afshar Hospital
- Aga Khan Health Services, Bamyan Province Referral Hospital
- Jamaludin Wardak Clinic
- Marie Stopes Afghanistan

BANGLADESH

- Cox's Bazar Hospital for Women and Children
- Marie Stopes Bangladesh
- Sangkalpa Trust
- Shidhulai Swanirvar Sangstha

INDIA

- Amrit Davaa World Health
- Aravind Eye Hospital
- Calcutta Rescue
- Deenanath Mangeshkar Hospital
- Amrita Institute of Medical Sciences (AIMS)
- Meenakshi Mission Hospital
- Pasam Trust
- PRASAD Chikitsa
- Shree Bidada Sarvodaya Trust
- Sri Narayani Hospital and Research Center
- Sri Ramakrishna Math
- Sri Sathya Sai Medical Trust
- The George Foundation
- Vishranthi Caritable Trust
- Wanless Hospital

NEPAL

- Adventist Development and Relief Agency

PAKISTAN

- American Refugee Committee
- Bethania Hospital
- Marafe Foundation
- Marie Stopes Pakistan
- Murshid Hospital and Health Care Centre
- Pakistan Institute of Phrosthesis and Orthopedic Sciences

SRI LANKA

- Batticaloa Teaching Hospital

EAST & SOUTHEAST ASIA



\$ 8,039,791

₹ 1,943,371 DDD*

⚖️ 202,485 lbs.

📦 20,447 cu. ft.

CAMBODIA

- Angkor Hospital for Children by Friends Without a Border
- Cambodian Children's Fund
- Marie Stopes Cambodia Mongkul Borei Hospital
- Sihanouk Hospital Center of HOPE

CHINA

- One HEART
- Rashu Township Clinic

EAST TIMOR

- Australian Aid International

FIJI

- Loloma Foundation
- Savusavu Community Foundation Gabon
- Gabon Aids/Hiv Assistance Program
- Ministry & Health

INDONESIA

- Health and Harmony
- Muhammadiyah
- The Sumba Foundation
- Yayasan Bumi Sehat

LAOS

- Health Frontiers

ng Institute /

and Research

al Centre

spital

er Pediatric AIDS

signed District Hospital

velopment and Relief

pes International

pes Tanzania

ja Hospital & Health Centers

District Hospital

yere Hospital

awanga Regional Hospital

nia Women Social Economic

velopment and Human Rights

anization

GO

ministry Of Health

CV-Togo/CMS-Solidarité

UGANDA

■ AMREF Uganda

■ Baylor College of Medicine Children's Foundation

■ Elizabeth Glaser Pediatric AIDS Foundation

■ Friends of Christ Revival Ministries

■ Hospice Africa Uganda

■ Joy Hospice

■ Kawempe Health Centre

■ Kawempe Home Care Initiative

■ Makerere University Johns Hopkins University

■ Marie Stopes Uganda

■ Rakai Community Based Health Project

■ Rays of Hope Hospice

■ Rugendebara Foundation for Health and Rural Development

■ Uganda Reproductive Health Bureau

ZAMBIA

■ Boston University Center for International Health

■ Centre for Infectious Disease Research in ZAMBIA

■ Kawambwa Hospital

■ Lubwe Mission Hospital

■ Mambilima Mission Hospital

■ Mansa General Hospital

■ Marie Stopes Zambia

■ Mbereshi Mission Hospital

■ Samfya District Hospital

■ St. Francis Mission Hospital

■ St. Paul's Mission Hospital

■ Zambia Helper's Society

ZIMBABWE

■ Harare Central Hospital

■ Island Hospice Service

vincial

e (Cradock)

e

e

Care

arch Unit

ice

ice

ice

ice

Hospice

ce

ice

ice

ice

- Sayaboury Primary Health Care Project
- SFE Luang Namtha
- SFE Vientiane
- SEDA-Laos

MYANMAR

- Marie Stopes Myanmar

NORTH KOREA

- EugeneBell Foundation

PAPUA NEW GUINEA

- Kiunga General Hospital

PHILAPPEANS

- IDC Foundation Indigenous Development Foundation
- Philos Health
- Reyes-Villanueva Medical Relief

SOLOMAN ISLANDS

- Loloma Foundation-Solomon Islands

THAILAND

- Earth Mission
- Global Health Access Program
- Shoklo Malaria Research Unit

VANUATA

- Vila Central Hospital

VIETNAM

- Bui Thi Xuan Charity Clinic
- Chi Lang Charity Clinic
- Kim Long Charity Clinic
- Kim Long Minor Surgery Clinic
- Lepers of Kontum Charity Clinic
- Lovers of the Holy Cross
- Marie Stopes Vietnam
- Ong Ich Khiem Charity Clinic

LEBANON

- ANERA

ROMANIA

- Christian Aid Ministries Romania

WEST BANK/GAZA

- ANERA
- St. John Eye Hospital

YEMEN

- Marie Stopes Yemen

LATIN AMERICA



\$ 26,456,476

12,255,906 DDD*

724,436 lbs.

57,111 cu. ft.

- Linden Hospital
- Mahaicony District Hospital
- Ministry of Health
- New Amsterdam Hospital
- Port Mourant Hospital
- St. Joseph's Mercy Hospital
- Suddie Hospital

HONDURAS

- Alabama Honduran Medical Education Network
- Global Medical Brigades
- Hacienda Cristo Salva
- Honduran Health Exchange
- HOPE Worldwide Honduras
- Proyecto Aldea Global
- Siempre Unidos

MEXICO

- AeroMedicos
- CASA
- Fundacion SEE Interna
- Potter's Clay

NICARAGUA

- American Nicaraguan
- Asociacion Pro Nino de Nicaragua
- Christian Aid Ministries
- Hospital Infantil M La Mascota
- Nicaraguan Child

PERU

- Arzobispado de
- Carlos Hedree
- Hospital Depo Huancavelica
- Hospital Re
- Real Medic

VENEZUELA

- Turimiqu

BOLIVIA

- Centro Medico Vivir con Diabetes
- Proyecto de Salud del Rio Beni

ECUADOR

- Junta de Beneficencia de Guayaquil

EL SALVADOR

- Benjamin Bloom Children's Hospital
- FUDEM
- FUSAL
- OEF El Salvador

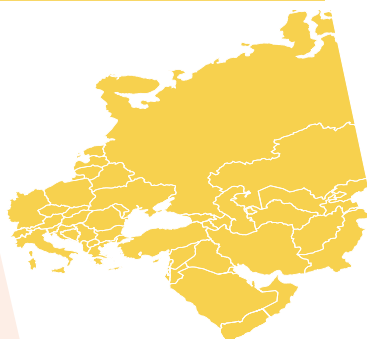
GUATEMALA

- Association of Health Promoters
- Caritas Arquidiocesana
- Embajada de la Soberana Orden Militar de Malta
- Fundacion Ayudame a Vivir
- Unidad Nacional
- Glens Falls Medical Mission
- God's Child Project Asociacion Nuestros Ahijados
- Presbiterio Kaqchikel Clinica
- Medica y Psicologica
- Xela Aid

GUYANA

- Bartica Hospital
- Davis Memorial Hospital

EUROPE & MIDDLE EAST



\$ 6,079,082

1,843,403 DDD*

149,417 lbs.

12,459 cu. ft.

ARMENIA

- Health Ministry of Armenia
- Karabagh Health Ministry

ISRAEL

- ANERA
- SJEH

Our

FISCAL YEAR 2010

\$ > Total Wholesale Value

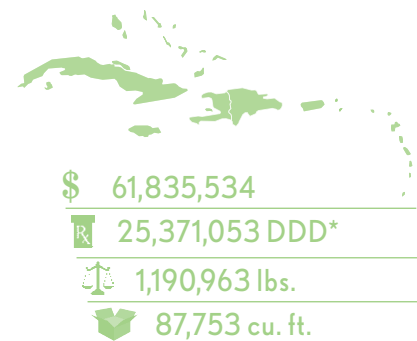
*Defined Daily Dose (DDD) is the WHO Collaborating Centre's defined daily dose per day for a drug.

PARTNERS

Ⓜ > Defined Daily Dose*
 ⚖ > Total Weight (in pounds)
 📦 > Total Volume (in cubic feet)

Note: The Defined Daily Dose (DDD) is a measure of drug utilization developed by the World Health Organization (WHO) and maintained by the Norwegian Center for Drug Statistics Methodology at the University of Norway in Oslo. The DDD value indicates "the assumed average maintenance dose used for its main indication in adults." It is intended as an international average, for the sake of standardization and comparison between national contexts, not as a guide to actual prescriptions. For more information: <http://www.whocc.no/ddd>.

CARIBBEAN



DOMINICAN REPUBLIC

- Association of the Order of Malta
- Batey Relief Alliance
- Fundacion Cruz Jiminian
- Health Care Education Partnership
- Hogar del Nino
- Movimiento Socio Cultural Para Los Trabajadores Haitianos
- Obispado de Puerto Plata

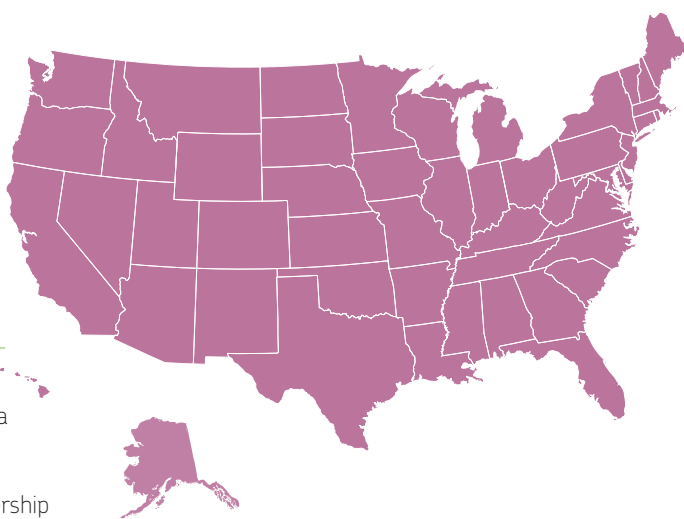
HAITI

- Archeveche du Cap Haitien
- Asile Communal
- Christian Aid Ministries
- Food For the Poor
- Hospital Albert Schweitzer Haiti
- Hospital Justinien
- Partners in Health
- Saint Damien Pediatric Hospital
- Visitation Hospital Foundation

JAMAICA

- Food For The Poor
- Jamaica Humanitarian Dental Mission
- Missionaries of the Poor
- St. Vincent
- Asthma Clinic of St. Vincent and the Grenadines
- Milton Cato Memorial Hospital

U.S.A.



DIRECT RELIEF WORKS WITH MORE THAN **1,100** CLINICS AND HEALTH CENTERS IN EVERY STATE, WASHINGTON D.C., AND PUERTO RICO.

→ GO TO www.DirectRelief.org/USA to learn more about these safety-net providers and their dedicated efforts to keep low-income communities healthy.

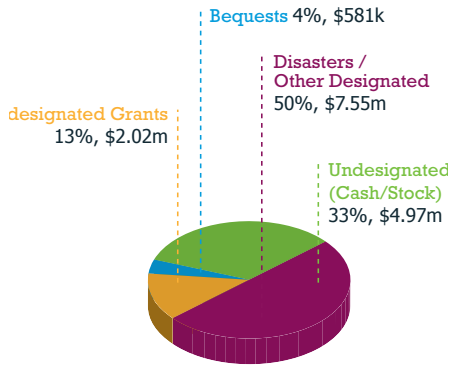


CFO Bhupi Singh and Inventory Control Associate Jesse Carrieri work in Direct Relief's SAP enterprise software to streamline warehouse operations. The goal is simple: to deliver better-targeted humanitarian aid faster to people not served by conventional markets.

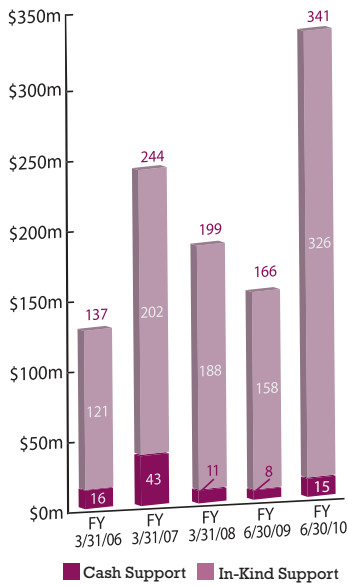


*Introduction & Certification of **Financial Statements***

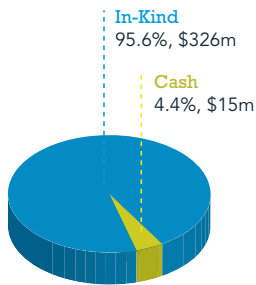
Direct Relief International had a **very strong Fiscal Year 2010** in all areas of our activities and finances. We received a record **\$341 million in public support** and provided a record **\$247 million in assistance** around the world. Despite the economic downturn, Direct Relief's financial position and balance sheet continues to be strong **thanks to steadfast support from our generous donors and Board of Directors.** →



2010 Sources of Cash Support & Revenues: \$15.1 million



2010 Contributed Support: \$341 million



Cash and In-Kind Contributions

Direct Relief's financial statements must account for both cash and in-kind contributions (primarily medical products) that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2010, 95.6 percent of our total public support of \$341 million was received in the form of in-kind medical products and certain other donated services (such as transportation services from FedEx, online advertising from Google, donated services from the GSK PULSE Partnership Program). The previous pages explain where and why these in-kind medical products were provided by the organization.

We recognize that merging cash and in-kind contributions in accordance with Generally Accepted Accounting Principles (GAAP) can be confusing to non-accountants. The notes following the financial statements are to assist you in understanding how our program model is financed and works, to explain the state of our organization's financial health, and to inform you about how we spent the money generously donated to Direct Relief in Fiscal Year 2010 by individuals, businesses, organizations, and foundations.

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

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



Timing of Revenue Recognition and Expenses

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

In the fiscal year ended June 30, 2010, Direct Relief received a large infusion of product donations. When the fiscal year ended, the product inventories that had not been "spent" were reported as an increase in net assets or a "surplus." This increase in net assets will be carried forward and "spent" during the course of Fiscal Year 2011. This could result in a decrease in net assets (or net operating "loss") in Fiscal Year 2011 which would be primarily driven by a decrease in inventory as Direct Relief ships more in humanitarian aid than it potentially receives in product donations.

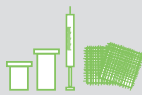


Administrative Expenses

As explained below, the Direct Relief Foundation pays for all the administration and fundraising expenses of the organization through monthly Board-approved transfers of funds to Direct Relief. In addition, our organization has adopted a strict policy to ensure that 100 percent of all designated contributions (e.g. donations for the "Haiti earthquake") are used only on expenses directly related to that purpose. We have used similar policies for all of our disaster responses in the last few years, including the Myanmar Cyclone, the Indian Ocean tsunami, Hurricanes Katrina and Rita, and earthquakes in Pakistan, Peru, China and Chile.

Consistent with this policy, all administration expenses, including banking and credit-card processing fees associated with simply receiving these disaster and other designated contributions, were absorbed by the Foundation as discussed above. 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.



Valuation of In-Kind Medical Materials

Accounting standards require Direct Relief to use a “fair market value” to value donations of in-kind medical products. We continue to use the wholesale prices published by independent, third-party sources for valuation whenever possible. Specifically for donations of U.S. Food and Drug Administration (FDA)-approved branded and generic pharmaceutical products, the valuation basis for product values is the “Wholesale Acquisition Price” (WAC) as published by Thomson Reuters in the Red Book. The Red Book is an industry recognized drug and pricing reference guide for pharmaceuticals in the United States.

This principle of using the WAC is always applied, distinguishing generic pharmaceuticals from brand name products as the valuation for generics is almost always much lower. For non-FDA-approved pharmaceuticals the organization undertakes efforts to identify a wholesale value using independent pricing guides related to the specific product by the specific manufacturer, the price paid by a third-party buyer, or some other reasonable basis.

For used medical equipment, the organization determines wholesale value by reviewing the price of similar equipment listed for sale in trade publications and online pricing. 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. Another way to achieve a higher valuation would be to use branded product values for generic donations. However, we believe that a conservative approach is best to instill public confidence and provide the most accurate, easy-to-understand basis for our financial reporting.

Direct Relief Foundation and the Board-Restricted Investment Fund

In 1998, Direct Relief’s Board of Directors established a Board-Restricted Investment Fund (BRIF) to help secure the organization’s financial future and provide a reserve for future operations. The BRIF, established with assets valued at \$774,000, draws resources from Board-designated unrestricted bequests and gifts, returns on portfolio assets, and operating cash surpluses (measured annually) in excess of current operational needs. There was no operating cash surplus for the year ended June 30, 2010.

In October 2006, the Direct Relief Foundation was formed and incorporated in the State of California as a separate, wholly controlled, supporting organization of Direct Relief International. Effective April 1, 2007, assets in the BRIF were transferred to the Foundation. The Foundation’s investments are managed by the Commonfund Strategic Solutions Group, an investment firm under the direction of the Board’s Finance Committee, which meets monthly and oversees investment policy and financial operations.

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

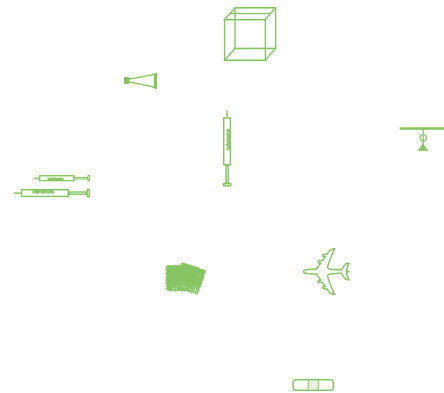
To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The organization targets a diversified asset allocation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

The Foundation has a policy of

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

As of June 30, 2010, the total funds held in the Foundation were valued at \$29.1 million. Of this amount, the BRIF held \$28.4 million. During the current fiscal year, \$2.8 million was distributed to cover all fundraising and administration costs, and \$844,000 covered implementation costs for additions and enhancements to the organization’s enterprise-resource planning IT platform.

Finally, we note that our organization’s independently audited financial activities were also reviewed by an audit committee, one member of which is independent and not a director of the organization. This additional level of independent review is required under California law.




THOMAS TIGHE,
President & CEO


BHUPI SINGH,
COO & CFO

Combined Statement of Activities

Direct Relief International & Direct Relief Foundation

For the fiscal years ending June 30, 2010, and June 30, 2009

2010

2009

\$ IN THOUSANDS

PUBLIC SUPPORT & REVENUE

Public Support

Contributions of goods and services	\$ 325,960	95.0%	\$ 157,869	101.3%
Contributions of cash and securities—other	14,938	4.4%	8,164	5.2%
TOTAL PUBLIC SUPPORT	340,898	99.4%	166,033	106.6%

Revenue

Earnings from investments and other income	2,099	0.6%	(10,262)	-6.6%
TOTAL PUBLIC SUPPORT AND REVENUE	342,997	100.0%	155,771	100.0%

EXPENSES

Program Services

Value of medical donations shipped	244,643		147,892	
Inventory adjustments (expired pharmaceuticals, etc.)	12,770		13,480	
Disaster relief—other	1,755		818	
Domestic programs	2,444		6,844	
International programs	8,359		1,797	
TOTAL PROGRAM SERVICES	269,971	78.7%	170,831	109.7%

Supporting Services

Fundraising	1,560		987	
Administration	2,173		2,225	
TOTAL SUPPORTING SERVICES	3,733	1.1%	3,212	2.1%

TOTAL EXPENSES

TOTAL EXPENSES	273,704	79.8%	174,043	111.7%
-----------------------	----------------	--------------	----------------	---------------

INCREASE (DECREASE) IN NET ASSETS

INCREASE (DECREASE) IN NET ASSETS	\$ 69,293	20.2%	\$ (18,272)	-11.7%
--	------------------	--------------	--------------------	---------------

Combined Statement of Cash Flows

Direct Relief International & Direct Relief Foundation

For the fiscal years ending June 30, 2010, and June 30, 2009

2010

2009

\$ IN THOUSANDS

CASH FLOWS FROM OPERATING ACTIVITIES

Cash collected from public support	\$ 14,810	\$ 7,678
Cash paid for goods and services	(13,911)	(10,993)
Dividend and interest income	514	578
Other income (expense)	-	2
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,413	(2,735)

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of investments	(21,227)	(25,554)
Proceeds from sale of investments	19,576	34,758
Purchase of capital assets	(1,055)	(1,125)
Unitrust distributions	(2)	(11)
NET CASH USED BY INVESTING ACTIVITIES	(2,707)	8,068

CASH FLOWS FROM FINANCING ACTIVITIES

Payments on mortgage	-	-
Payments on capital lease obligation	(3)	(4)
NET CASH USED FOR FINANCING ACTIVITIES	(3)	(4)

NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(1,297)	5,329
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	8,606	3,277
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 7,309	\$ 8,606

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

Change in net assets	\$ 69,293	\$ (18,272)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	\$ 556	\$ 524
Change in inventory	(67,163)	3,802
Change in receivables	(311)	(485)
Change in prepaid expenses and other assets	(8)	(710)
Change in accounts payable and accrued expenses	438	1,501
Loss on disposal of fixed assets and other assets	(4)	-
Realized (gain)/loss on sale of investments	(736)	6,632
Unrealized (gain)/loss on investments	(652)	4,273
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 1,413	\$ (2,735)

Statement of Financial Position

For the fiscal years ending June 30, 2010, and June 30, 2009

DRI 2010
(includes DRI
South Africa)

Direct Relief
Foundation
2010

Total
June 2010

June 2009

\$ IN THOUSANDS

ASSETS

Current Assets

Cash and cash equivalents	\$ 4,833	\$ 2,476	\$ 7,309	\$ 8,606
Investments	4	25,954	25,958	22,899
Inventories	111,110	-	111,110	43,947
Other current assets	249	-	249	349
TOTAL CURRENT ASSETS	116,196	28,430	144,626	75,801

Other Assets

Property and equipment	6,368	-	6,368	5,872
Remainder unitrusts	-	-	-	-
Pledged bequests	-	677	677	268
Other assets	-	-	-	3
TOTAL OTHER ASSETS	6,368	677	7,045	6,143

TOTAL ASSETS

\$ 122,564	\$ 29,107	\$ 151,671	\$ 81,944
-------------------	------------------	-------------------	------------------

LIABILITIES AND NET ASSETS

Current Liabilities

Payables and other current liabilities	\$ 1,309	-	\$ 1,309	\$ 869
Current portion of long-term debt	3	-	3	5
TOTAL CURRENT LIABILITIES	1,312	-	1,312	874

Other Liabilities

Long-term debt	1,400	-	1,400	1,400
Capital lease obligation	-	-	-	3
Distribution payable	7	-	7	8
TOTAL OTHER LIABILITIES	1,407	-	1,407	1,411

TOTAL LIABILITIES

2,719	-	2,719	2,285
--------------	----------	--------------	--------------

NET ASSETS

Unrestricted net assets

Board-Restricted Investment Fund (BRIF)	-	29,082	29,082	30,235
Undesignated	115,019	(1,448)	113,571	47,163
TOTAL UNRESTRICTED NET ASSETS	115,019	27,634	142,653	77,398

Temporarily restricted assets

Temporarily restricted assets	4,826	1,448	6,274	2,236
-------------------------------	-------	-------	-------	-------

Permanently restricted assets

Permanently restricted assets	-	25	25	25
-------------------------------	---	----	----	----

TOTAL NET ASSETS

119,845	29,107	148,952	79,659
----------------	---------------	----------------	---------------

LIABILITIES AND NET ASSETS

\$ 122,564	\$ 29,107	\$ 151,671	\$ 81,944
-------------------	------------------	-------------------	------------------

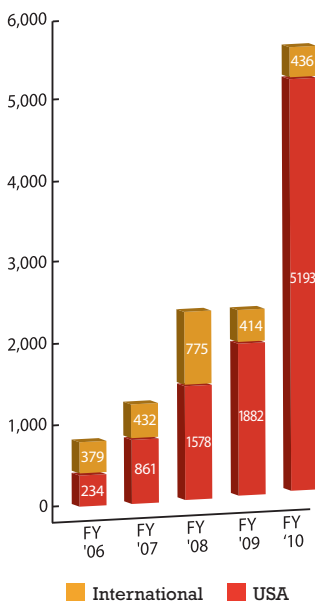
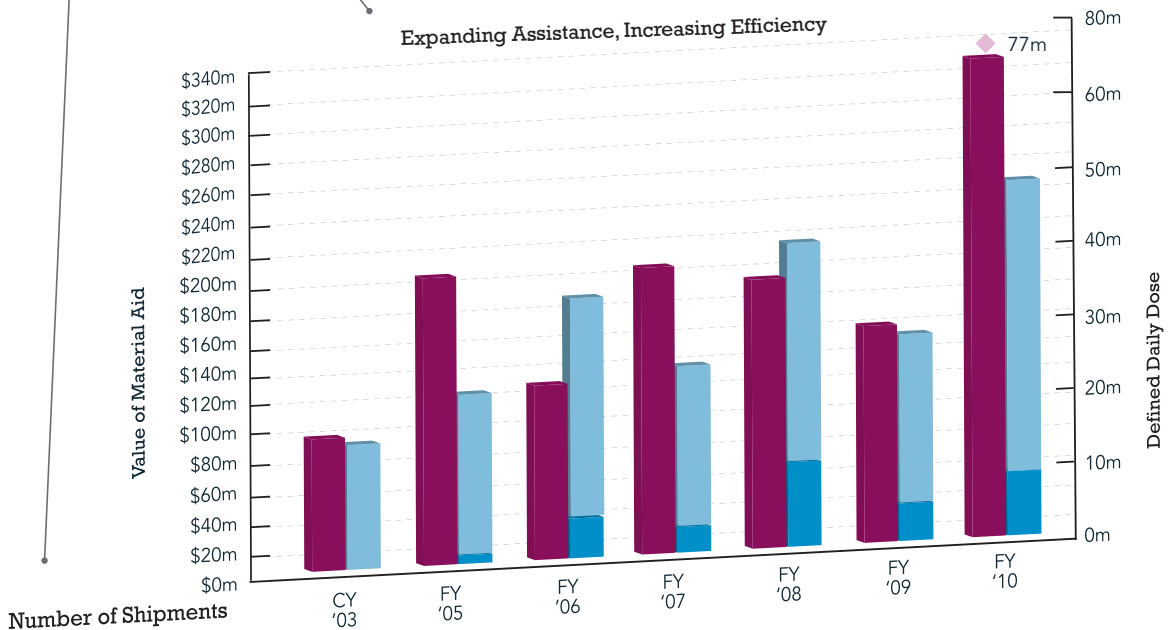
Notes to the FINANCIALS

FISCAL YEAR RESULTS

The overall assistance furnished by Direct Relief in Fiscal Year 2010 was a record \$247 million. Direct Relief received no governmental assistance. All resources were obtained from private sources. In the fiscal year ending June 30, 2010, Direct Relief provided 5,629 shipments of humanitarian medical material aid including pharmaceuticals, medical supplies, and medical equipment. The more than 1,930 tons (just under 3,900,000 pounds) of material aid were furnished to local health programs in 61 countries, including the United States, and had a wholesale value of \$245 million. The materials contained in these aid shipments were sufficient to provide 77.4 million Defined Daily Doses. In addition, the organization provided \$2.23 million in the form of cash grants to dozens of locally run health programs in areas affected by the January 2010 earthquake in Haiti, the April 2010 earthquake in China, the May 2008 Myanmar cyclone, the December 2004 Indian Ocean tsunami, and numerous other partners providing health services in other non-disaster areas.

GRAPHS #1, #2

Expanding Assistance, Increasing Efficiency



■ In-Kind Support Received
 ■ International
 ■ USA
 ◆ Defined Daily Dose
— Direct Relief—Furnished Assistance

Defined Daily Dose

The Defined Daily Dose (DDD) is a measure of drug utilization developed by the World Health Organization (WHO) and maintained by the WHO Collaborating Center for Drug Statistics Methodology at the University of Norway in Oslo. Direct Relief adopted this new metric for FY2010 as a measure of pharmaceutical aid provided. Comparable numbers from prior years are not available. The DDD value indicates "the assumed average maintenance dose per day for a drug used for its main indication in adults." It is intended as an international average, for the sake of standardization and comparison between national contexts, not as a guide to actual prescriptions. For more information: www.whocc.no/ddd.

COMPARISON TO PREVIOUS YEAR'S RESULTS

All financial statements presented in this report show both the results for Fiscal Year 2010 and those of Fiscal Year 2009 for comparison purposes.

LEVERAGE

In Fiscal Year 2010, for every \$1 contributed and spent for our core medical assistance program (excluding emergency response), the organization provided \$24.4 worth of wholesale medical material assistance. These program expenses totaled \$7.8 million. The expenditure of these funds enabled Direct Relief to furnish \$190 million (wholesale value) of medical material resources to 61 countries for the support of ongoing health needs.



CASH GRANTS

In addition to the core medical material assistance program, Direct Relief also provided financial assistance of \$2.23 million through cash grants. The majority of these grants (approximately \$1.4 million) were made from designated contributions received in this and past fiscal years for the January 2010 earthquake in Haiti, the April 2010 earthquake in China, the Myanmar cyclone in 2008, Indian Ocean tsunami of 2004, and numerous other partners providing health services in other non-disaster areas.

The organization incurred \$1.9 million in cash expenditures this fiscal year for the Haiti earthquake response, of which \$669,000 was in the form of cash grants to support essential recovery efforts conducted by local, grassroots non-governmental and community groups in Haiti. As of June 30, 2010, the organization had spent over 30 percent of the funds received for this purpose.

STAFFING

These activities were accomplished by a staff which, as of June 30, comprised 52 positions (47 full-time, 5 part-time). Measured on a full-time equivalent (FTE) basis, the total staffing over the course of the year was 49.6. This figure is derived by dividing the total hours worked by 2,080, the number of work hours of a full-time employee in one year. Two persons each working half-time, for example, would count as one FTE.

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



HIGH-IMPACT VOLUNTEERING

Direct Relief has teamed up with GlaxoSmithKline through the PULSE Volunteer Partnership, an initiative that empowers **GSK employees to make a sustainable difference for communities and patients in need**. Since the program began in 2009, 25 volunteers have been given an opportunity to use their professional skills and knowledge in areas such as project management,

clinical health, and logistics and supply chain management, during a three- or six-month immersion experience with Direct Relief. Volunteering in under-served communities in India, Kenya, South Africa, Uganda and the U.S., volunteers like Olga Peñacorada-Cillero and Randy Easterly (above) collaborate to address a clear need while developing their own leadership capabilities.



TO LEARN MORE about PULSE, visit

www.directrelief.org/SupportUs/CorporateGiving/PulseVolunteerProgram.aspx

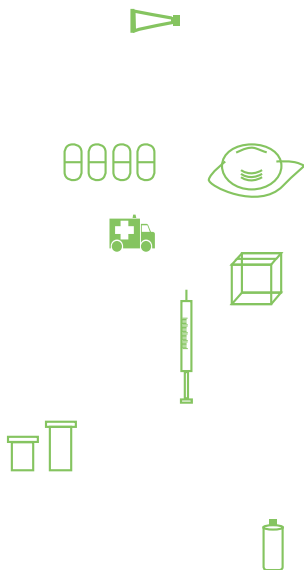
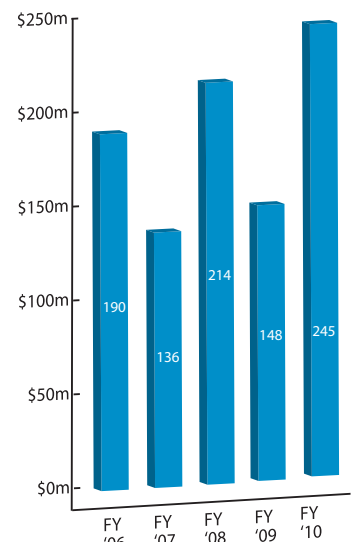
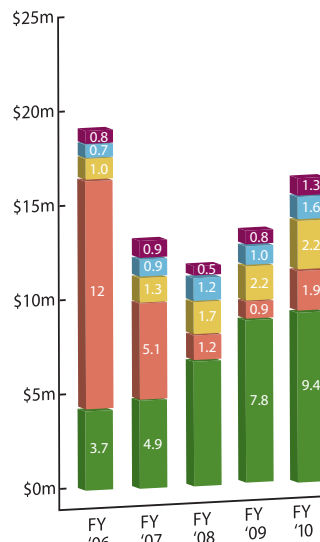
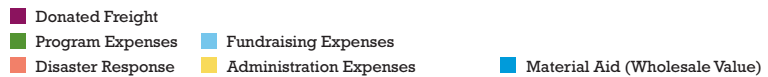
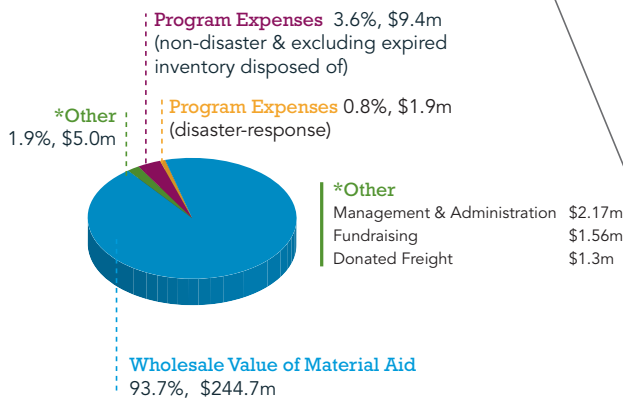
PROGRAM EXPENSES

In Fiscal Year 2010, Direct Relief's cash expenditures on program activities totaled \$11.42 million, \$2.89 million of which paid for salaries, related benefits (health, dental, long-term disability insurance, and retirement-plan matching contributions), and mandatory employer paid taxes (Social Security, Medicare, workers' compensation, and state unemployment insurance) for 28 full-time and six part-time employees engaged in programmatic functions.

PROGRAM EXPENSES ALSO INCLUDED:

- Cash grants to partner organizations (\$2.23 million, of which \$669,000 was for Haiti earthquake relief, \$207,000 was for the Myanmar cyclone relief, \$65,000 was for tsunami relief, \$130,000 for China earthquake relief, and numerous other partners providing health services in other non-disaster areas)
- Ocean/air freight and trucking for outbound shipments to partners, in-country transportation and inbound product donations (\$3.2 million, of which \$1.3 million was donated)
- Travel for oversight and evaluation (\$363,000); contract services (\$1.7 million, of which \$600,000 was donated); packing materials and supplies (\$253,000); and disposal costs for expired pharmaceuticals (\$51,000)
- The value of expired products disposed of (\$12.77 million)
- A pro-rata portion of other allocable costs (see page 49)

GRAPH #4, #5



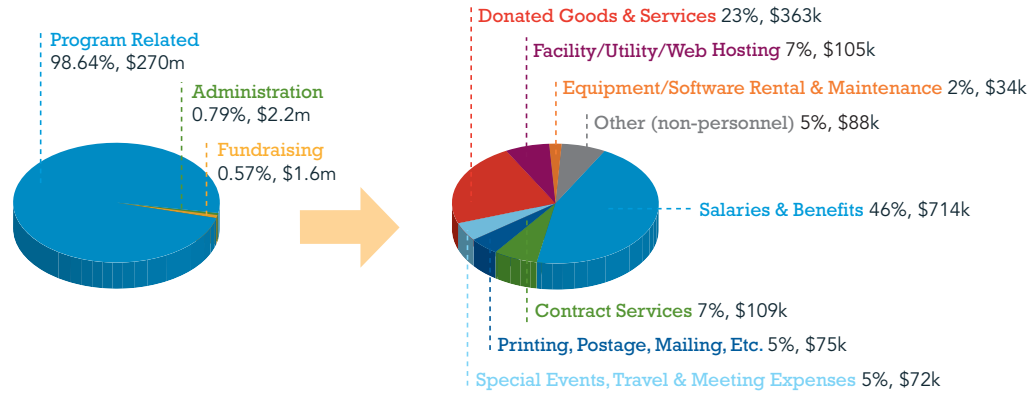
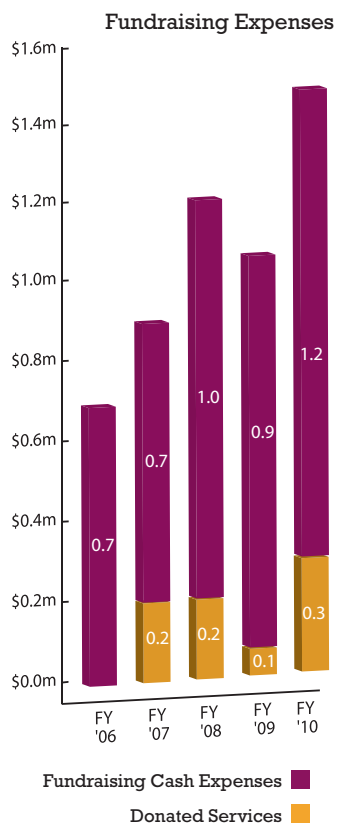
FUNDRAISING EXPENSES

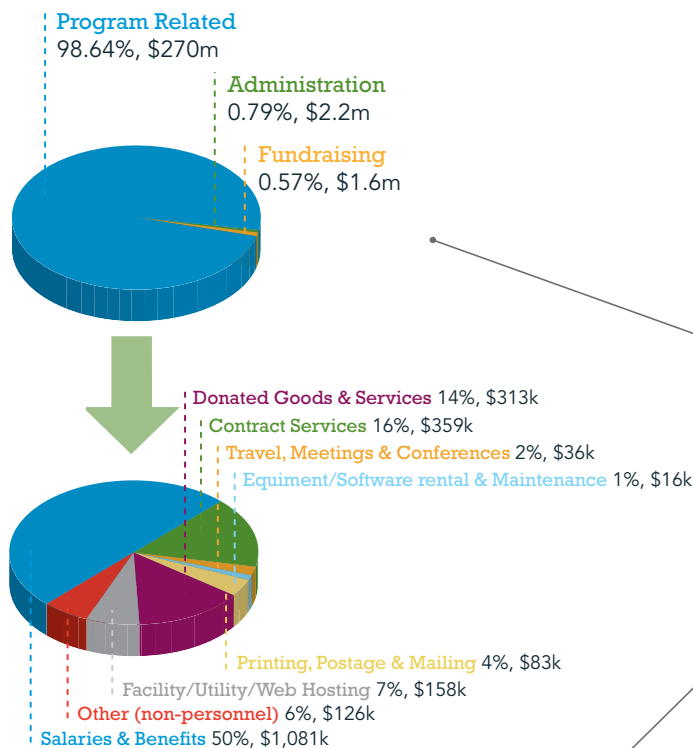
Direct Relief spent a total of \$1.56 million on resource acquisition and fundraising in Fiscal Year 2010. As noted earlier, these expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. A total of \$714,000 was spent for salaries, related benefits, and taxes for six full-time employees engaged in resource acquisition and fundraising.

FUNDRAISING EXPENSES ALSO INCLUDED:

- \$74,000 for the production, printing, and mailing of newsletters, the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials
 - \$5,000 in advertising and marketing costs
 - \$457,000 in contract services (\$349,000 of which were donated services)
 - \$24,000 in supplies in support of the fundraising staff
 - \$50,000 in outside computer services related to fundraising
 - A pro-rata portion of other allocable costs (see page 49)
- It should be noted that Direct Relief does not classify any mailing expenses or costs for informational materials as “jointly incurred costs”—an accounting practice that permits, for example, the expenses of a newsletter containing information about programs and an appeal for money to be allocated partially to “fundraising” and partially to “public education,” which falls under program costs. The \$115,000 that was incurred for such expenses was only allocated between fundraising and administration expenses.

GRAPH #6, #7





GRAPH #8, #9

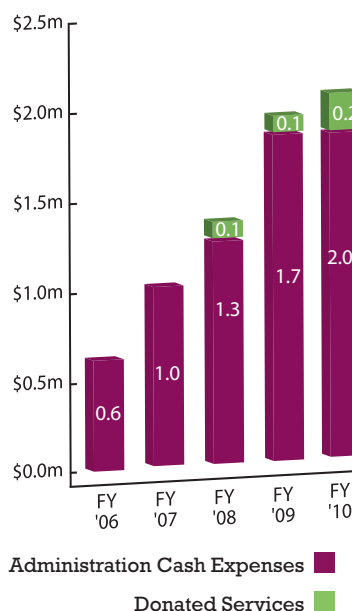
ADMINISTRATION EXPENSES

Direct Relief spent a total of \$2.17 million on administration. As noted earlier these expenses (other than donated services) were paid from funds received out of the assets of the Direct Relief Foundation. Administration expenses are those that relate to financial and human resource management, information technology, communications, public relations and general office management. A total of \$1.08 million was for salaries, related benefits, and taxes for 11 full-time employees and one part-time employee engaged in administration and financial management. Administration expenses (excluding donated services) for the FY 2010 were \$100,000 lower than prior fiscal year.

PROGRAM EXPENSES ALSO INCLUDED:

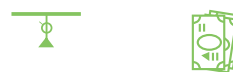
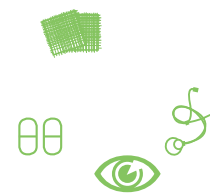
- \$60,000 in credit card, banking, and brokerage fees
- \$83,000 for duplicating and printing, of which \$21,000 was spent on producing our Fiscal Year 2009 Annual Report
- \$575,000 in consulting fees including information technology services (\$124,000), management fees for invested assets (\$60,000), communication services (\$326,000, of which \$198,000 were donated services from Google and the GSK PULSE Partner Program), and recruiting/other human resource services of \$9,000.
- \$52,000 in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- \$91,000 in legal fees, of which \$58,000 was provided pro bono for legal representation related to general corporate matters
- \$5,000 in taxes, licenses, and permits (Direct Relief is registered as an exempt organization in each U.S. state requiring such registration)
- A pro-rata portion of other allocable costs (see next page)

Administration Expenses



OTHER ALLOCABLE COSTS: Direct Relief owns and operates a 40,000-square-foot warehouse facility that serves as its headquarters and leases another 23,000-square-foot warehouse. Costs to maintain these facilities include mortgage interest, depreciation, utilities, insurance, repairs, maintenance, and supplies. These costs are allocated based on the square footage devoted to respective functions (e.g. fundraising expenses described earlier include the proportional share of these costs associated with the space occupied by fundraising staff). The cost of information technology services are primarily related to the activities of the respective functions described above. These costs are allocated based on the headcount devoted to the respective functions.

EXECUTIVE COMPENSATION: The compensation of the CEO and the CFO was paid entirely from funds provided by Direct Relief Foundation. The CFO's compensation is allocated 100 percent to administration, and the CEO's compensation is allocated 50 percent to administration and 50 percent to fundraising.



In Fiscal Year 2010,
EVERY DOLLAR INVESTED
 IN DIRECT RELIEF
LEVERAGED
\$24.4 IN MEDICAL
 MATERIAL AID.



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

- **BHUPI SINGH,**
 Direct Relief International COO & CFO



ANDREW STERN

Investors

Our deepest thanks to the following investors, whose generosity over the last year* has enabled service to millions of people throughout the world.

*FISCAL YEAR 2010 = JULY 1, 2009 – JUNE 30, 2010

CASH DONORS

HONORARY CHAIR

(\$1,000,000 +)

Abbott Fund

AMBASSADOR OF HEALTH

(\$100,000 +)

Amgen Foundation, Inc.
BD
Mr. Bruce Campbell
FedEx
The Fistula Foundation
GlaxoSmithKline Foundation
Google
Johnson & Johnson Family of Companies
Dorothy Largay and Wayne Rosing
Yvonne C. Lucassen Estate
MacHeist LLC
Mayo Clinic
Mercer Family Foundation
The Orfalea Foundations
Pfizer, Inc.
Santa Barbara Vintners' Foundation
Google Inc. Charitable Giving Fund of the
Tides Foundation

CONSUL GENERAL

(\$50,000 +)

The Allergan Foundation
American Jewish World Service
Bristol-Myers Squibb Company
Brownstein Hyatt Farber Schreck, LLP
The California Endowment
Roy R. and Laurie M. Cummins Fund
Dodge & Cox
Global Partners for Development
Mr. L. W. Harman
The Hexberg Family Foundation
Mrs. Jackie Inskeep
Mr. and Mrs. Craig McCaw
Merrill Lynch, Pierce, Fenner & Smith, Inc.
Schering-Plough Corporation
Mr. and Mrs. Ed H. Schollmaier
Stone Family Fund

GLOBAL EMISSARY

(\$25,000 +)

Associated Students UCSB
Ayudar Foundation
S. Balolia Family Foundation
C. R. Bard Foundation
Boehringer Ingelheim Cares Foundation
Francois and Sheila Johnson Brüttsch
Bush Hospital Foundation
Ms. Laurie Converse
Deckers Outdoor Corporation
Eli Lilly & Company Foundation
Hanover Family Trust
Hospira Foundation

Island Outreach Foundation
Mr. Alfred A. Iversen
Jewelers for Children
Barbara Jeanne Lotz Estate
Mr. Richard E. Lunquist
Macquarie Group Foundation Ltd.
Mr. Ken Maytag / Fred Maytag Family
Foundation
Merck & Company, Inc.
Charles J. and Esther R. Mlynek Trust
Network Hardware Resale
Ms. Carrie Schwab Pomerantz
Mr. John Powell and Ms. Melinda Lerner
ProFund Advisors
Rock Paper Scissors Foundation
Mr. and Mrs. James J. Roehrig /
Roehrig Family Foundation
Santa Barbara - Ventura Counties Dental
Care Foundation
Simpler Systems
Steinmetz Foundation
Trust Company of the West
Union for Reform Judaism
Mr. and Mrs. Guhan Viswanathan
Mr. and Mrs. Anant Yardi
Yorba Oil Company, Ltd.

Why Direct Relief?

"Direct Relief is exceptional for its combination of the values and mission of a humanitarian organization with the dynamism and agility of a Silicon Valley start-up."

— Bruce Campbell, longtime supporter

WORLD HEALTH ENVOY

(\$10,000 +)

Aera Energy LLC
American Express
Mrs. Sally M. Anderson
Bishop Garcia Diego High School
Mr. and Mrs. Christopher Blair
Ms. Claudia Bonnist
Boston Foundation
Mrs. Shelby C. Bowen
Dr. Bronwen G. Brindley and
Mr. John L. Warren
Brittingham Family Foundation
Kyle Brown
Brown Family Foundation
Mr. and Mrs. Daniel Burnham
Mr. Bob Byers
Dolores and Robert Cathcart
Ms. Amy Clawson
Mr. and Mrs. David Compton
County of Santa Barbara
Covidien
CSU, Chico Research Foundation
Mr. and Mrs. Thomas J. Cusack

Mr. and Mrs. James Drasdo
Dr. and Mrs. Ernest H. Drew
Durland Co. Inc.
Elkay Manufacturing Company
Mr. and Mrs. Thomas P. Elsaesser
Mr. and Mrs. Thomas E. Everhart
Gary and Peggy Finefrock
Mr. Stephane H. Finkenbeiner
Roger S. Firestone Foundation
First Church of Christ Scientist
Ms. Penelope D. Foley
Mr. and Mrs. Bernard Girod
Kate and Dick Godfrey
Mr. Martin Gore
Ms. Jennifer Greiner
Carla Hahn
Mr. and Mrs. Lawrence T. Hammett
Mr. William T. Hammond
John and Wauna Harman Foundation
Mr. Clifford H. Harze
Mr. Richard Hausman
Mr. and Mrs. Lawrence D. Hazzard
Mr. and Mrs. W. Scott Hedrick
Mr. and Mrs. Michael Hennigan
Priscilla Higgins, Ph.D. and
Mr. Roger W. Higgins /
Higgins-Trapnell Family Foundation
Holborn Corporation
Mr. and Mrs. S. Roger Horchow /
The Horchow Family Charitable Foundation
Hospital for Special Surgery
Hutton Foundation
Mr. John Irish
Mr. and Mrs. James H. Jackson /
The Ann Jackson Family Foundation
Mr. Jeffrey P. Jacobs
Mr. Haamid Jaffer
The John Akridge Co.
Mr. and Mrs. Peter O. Johnson, Sr.
Richard E. Jones Trust
Ms. Wendy E. Jordan
Mr. Albert J. Kaneb
The Ken Foundation
Mrs. Marvel Kirby
Mr. John Kriendler and Ms. Blair Axel
Jeannette and H. Peter Kriendler
Charitable Trust
Richard Kurkowski
Mr. and Mrs. Seymour Lehrner
Nancy Lessner
Mr. and Mrs. Fredric C. Leutheuser
Mr. and Mrs. G. Seth Leyman
The Looker Foundation
Mrs. Pamela Meyer Lopker
Mr. and Mrs. Jon B. Lovelace
Judith and Glenn Lukos
Mr. Iqbal Mamdani
Marion Moore Foundation, Inc.
Mr. and Mrs. Thomas R. McCarthy
Mr. Ed McKinley and Ms. Kath Lavidge
Microsoft Matching Gift Program
Miracle Ticket Fund
Montecito Bank & Trust
Mr. Steve Moya and Mrs. Rita Moya /
The M Fund
N & V International, Inc.
Mr. and Mrs. Robert Nakasone
Mr. and Mrs. Richard Nash
New Frontiers Natural Foods
Mr. and Mrs. Jack Norquail

Suze Orman
Ortho-Clinical Diagnostic, Inc.
Mr. and Mrs. Frank R. Ostini /
The Hitching Post & Hitching
Post Wines
Parametric Technology Corporation
Mr. Devon Patel
Mr. Steven Perley
Jo Anne and Donald E. Petersen
Mr. Alan R. Porter
The PRASAD Project
Mr. and Mrs. Ron Pulice
Mr. Matt Rankin
Mr. and Mrs. Steven W. Rapp
Mr. Randy Rettig and Ms. Ashley Williams
RGH Enterprises Inc.
Mr. and Mrs. Charles D. Rikel
Mr. and Mrs. Rick Roney
sanofi-aventis
SCA Americas Inc.
Richard and Maryann Schall
Mrs. Nancy B. Schlosser / Nancy B. &
C. William Schlosser Family Foundation
Mrs. Michiyo Schmidt-Petersen
Mr. and Mrs. Howard B. Schow
Schuler Family Foundation
Ms. Rachael Schultz
Schultz Family Foundation
Mr. Michael Scott
Patricia and Jim Selbert
Mohammed Shaikh, Ph.D. and
Ayesha Shaikh, M.D.
Mr. William Shanbrom
Silicon Valley Community Foundation
The Skolnick Foundation
Eunice M. Stephens
Mr. and Mrs. John W. Sweetland
Mr. and Mrs. Gary R. Tobey
Tomchin Family Charitable Trust
The Tres Chicas Foundation
Carol Van den Assem Trust
Mr. and Mrs. Alan Van Vliet
The David Vicker Foundation
Mr. and Mrs. James Villanueva
Mr. and Mrs. John F. Weersing
Weyerhaeuser Family Foundation
Mr. Dana White
Mr. and Mrs. Frank M. Wilson III
Wood-Claeysens Foundation
Mr. Stanley Zanarotti

PRESIDENT'S COUNCIL

(\$5,000 +)

All Saints-By-The-Sea
Episcopal Church
Alwan Family Fund
Mr. and Mrs. David H. Anderson
Archetype Media, Inc.
Mr. Michael L. Armentrout and
Ms. Wenwei Yang
Mr. and Mrs. Anderson J. Arnold
Bank of America Foundation, Inc.
Mr. and Mrs. Richard C. Banks
Baxter International
Mr. and Mrs. Thomas L. Beckmen
Mr. and Mrs. Arnold Bellowe
Mr. Merle E. Betz, Jr.
Mr. and Mrs. Ronald J. Boehm

Mr. and Mrs. Michael R. Bonsignore
 Mrs. Hannah G. Bradley
 Brooks Institute of Photography
 Mr. Frederick P. Burrows
 Charles Burton
 Mr. David M. Cantor
 Mr. James A. Clendene
 Mr. and Mrs. Kenneth J. Coates
 Mr. Jon Coffin
 Mr. and Mrs. A. Joseph Collette
 Continental Electrical Construction
 Company
 Mr. and Mrs. Scott Cooper
 Mrs. Caryl Crahan
 The Crawford Idema Family Foundation
 Crosby Family Foundation
 Mr. Matthew J. Currie
 D'Addario & Company, Inc.
 Mr. and Mrs. Joseph K. Davidson
 Nancy Sayles Day Foundation
 Mr. and Mrs. Jeffrey Daymude
 Mr. Timothy T. Delaney and
 Dr. Viviane Delaney
 H. Guy Di Stefano Estate
 Dolphin Capital Foundation
 Mr. Dick Doré and
 Mrs. Jenny Willimason Doré
 Peggy and Steve Dow
 Mr. and Mrs. Steven M. Draghi
 Mr. and Mrs. Roger H. Drue
 Evolucion Innovations Inc.
 First American Title Insurance Company
 Dr. and Mrs. John M. Foley
 Mr. Eric Forbes
 Mary Alice Fortin Foundation
 Mr. and Mrs. Ted Funsten
 Debra P. Geiger and Eliot Crowley
 Mr. and Mrs. W. Dodd Geiger
 Ms. Audrey George and Mr. Kurt Knutzen
 Mr. and Mrs. Allen Gersho
 Mr. Ernest J. Getto
 Mr. Paul F. Glenn
 Dr. Bert Green and Ms. Alexandra
 Brookshire / Brookshire Green Foundation
 Grey Global Group Inc.
 Mr. and Mrs. Brett Grimes
 Siddarth Hariharan
 The Harrington /
 McLaughlin Family Foundation
 Stan and Betty Hatch
 Michael Heino
 Mr. Doug Hickey
 Mr. Linus Ho
 Brett and Natalie Hodges /
 WWW Foundation
 Mr. Gerhart Hoffmeister
 Mr. Erle Holm
 E. Carmack Holmes M.D. and
 Mrs. Carolyn Holmes
 Mr. and Mrs. Preston B. Hotchkis
 Mr. and Mrs. Thomas L. Hudson
 Ms. Geneva Hughes
 Mr. and Mrs. Robert D. Jackson
 Ms. Patricia Harris Johnston
 Jol & Company, Inc.
 Mr. Aaron D. Kahan
 Mr. Bruce A. Karsh
 Kibble & Prentice
 Mr. and Mrs. James Kingston
 Mr. and Mrs. John A. Knox-Johnston
 Kreitzberg Family Foundation
 Mr. Ishwan Kumar
 Mr. and Mrs. Frank Ladner
 Mr. Ean Lensch
 Ms. Susan Levin
 Mr. Joseph R. Levis
 Mr. and Mrs. Donald J. Lewis
 Mr. Peter J. Lewis
 Mr. Andrew Lim
 Loeks Family Fund
 Lompoc Foursquare Church
 Ms. Rachel Luke
 Evelyn C. Lund Charitable Remainder Trust
 Mr. and Mrs. John Macfarlane
 Kim Margolin, M.D.
 Mr. and Mrs. Mark Mattingly
 The Harold McAlister Charitable Foundation
 Mrs. C. B. McFie
 Mr. and Mrs. Robert A. McLalan
 Mr. John Medveckis
 Mr. Cal Meeker
 Mr. Timothy Midgett
 Mr. Gerrish Milliken
 Mr. Jose M. Molina
 Mr. David Mowery
 Mr. Glen Mowrer and Mrs. Bernice James
 J. Dennis Mull, M.D.
 Murcor Inc.
 NA Sports Community Foundation, Inc.
 Mr. Mark S. Nelkin
 Mr. and Mrs. Henry M. Nevins
 Ms. Devon Geiger Nielsen
 Nisim International
 Northern Star Industries, Inc.
 Northern Valley Regional High School
 at Demarest

President Barack Obama and
 First Lady Michelle Obama
 Ms. Isabell Ostrom
 PAREXEL International LLC
 Ms. Victoria G. Pauley
 Mr. William N. Phillips
 Mr. and Mrs. David C. Pintard

Why Direct Relief?

“By giving Direct Relief access to our powerful global transportation network, we help them serve more people with essential medical provisions. We applaud their work and look forward to continuing our support of this outstanding organization.”

– Frederick W. Smith,
 Chairman, President and CEO,
 FedEx Corporation

Daniel and Emily Pinto
 Dr. Kevin W. Plaxco and Mrs. Lisa Plaxco
 Mr. and Mrs. Michael E. Pulitzer
 Qualcomm Matching Gift Program
 Reformed Mennonite Church
 Mr. Jeremy Richmon
 Mr. and Mrs. J. Paul Roston
 RSP Architects, Ltd.
 Mr. David Russell and Mrs. Diane Russell
 Mr. and Mrs. Denis R. Sanan
 Santa Ynez Band of Mission Indians
 Schafer Family Foundation
 Schleyer Foundation
 Mr. and Mrs. James L. Shobe
 Mr. and Mrs. Bhupi Singh
 Single Step Foundation
 Sisters of St. Joseph of Carondelet
 Mr. Tom Spies
 Dr. and Mrs. Norman Sprague, III /
 The Caryll M. and Norman F. Sprague
 Foundation
 The Norman F. Sprague Jr. Foundation
 Mrs. Judith Cosden Stapelmann
 Mr. and Mrs. Robert Steinebel
 Mr. Suwanto Sunkorjanto
 Mr. Raymond Tetrick
 Thomas S. Wootton High School
 Ms. Barbara Tigert
 Mr. and Mrs. Paul H. Turpin
 Uptown Music Collective
 Mr. and Mrs. Michael Vaughn
 The VCEP Employees
 Mr. Richard Venne
 Mr. Luis Viveros
 The Wardlaw-Hartridge School
 Ms. Barbara Delaune Warren
 The Waterford
 Mr. Harold S. Wayne
 Mr. Charles Whitman
 Mr. Ken Wilby
 Mr. and Mrs. Cooper Williams
 Ms. Beth Williamson
 Mrs. Barbara Wood
 Mr. and Mrs. Bruce Worster
 Kenneth Yeh Charitable Fund
 Yusko Family Foundation
 Mr. Robert Zeuner
 Zidek Family Foundation

MINISTER OF HEALTH

(\$2,500 +)

Mr. and Mrs. John H. Adams
 Allstar Marketing Group, LLC
 Mr. Ahmad Al-Shugairi
 American Society of the Order of St. John
 Amiano
 Anacapa Micro Products, Inc.
 Steven W. Arle, M.D. and
 Mrs. Kathleen B. Arle
 Austrian American Council West
 Ms. Nancy L. Avila
 Ms. Judith Babcock
 Dr. Donald Baird
 Mr. and Mrs. Daniel E. Barnett
 Mr. and Mrs. Larry Barrett
 BEAM Interactive & Relationship Marketing, LLC
 Beckstrom Family Fund
 Mr. and Mrs. Barrie Bergman
 Big Ass Fan Company
 Jennifer Bloom

Mr. Scott Booker
 Mr. James L. Brooks
 Buffalo State College Foundation, Inc.
 Mr. Don Bullick
 Mr. John G. Burns
 Mr. Satjiv Chahil
 Charles Schwab Corporation Foundation
 Matching Gift Fund
 Mr. and Mrs. Eric H. Chern
 Chevron Employees Matching Gift Fund
 Mr. and Mrs. Robert Childress
 Ms. Patricia Clancy
 Mr. and Mrs. Barton E. Clemens, Jr.
 Dr. Steven Clouse
 Ms. Melanie Cook
 Nancy Crouse
 Mr. Jerry Cu
 CVPartners
 Rita D'Alvarez
 Ms. Ann Daniel
 Deacon Charitable Foundation
 Jacqueline DeRosa
 Mr. John E. Deysher
 DMSI Software
 Mr. Ricky W. Doak
 The Doebling Foundation
 John Duda Foundation
 Mrs. Phyllis M. Dunn
 East Brunswick Board of Education
 Bryan Engel
 Mr. Shawn Erickson
 Mr. and Mrs. Michael F. Eyer
 Mrs. Vasanti Fithian
 FLIR Systems, Inc.
 Mr. John R. Flynn Jr.
 The Hon. and Mrs. Paul G. Flynn
 Mr. Edward C. Friedel
 Mr. and Mrs. Ron Fues
 Gallifrey One Conventions
 Mr. and Mrs. Adalberto Garcia
 Gelb Consulting Group, Inc.
 Genentech Employee Giving Program
 The Gramercy Park Foundation
 Ms. Barbara Graper
 Mr. Roger E. Gray
 Mr. Ethan Guiles
 Mr. Ricky Gunawan
 Mr. Amit Gupta
 Mr. and Mrs. Melvin C. Hammel
 Mukesh Harisinghani
 Mr. Wassef Haroun
 Mr. and Mrs. David F. Hart
 Mrs. Raye Haskell /
 The Haskell Fund
 Ms. Sally Haskell
 Henderson International School
 Mr. Gavin S. Herbert, Jr.
 Mr. Frederick J. Herzog
 Mrs. Juliane Heyman
 Ms. Mary Hidalgo
 Mr. and Mrs. Roger Q. Himovitz
 Hirsch Family Foundation
 Paul Hughes
 HunterDouglas Inc.
 IBM Employee Services Center
 Kristina S. Inman
 Innovasystems International LLC
 Ms. Lygia M. Ionntiu
 Irvine High School
 Mr. and Mrs. Joshua M. Jackson
 Dr. and Mrs. Norman Jetton
 Dr. Johann Jonsson
 Karl Storz Imaging, Inc.
 Mr. Jeff Katke
 Kellogg School
 Mrs. Caroline Power Kindrish
 Ms. Alice E. Kinsman
 Ms. Elizabeth P. Kohn
 Kubra Data Transfer Ltd
 Ms. Natasha Labbe
 Mr. Miguel Landa
 Dr. Kirk Larson
 Mr. Jim LeFevre
 Lindsifarne Foundation
 Mr. Peter Lion
 Mr. and Mrs. David Lippman
 Mr. and Mrs. Tom K. Liu
 Pete Llanso
 Mr. Gregory Lynch
 The M & M Foundation
 Mr. Robert Macey
 Mrs. Caroline Madara
 Ms. Melissa K. Mak
 Calvin and Phyllis Marble
 Mr. and Mrs. John McCann
 Sandra McEntee
 Arla McMillan
 Mr. and Mrs. Richard Meurer
 Craig Meyer
 Elizabeth Meyer
 Ms. Barbara Reed Miller
 Mrs. Deanna Miller
 Mr. and Mrs. William Nasgovitz
 Mr. and Mrs. Gary Nett
 New Day Marketing, Ltd.
 Mr. and Mrs. Gary Newman
 Mr. Hung O. Ng
 Mr. Travis Oefelein
 Dr. Reuben Ogburn
 Ms. Dominique O'Neill
 Mitchell Orysh
 Mr. and Mrs. John Osborn
 The Overall Family Foundation
 Pacific Graduate Institute
 Mark Palchak
 Amit Patel
 Mr. and Mrs. Charles Pedrazzini
 Ms. Enid M. Pence
 The Pierre New York
 Mr. and Mrs. Steven Pinsker
 Miro Pozzi
 Dr. Hilton Pryce Lewis
 Mr. and Mrs. James F. Puliafico
 Mr. David A. Quam
 Mr. Nareshkumar Rajkumar
 Mr. and Mrs. Daniel Randopoulos /
 Metson Marine
 Mr. and Mrs. Michael Reformat
 Reiter Affiliated Companies
 Rexam Beverage Can Italia Srl
 Ms. Katherine Robin
 Mr. and Mrs. David B. Roe
 Mr. Gordon Rothrock
 Mr. and Mrs. Michael Royce
 Ms. Bonnie Rucks
 Russell Matching Gifts
 Santa Barbara Center for the
 Performing Arts, Inc.
 SBA Network Services, Inc.
 Mr. Michael G. Schmidtchen and
 Ms. Linda F. Thompson
 Mr. Jeff Schoenfeld
 Seaside Gallery
 Mr. and Mrs. Marc Silver
 The Silver Tie Fund
 Mr. Gurjot Singh
 Ms. Elizabeth Smoler
 Mrs. Ashley Parker Snider and
 Mr. Tim Snider
 Mr. and Mrs. Bruce Spector
 Mr. and Mrs. John G. Spencer
 Mr. and Mrs. Robert Sternin
 Mr. and Mrs. Greg Stevenson
 Ms. Louise H. Stewart and
 Mr. Craig H. Mally
 Ms. Rosalind C. Stubenberg
 Ms. Cynthia Sullivan
 Mr. Jay Sung
 Mr. and Mrs. Thomas J. Tella II
 Mr. Erich Tengelsen
 Mr. Arthur A. Tilton
 Mr. and Mrs. Michael Towbes
 Mr. and Mrs. Sam Tyler
 UBS Matching Gift Program
 Union Congregational Church
 Ms. Elena Urschel

Why Direct Relief?

“Direct Relief has great reach and efficacy. Just think, a humanitarian aid organization based in a small city in the U.S. which has, in just the last 10 years, sent over \$1.2 billion of medical aid to people suffering from poverty, war, or natural disasters around the world. It can't be beat.”

– Richard Godfrey,
 Direct Relief Board of Directors

V.S. Sport, Ltd.
 Mrs. Marilyn Warren Vandever
 Vitantonio Foundation
 Vocollect
 Mr. Dudley Warner
 Watts Health Foundation
 Dr. and Mrs. Thomas A. Weber
 Western Federal Credit Union
 Mr. and Mrs. Richard Whited
 Ms. Elizabeth A. Whitney
 Mr. and Mrs. James K. Williams
 Mr. Hans Wolf and Ms. Kelly Moncur
 Mr. and Mrs. Richard Wolf
 Mr. and Mrs. C. E. Wullbrandt
 Mr. Bryan Yeck
 The Bea and David Zack Memorial
 Foundation Inc.
 Mr. and Mrs. Dick Zylstra

DIPLOMAT'S CORPS

(\$1,000 +)

256 East 181st Street Realty Co. Inc.
 Ms. Donna L. Abernathy
 Mr. Alfredo Acevedo
 The Active Network
 Mr. and Mrs. Peter D. Adams
 Mr. Philip C. Adams
 Advanced Vision Science Inc.
 Mr. and Mrs. Sasha Afanasiev
 Mr. Ali Agboatwalla
 Mr. and Mrs. John Aguiniga, Jr.
 Albuquerque Little Theatre
 Ms. Jane H. Alexander
 Dr. Lindsay Alger M.D.
 Mr. and Mrs. William H. Allaway
 Michael Alldaffer
 Mr. Stephen Allen
 Dr. and Mrs. Thomas R. Allyn
 Ms. Patricia S. Amole
 Ms. Antoinette Gump Amorteguy
 Mr. and Mrs. Jonathan Amory
 AMP Concerts
 Ms. Cheryl Anderson
 Ms. Kristen C. Anderson
 Mr. Richard Anderson
 Mr. Ronald E. Anderson
 Mr. and Mrs. Kurt R. Anker
 Judy and Bruce Anticouni
 Joseph Argentine
 Ms. Deborah Arhelger and Mr. Wayne Citrin
 Fred T. Arnold
 Ms. Tracey J. Artiss
 The Arvey Foundation
 Mr. Aneel Ashrani
 Mr. and Mrs. Lee A. Asseo
 Associated Gaming & Media Inc.
 AST Capital Trust Co. of Delaware
 Mrs. Elizabeth Potter Atkins
 Mr. and Mrs. Steven Atnip
 Oshiomogho Atogwe
 Mr. and Mrs. Robert Atwater
 Dr. Jeffrey Augustin
 Mr. Reynald Augustin
 Mr. Jan Erik Backlund
 Mr. Chapman Baehler
 Mr. Patrick A. Bailey
 Dr. Mazadu Bako
 Catherine Balcaen
 Mr. and Mrs. Charles W. Baldiswieler
 Mr. Michael Baldwin
 Mr. Donald Balick
 Mr. Ibrez R. Bandukwala and
 Ms. Claire Parker
 Mr. and Mrs. Hancock M. Banning, III
 Ms. Dolores Barcroft
 Mr. Guenther Bareihis
 Mr. Kenneth Barnett
 Ms. Lisa Barr
 Ms. Sara Barr
 Ms. Susan Brown Barry
 Mr. Zeki Basbuyuk
 Mr. and Mrs. Richard Battles
 Mr. and Mrs. J. Robert Baur
 Dr. Jonathan Bazeley
 Mr. Charles Bazerman and
 Ms. Shirley Geok-Lin Lim
 Mr. and Mrs. Jerry W. Beaver
 Eric Becker
 Mr. and Mrs. Frederick Beckett
 Mr. and Mrs. William C. Becknell
 Mrs. Christine Beebe
 Bengali Cultural Society
 Mr. and Mrs. Donald K. Bennett
 Mr. Jeffrey Berg
 Brian Bergamaschi
 Mr. Daniel Berger
 Mr. and Mrs. Jack Bergman
 Mrs. Leslie Bernstein
 Mr. Michael Berra
 Beth Emunah Messianic Synagogue
 Ritesh Bhayani
 Mrs. Birgit Bielitzer
 Big Billy Inc.
 Mr. Jeremy L. Billones
 Edward E. Birch, Ph.D. and
 Mrs. Suzanne Birch
 Ms. Marilyne R. Bird
 Mrs. Jill Bishop
 Mr. and Mrs. Kendall R. Bishop
 Dr. Pinelopi Biza
 Mr. Edward C. Blanchet
 Mr. and Mrs. Robert F. Blecker
 Blistex, Inc.
 Mr. and Mrs. Keith Blodgett
 Ms. Melissa Blount
 Mr. Craig Blum
 Bogen Family Charitable Trust
 Mr. and Mrs. C. Mark Bold.
 Bollinger Insurance
 Mrs. Pamela Bond
 Ms. Karen Boris
 Bortalazzo Glass
 The Boston Consulting Group, Inc.

Robert Botsford
 Ms. Elisabeth Bottler
 Monique Boutros, M.D.
 Mr. Jim Bowen
 Mr. and Mrs. Paul R. Bowers
 Jill Boyce
 Mr. and Mrs. David F. Boyd
 W. Steve Bozeman
 Ms. Beth Bozman
 Mr. and Mrs. A. Bruce Brackenridge
 Ms. Anne Briggs
 Mr. Larry Bright
 Mr. John W. Bristol
 Brooks City Base Chaplain Office
 Mr. Edward E. Brown
 Mrs. Kebi Brown
 Ms. Robin Browne
 Mrs. Elsa Brule
 Ms. Michelle Buchman
 Mrs. Cathy Buckisch
 Mr. Brian Buckley
 Gary Buckley
 Marita Buehler
 Mr. Teufik Bukvic
 Mrs. Clara D. Bullick
 Sylvia Burges
 Mr. Peter Burgess and Mrs. Lilla Burgess
 Burhans Enterprises LLC
 Burke Warren MacKay & Serritella, PC
 Burlingame High School
 Mr. Bill Burnett
 Ms. Jen Burton
 Dr. Renee Burton
 Ms. Erika Buse
 Mr. Mark Bussey
 Mr. Mark Busto and Ms. Maureen Lee
 Mr. and Mrs. Francis W. Calhoun, Jr.
 Mr. John Calhoun
 Cambria Union PTA
 Mr. Richard L. Campagna
 Mr. Peter Campbell
 Mr. James Candor
 Mr. and Mrs. Louis S. Cannon
 Mr. Rowel L. Cannu
 Mr. Henry Carlson
 Mr. Ian Carnathan
 Carpinteria High School
 Mrs. Julia A. Carr
 Mr. Roberto Carrillo
 Mr. and Mrs. John S. Carter
 Mr. Raymond Carter
 Mr. Peter P. Castellanos and Danyel Dean
 The Hon. Henry E. Catto /
 Catto Charitable Foundation
 Mr. David Cavanaugh
 Ms. Irma Cavat
 Mr. and Mrs. James M. Celmayer
 Mr. Marc Cervantes
 Michelle Champagne
 Mrs. Bettina W. Chandler
 Ms. Solveig Chandler
 Mr. and Mrs. William D. Chapin
 Chaplain Corps Accounting Center
 Mr. Arthur Charity
 Mr. Gary Chase
 Ms. Denise S. Chedester and
 Mr. Kenneth Hughes
 Mr. Tien-Hua Chen
 Dr. Robert S. Chernack
 Mr. Mark Childs
 Mr. Steve Chow
 Mr. Nicholas Chu
 Church of Religious Science
 Mr. and Mrs. Doug Circle
 Citrix Online, LLC
 Clarets
 Mr. Fred Clarke
 Mrs. Carol Clement
 Clemson University
 Mr. and Mrs. Richard G. Closson
 Club Mercy LLC
 Ms. Martha Clyde
 Mr. Charles Coburn
 Community West Bank
 Ms. Mary S. Connor
 Ms. Patricia Corn
 Cornerstone Research, Inc.
 Mr. and Mrs. Robert V. Costello
 Mr. Larry Coury
 Ms. Jane Cowles
 Mr. Mark Craig and Mr. Chris Craig
 Ms. Dana Cranmer
 Ms. Donna Crawford
 Sally and Edward Crockett
 Mr. Leigh Cross
 Mr. Brian L. Cummings
 Mr. Stephen Cummings
 Adrienne Cummins
 Mr. and Mrs. Bob Cunningham
 Mr. and Mrs. William Curtis
 Mr. Christian Cushing-Murray
 Jesse E Czekanski-Moir
 Ms. Katie Dabney
 Mr. Leif D'Alessandro
 Mr. Tim Dall
 Mr. Gregory Danforth

Ms. Patrice Darisme
 Mr. and Mrs. Rakesh Datta
 Mr. Joseph Daubert
 Mr. and Mrs. Robert F. Davey
 Mr. William Davidge
 Lee Davidson
 Mr. and Mrs. Bill Davis
 Mr. James Day
 Daybreak, Inc.
 The Dayton Family Fund
 Mr. and Mrs. Paul De Bruyn Kops
 Mr. and Mrs. Clark De Jonge
 Miss Anne Dufour De Neuville
 Mr. and Mrs. Louis DeAngelis
 Ms. Jean Deeds
 Duffy Demarco
 Mrs. Elizabeth B. Denison /
 The Denison Family Foundation
 Mr. Shirram Desai
 Ms. Ann Detrick
 Mr. and Mrs. Anand Devadas
 Mr. David DeVito
 Mr. Gerritt deVries
 Mr. Mark Devries
 Mr. and Mrs. D. Todd Dewell
 Ms. Susan C. DeWit
 Diamedica
 Dr. and Mrs. A. R. Pete Diamond
 Diamond Family Medical Clinic
 Mr. Jay Dietrich
 Mrs. Elizabeth Dillon
 Dr. and Mrs. Steven F. Dingle
 Tim Dittmann
 Ms. Diane L. Dodds
 Axel Doerwald
 Ms. Anita E. Doheny
 Mr. Gene Dongieux
 Ms. Mae Doom
 Graham Dorland
 Mr. and Mrs. Gary J. Dorman
 Drummm
 Ms. Thiele Dunaway
 Erin Dunlap
 Ms. Lorena G. Dunlap
 Timothy Dunlevy M.D.
 Ms. Bonnie J. Dunlop
 Mr. and Mrs. James A. Dunnam

Mr. John Felix
 Mr. Dean Ferguson
 Mr. and Mrs. James G. Ferguson
 Mr. L. Frederick Fernandez
 Ms. Nicole Ferreira
 Mrs. Zelda Fields
 Mr. Matthew Finnie
 Mr. and Mrs. Jim Fiolek
 Mr. and Mrs. Brooks Firestone
 Mrs. June Breton Fisher
 Mr. and Mrs. John Flick
 Mr. Frederic M. Foerst
 Mr. Vaughn Ford
 Mrs. Barbara Foster
 Mr. and Mrs. Ronald J. Fox
 Franklin Elementary School
 Mr. and Mrs. Jerome Frautschi
 Ms. Christine Fregosi
 Ms. Bonnie Hayden and Mr. Jeff Frey
 Ms. Joanne Friedman
 Mr. Gil Friesen
 Mr. Laurence W. Frost
 Mr. Roberto Gadala-Maria
 Mr. Jay Gaines
 Ms. Ruth Galanter
 Mary Galloway
 Mr. Maheer Gandhavadi
 Mrs. Jean M. Gandy
 The Leo and Eva Gans Foundation Inc.
 Claudia Ganz
 Mrs. Judy Garrison
 Robert Gaunt
 Mr. Timothy Gebard
 Mr. Paul Gelardi
 Mr. Bob Gerber and Dr. Veronica Rynn
 Mr. and Mrs. John T. Gerig
 Michael Gerstein
 Mr. John A. Gibbons and
 Ms. Melissa L. Bowden
 Pam Gibbons
 Mr. and Mrs. Mark W. Gibello
 John Giebink
 Mr. Stuart Gillard and Mrs. Marilyn Gillard
 Rick Giovinnazzo
 Mr. Harry Glass
 Mr. and Mrs. Lawrence R. Glenn
 Mr. and Mrs. Frederick W. Gluck
 Mr. and Mrs. Ehren Goerland
 Mr. Peter Goff
 Dr. Michael Goldberg
 Mr. Peter Goldmacher
 Seth Goldman
 Goleta Valley Junior High School
 Mr. Jeffrey Gonzalez
 Mr. and Mrs. Walter G. Goodman
 Mr. Paul Gordon
 Mr. and Mrs. Jerry Gort
 Mr. and Mrs. Robert Goulette
 Dr. and Mrs. Leonard S. Grabowski
 Dr. Alan D. Granham
 Kevin Grant
 Greenlight Foundation
 The Greenridge Group
 Greensfelder, Hemker & Gale PC
 Kolleen E. Greenwald
 Daniel Greller
 Mr. Edgar Greville
 Mr. Matt Griffin and Ms. Evelyne R. Rozner
 Mr. and Mrs. Roy J. Grogan
 Mr. Neil D. Grossman
 Mr. and Mrs. Rudolf Gruber
 Dr. Christopher Guerin
 Mr. Jeremy Guiles
 Dr. Saroj Gujral
 Dr. Thomas Gullotti, O.D.
 Gunderson Family Fund
 Dr. Richard Gurtler
 Mrs. Linda Gustin
 Guyana Medical Relief, Inc.
 Ms. Ruth P. Haber
 Mr. and Mrs. Philip E. Haight
 Mr. John R. Hain and Ms. Jennifer Allen
 Dr. Eric Hale
 Ms. Bonnie Hall
 Mr. and Mrs. John M. Hall
 Wendy Halpern
 Nicolas Hamatake
 Ms. Elizabeth Hamilton
 Ms. Melissa J. Hamilton
 Mr. and Mrs. William Bradford Hamre
 Dr. Helen Hansma
 Mr. and Mrs. Joseph Hardin, Jr.
 Harding School
 Mr. William Harriman
 Ms. Sydne Harris
 Mr. and Mrs. Frank T. Harrison
 Mr. Alan Harter
 Mrs. Mary Harvey
 Leslie A. Harvin
 Mr. and Mrs. Brian M. Haug
 Justin Haugh
 Mr. Richard Haydon
 Mr. Simon Hayward
 Mr. and Mrs. Robert C. Hazard
 Mr. Neil Hedin
 Austin Heerschap

Why Direct Relief?

“Direct Relief has operated under challenging economic conditions this past year yet it continues to distinguish itself as one of the foremost humanitarian organizations by providing exceptional support to those in great need around the world.”

— Kevin Breedon,
 President of Miltex, Inc.

Ms. Annette Dyvi
 Mr. and Mrs. Steven J. Earle
 Mr. and Mrs. Peter Eatherton
 Mr. Farhad Ebrahimi
 Mr. Andrew Economos
 Ms. Zoe Edgington
 Mr. and Mrs. Norman V. Edmonson
 Mr. and Mrs. George W. Egan
 Mrs. Hadeer El Samaloty
 Eleos Foundation
 Mr. Robert Elgin
 Elk Grove High School
 Emanuel Lutheran Church
 Emarketing360
 Mr. Frederick Emode
 Ruth Eng
 Ms. Janet Engelbert
 Enloe High School
 Ms. Cathy Enlow
 Ms. Verva Enoch
 Mr. and Mrs. Patrick Enthoven
 Mr. Richard Ermeti
 Ms. Roslyn Esch
 Mrs. Stacy Eskew
 Ms. Charlotte E. Eubanks
 Mr. and Mrs. Edward F. Eubanks
 Mandy Evans
 Dr. and Mrs. R. B. Evans
 Mr. and Mrs. Alan R. Ewalt
 Mr. and Mrs. Edward G. Ewing
 Mr. William B. Fagan
 Dr. Warren S. Farrell
 Mr. Thomas Farrier
 Mr. Robert P. Fearheiley and
 Ms. Katherine L. Courtney
 Dr. Julie Feinsilver

Jorge E. Heguilor
 Dr. and Mrs. Roy W. Hendrick
 Mr. Lee Hendricks
 Mr. R. Henes
 Mr. and Mrs. Kenneth R. Henry
 Mr. Randall Hernandez
 Mr. and Mrs. Stephen Heuslein
 Mr. and Mrs. James Hirsch
 Mr. and Mrs. Robert W. Hirsch
 Dr. James Hirshberg

Why Direct Relief?

“Our long-standing relationship with Direct Relief is inspired by a common goal—to help all people live healthy lives. Together, we have found innovative ways to leverage financial, intellectual, and technical resources to deliver aid and strengthen health-care systems, reaching people in need around the world.”

—Edward J. Ludwig,
 Chairman, President and CEO, BD

Hobart & William Smith College
 Mr. and Mrs. C. Brett Hofmann
 Mr. Joseph Hogan
 Mr. Steven Hogan
 Hollister School
 Mr. and Mrs. Keith R. Holm
 Mr. Jerome Holway
 Christie Holz
 Mr. and Mrs. William Holzer
 Mr. and Mrs. Gary Horowitz
 Hazel Heath Horton Philanthropic Trust
 Mr. Nevin House
 Mr. Bill Howard and Ms. Cindy Pitzer
 Mr. and Mrs. Todd R. Howell
 Mr. and Mrs. Tom Hoynes
 Mr. Raymond S. Hoyt
 HP Company Foundation
 Mr. Phillip Y. Hsieh
 Dr. Dale Hudson
 Mr. Joe Hughes
 Mr. Cary Hull
 Patricia Humphrey
 Mr. and Mrs. Alfred Humphries
 Chan Yam Hung
 Mr. Neil T. Hunt
 Mr. and Mrs. Rob R. Hunt
 Mrs. Bobbi Hunter
 Ms. Lucy Hutchinson
 Mr. Max Hyslop
 Mr. Raymond Iannetta
 Idyllwild Arts Foundation
 Mr. and Mrs. Kenneth Iliff
 Infinium Capital Management
 Mr. Bill Ingram
 Intuit Foundation
 Mrs. Mildred J. Irvine
 Mr. Joseph P. Iser
 Ms. Karen Iverson
 Mr. Menoni Izejyamu
 Dr. Fredric Jackson
 Jackson-Mitchell Inc.
 Ms. Christina Jacques
 Timothy Jahnke
 Jana Partners LLC
 Mr. and Mrs. Joseph Jannotta
 Japan Tech -- MKG Global Technology
 Mr. Saul Jaspán
 Mr. Nick Jean-Baptiste
 Ms. Heidi A. Jensen
 Ms. Alicia A. Johnson
 Mr. Ethan Johnson
 Mr. and Mrs. Richard A. Johnson
 Mr. and Mrs. Roy E. Johnson
 Mr. M. Duane Jones
 Mr. Robert Jones
 Ms. Sherri Jones
 Mrs. Cynthia Jones-Taylor
 Mr. and Mrs. Peter Jordano
 JSRM Foundation
 Mohammed W. Kadous
 Ms. Leslie Kahan
 Ms. Zora Kalinic
 Mr. Ragu Kamel
 Mr. Ali Kanoo
 Charlton Kao
 Mr. Jason Kaplan and Ms. Nola Bonis
 Mr. and Mrs. Mark Kaplan
 Mrs. Nancy Kaplan

Andrianna Kastanek
 Robert Katcher
 Kaufman Foundation, Inc.
 Mr. Peter Kazarian
 Mr. and Mrs. Edward Keeling
 Keene Middle School
 John Keezell
 Mr. and Mrs. Bernd Keller
 Dr. Amy Kelley
 Mr. James Kelley
 Kellner Living Trust
 M. B. Kelly
 Mr. and Mrs. Herbert Kendall
 Mr. and Mrs. Peter Kenez
 Mr. and Mrs. David Kennedy
 Mr. James Kenyon
 Mrs. Nancy Kessler
 Henry H. Ketcham Jr. &
 Nancy K. Ketcham Foundation
 Mr. and Mrs. Kenneth H. Kettler, Jr.
 KFI, Inc. dba Euro Yarns
 Miss Fatimah Khan
 Mr. Younggon Kim
 Kimmel Family Fund
 Daniel King
 Ms. June A. Kistler
 Mr. Steven Kleinman
 Mrs. Cecily Klingman
 Mr. Gregory G. Klotz
 Mr. David Kluger
 Mr. and Mrs. Peter P. Kobisek
 Dr. Marcin Kociuba
 Ms. Danielle Koorwinder
 Mr. Larry Koppelman and
 Mrs. Nancy Walker Koppelman
 Mr. and Mrs. Abner P. Korn
 Mr. and Mrs. Peter Kornbluth
 Kovler Fund
 Mr. John Kraemer
 Mr. John J. Krolewski and Ms. Nadia Ghent
 KSW Enterprises Inc.
 Mr. Ronald Kuchera
 Dr. David Kurti
 Mrs. Valma Kwong
 Ms. Ruth Kyes
 La Colina Junior High School
 Ms. Ligia Laffitte
 Mr. and Mrs. Donald E. Lafler
 Mr. and Mrs. William V. H. Laggren
 Laguna Blanca School
 Laguna Farms
 Ms. Karin J. Lahue
 Mr. and Mrs. Mark Laine
 Mr. Patrick S. Lane
 Ms. Teresa Lange
 Mr. Robert Larrivee
 Mr. John Larse
 Mr. and Mrs. Charles Larsen
 Ms. Julika Lartey
 Mr. and Mrs. Rob Laskin
 Mr. and Mrs. J. E. Lattin
 Mr. James Laudon
 Janardhan Lavakumar
 Ms. Rebecca Lawlor
 Ms. Laura Lawrason
 Mr. and Mrs. Gary E. Lawrence
 Le Bernardin Inc.
 David Lee
 Jerry Lee
 Ms. Josephine Lee
 Mr. Jeffrey Leeper
 Legend Larry's Distribution LLC
 Mr. Eric Lehmann
 John Lemire
 Dr. Ilan M. Levi and Dr. Barbara Levi
 Mr. Mark D. Levine
 Dr. and Mrs. Donald Lewis
 Pingshan Li
 Andy Liepman
 Miss Anne Lieu
 Mr. and Mrs. Cameron Lim
 Ms. Jeannie Liming
 Henry Lin
 Mrs. Andree Lindow
 Jake Lipton
 Mr. Igor Liskovets
 Mr. Doug Lisman
 Mr. Rich Lobdill
 Mr. Eric E. Logis
 Mrs. Diane Lombardi
 Ms. Christine Long
 Mrs. Bobbie Longe
 Mr. and Mrs. William L. Longley
 Andrew Lookingbill
 Ms. Carol A. Lowe
 Mr. Lawrence Lu
 Mr. Philip Lucht
 Mr. Carl H. Ludwig
 Mr. Laurence Lundblade and Ms. Barbara Ruys
 Mr. Ravnish Luthra
 Mr. Greg MacGillivray
 Ms. Elaine Macko
 Mr. Chris Maclauchlan
 Mr. Alan Macy
 Mrs. Marilyn Magid
 Mr. and Mrs. John Magjstad

Mr. John Magnuson
 Dr. Eileen Magruder
 Ms. Martha Maier
 Make It Work, Inc.
 Mr. and Mrs. Paul Maletier
 Ms. Myra Malkin
 Mr. David Maltz
 Mr. Joel Mandel
 Mr. Robert E. Manger
 Mr. Lewis Manning
 Mr. Douglas Margerum
 Ms. Gabriela Marquez
 Martial Arts Family Fitness
 Ms. Dee A. Martin
 Ms. Kathleen Martin
 Ms. Patricia Martinez
 Ms. Audrey E. Martinson
 Ms. Kim Mascheroni-Kieler
 Ms. Elizabeth R. Masten
 Mr. and Mrs. Andrew Matteson
 Mr. and Mrs. George L. Matthaei
 Mr. Richard D. Maxwell
 Steven May
 Mr. John Mayor
 Dr. Wojciech Mazur
 Mr. and Mrs. Bruce McBroom
 Mr. C. McCabe
 Mr. and Mrs. J. D. McCammon
 Mr. Robin McCarthy
 Mr. Michael McCartney and Ms. Marlene Patino
 Sara Miller McCune
 Mr. William McCune
 Elizabeth McDonald
 Mr. John McElree
 Debra McFadden
 Mr. and Mrs. Frank McGinity
 Mr. and Mrs. Kevin McHale
 Mr. and Mrs. Leo McIntyre
 Mr. Doug McKenzie
 Ms. Julie McKnight
 Mr. Justin McLain
 Ms. Pamela McLean
 John McMahon
 Mr. Craig P. McMillan
 Lori McMillan
 Mr. Scott E. McNulty
 Mrs. Debra McRoberts
 Ms. Estelle Meadoff
 Mr. John C. Meier
 Mr. and Mrs. Michael N. Meiser
 Mr. and Mrs. Duncan Mellichamp
 Mr. and Mrs. Timothy B. Meluch
 Mr. and Mrs. William G. Menchen
 Mr. Michael Mendelson
 Mr. Manuel Mercado
 MGG Foundation
 Ms. Janet G. Michaels
 Mr. Christopher Michel
 Midland School Corp.
 Paula Miki
 Mr. Walt Miles
 Mr. William G. Millen
 Mr. David Miller
 Ms. Frances M. Miller
 Mr. Jeffrey Miller
 Mr. and Mrs. Warren P. Miller
 Milwaukee Jewish Day School
 Ms. Clare Miner-McMahon
 Mr. Andrew S. Mirkin
 Mission Ridge Foundation
 Mr. and Mrs. Hank Mitchell
 Sandra and John Mitchell
 Mr. C. Grant Mitchell
 Patricia M. Mitchell
 Mr. and Mrs. Sanjit K. Mitra
 Elisabeth Mohlmann
 Mr. Alfred K. Moir
 Ms. Rachel Molnar
 Monigle Associates Inc.
 Mont Blanc Gourmet
 Montezuma-Cortez School District
 Ms. Josephine Mooney
 Mr. and Mrs. Stanley W. Moore
 Mr. Tim Moore and Mrs. Carla Montagno
 Mr. Justin Moorhead
 Mr. and Mrs. Walter L. Morgan
 Mr. and Mrs. Anthony Morris
 Charlotte Morris
 Ms. Aileen Morrison
 Mr. and Mrs. J. Roger Morrison
 Mr. Dean Mortera
 Moseley Associates Inc.
 Mr. and Mrs. Paul Moskowitz
 Rodrigo Guzman Mosqueda
 Mountain View School
 Ms. Alison Mudditt
 Ellie Mulcahey
 Mr. and Mrs. Edward Mullen
 Mr. Duncan Murdoch
 Mrs. Melissa Murdoch
 Mr. and Mrs. John F. Murphy
 Mr. and Mrs. T. James Murphy, III
 Mr. Jonathan B. Murray
 Ms. Kerri E. Murray
 Ira Nadell, Ph.D.
 Ms. Marian Naretto and Mr. John Sowden

Prof. A. E. Keir Nash
 Mr. and Mrs. Brad Naylor
 Mr. Michael Neal
 Mrs. Carol Neichter
 Mr. Joseph Neil
 Mr. Eric Nelson
 New Pilgrim Rest Church
 NGEN
 Mr. Ngan Nguyen
 Mr. and Mrs. Roger A. Nielsen
 Mr. Bruce A. Nordstrom
 Northland Christian School
 Mr. Len Norton
 Norwood School
 Ms. Sandra Nowicki
 Ms. Barbara P. Nuckels
 Ms. Mary Ellen Nylen
 Mr. Peter Odintsov
 Mr. David Ogreaan
 Ms. Alexis Ohanian
 Ms. Isolde O'Hanlon
 Mr. William C. Okerlund
 Mr. and Mrs. Richard Olivass
 Ms. Cynthia Olsen
 Mr. and Mrs. John H. Olsen
 Ms. Patricia Olson
 Mr. Bart Klusek and Ms. Alicja Omanska
 Mr. and Mrs. Mathew Oommen
 Order of AHEPA, Santa Barbara Chapter #243
 Karen O'Reilly
 Mr. Rory O'Reilly
 Mr. Jim Ott
 Pacific Pearl Music Association
 Marcus Padlan
 Christopher Page
 Yanet Pantaleon, M.D.
 Dhaval Parekh
 Pariser Dermatology Specialists Ltd.
 Mrs. Marcella R. Parker
 Parker Parent Advisory Council/
 Parker School Fund
 Andrew Parkinson
 Paramjit Parmar
 Ms. Lainie Pascall
 Ms. Mary S. Pastel
 Mr. Robert Pasteris
 Mr. Joel Paston
 Patch High School
 Mrs. Bonna Patel
 Mr. Chhitu Patel
 Mr. Charles Patrick
 Mr. and Mrs. William C. Pattison
 Thomas Patton
 Mr. and Mrs. Carl Payatt
 Peabody School
 Steven Pearson
 Daniel W. Peat
 Joanne Peckarsky
 Mr. Mogens Pedersen
 Mr. Lance F. Pedriana
 Peking Handicraft, Inc.
 Mr. Martin Perellis
 Mr. Gregory Perron
 Mr. David Perry
 Pesenti Foundation
 Mr. and Mrs. Donald Petroni
 Ms. Leticia Petropoulos
 Mr. and Mrs. Jerome Pfeffer
 Mr. Walter Phifer
 Mr. Edward Phillips
 Ms. Phyllis Piano
 Mr. and Mrs. John Pillsbury
 Ms. Carlen Pinsky
 Mr. David Piotter
 Ms. Wythe Platt
 Mr. Michael Pless and Mrs. Ann Pless
 Mr. Mark Polakoff
 Polevoy Family Foundation
 Mr. Andree Pollock
 Mr. John Porter
 Potter's Clay
 Dr. Sheiva Pousti
 Mr. Andy Powell
 Pamela Powell
 Mr. and Mrs. Alexander M. Power
 Mr. Richard Powers
 Mr. Dirk Pranke
 Dr. Mukesh Prasad
 Mr. and Mrs. Rene J. Prestwood
 Mr. and Mrs. David A. Prichard
 Ms. Ruth Priest
 Ms. Brigitte Prosch
 Mr. and Mrs. James Prosser
 Mr. Charles Ptacek
 Mr. Robert Pulitzer
 RadRaysLLC
 Susan Raines
 Ms. Bonnie Raitt
 Mr. Troy Ramos
 Mr. Mitch Rascano
 Mr. Navin Ratnayake
 Mr. Troy Rawson
 Ms. Monica Rayes and Mr. Ben Birdsong
 Raytheon Charitable Giving
 Sharon Read
 Mr. Joseph Reddish

Ms. Donna Rehrmann
 Matthew P. Reid
 Mr. and Mrs. Michael Reighley
 Mr. and Mrs. James P. Reilly
 Ms. RaeLynne P. Rein
 Mr. and Mrs. Mark L. Reinstra
 Mr. Garland Reiter
 Mia and John Renshaw
 Mrs. Dolores Requejo
 Ms. Janet V. Rex
 Ms. Traci Reynolds
 Ms. Bertina Richter
 Steve Richter
 Mr. and Mrs. Samuel F. Rickard
 Mr. and Mrs. Mark Riethmiller
 Mr. Michael Roberts
 Mr. Paul A. Roberts
 Mrs. Virginia F. Robinson
 Rock Creek Missionary Baptist Church
 Mrs. Maureen Roden
 Mrs. and Mr. Julia Rodgers
 Mr. and Mrs. John Romo
 Roosevelt Elementary School
 Ms. Catherine M. Rose
 Mr. Lee Rosenberg
 Mr. Todd Roth
 Mr. Jon Roueche
 Mr. and Mrs. David Rubin
 Ms. Susan Rudnicki
 Mr. Michael J. Runnebohm
 Mr. and Mrs. Stephen P. Russell
 Ms. Neha Rustagi
 Tim Rutland
 Mr. Charles W. Ryan
 Mr. Daniel Sable
 Mr. and Mrs. Omar Saeed
 Azadeh Saghian
 Stephanie Sajuti
 Ms. Sheila Salter
 Mr. Lawrence Samuels
 Mr. and Mrs. Scott D. Sandell
 Ms. Kristine Sandoe
 Mr. and Mrs. Frank M. Sandy
 Mr. Kurt Sanger
 Santa Barbara City College
 Santa Barbara Home Improvement Center
 Dr. Christiaan Saris
 Ms. Sulekha Satija
 Savannah State University
 Mr. and Mrs. I. Kenneth B. Saxon
 SCADAware, Inc.
 Mr. Barry Schacht
 Schechter Foundation
 Mr. Jefferson Scher
 Gregory Schloemer
 Mrs. Denise Schnagl
 Mr. and Mrs. Howard Schneider
 Mr. Jon Schneider
 Mr. George E. Schoellkopf and
 Mr. Gerald Incandela
 Ms. Sandra Schoolfield
 Mr. Andrew Schorr
 Dan Schroeder
 Ms. Jamie Schulke
 Mrs. Judith Adams Schuur
 Mr. Mark J. Schwartz
 Michael Schwartz
 Ms. Sheila Scully
 Mr. and Mrs. Peter Seaman
 Mr. Gordon Seay
 Mr. and Mrs. Dale Seborg
 Mr. Chad Secrist
 Mr. Rajesh Sehgal
 Peter J. Sellon
 Mr. and Mrs. Daniel Semegen
 Piali Sengupta
 Dr. Kenneth Serkes
 Mr. Andrei Sevcic
 Mr. Mukesh J. Shah and Mrs. Parin M. Shah
 Mr. George L. Shapiro
 Mr. Mohit Sharma
 Mr. and Mrs. Kirk B. Shastid
 Jim and Ingrid Shattuck
 Shattuck - St. Mary's School
 Dr. Lyttia Shea
 Mr. and Mrs. Steve C. Shinn
 Mr. George Short
 Mr. and Mrs. George E. Shortle, Jr.
 Mr. John Shutter
 Mr. James Sie
 Sierra Madre Foundation
 Mr. and Mrs. Clark R. Silcox
 Jami Simmons
 Mr. Jeffrey Simons
 Mr. and Mrs. Gary Simpson
 Mr. and Mrs. Kanwaljit Singh
 Mrs. Nitu Singh
 Ms. Kathy Singleton
 Mr. Gene Sinsler and Ms. Patty DeDominic
 Mr. and Mrs. Edward M. Skei
 Mr. Mario L. Small
 Mr. and Mrs. Jan E. Smit
 Ms. Connie J. Smith
 Kevin Smith
 Mrs. Margaret Smith
 Mr. and Mrs. Marion D. Smith

Ms. Mary Smith
 Mr. and Mrs. Scott Smoot
 Mr. Orin Snyder
 Mr. Ron Snyder
 Dr. and Mrs. Julio Soares
 Soigné Productions
 Mr. Sean E. Solomon

Why Direct Relief?

“I am grateful for the privilege of working with the dedicated, ethical, talented leaders, doctors, staff and other donors who are so devoted to this humanitarian global program. ‘Direct Relief International,’ this name is so true and highly respected worldwide.”

–Patricia M. Mitchell, longtime supporter

Mr. Robert A. Sorich
 Ms. Sharon Soulsby
 Mr. Martin Sowers
 Mr. John Sowles
 Mr. Vic Speck
 Ms. Patricia Spector
 Mr. and Mrs. Steven Spencer
 St. Anthony's Community Association
 St. Pauls Episcopal Church Deacons
 Discretionary Fund
 Mr. Mark Stalzer
 Mr. and Mrs. Joseph Stastny
 Mr. Nevin Steindam
 Mr. Paul Stern
 Marc & Eva Stern Foundation
 Mr. Richard Stetser
 Ms. Jill A. Stone and Mr. Kurt Hognlund
 Stone and Earth Landscapes
 Mr. and Mrs. C. Eric Stones
 Mr. Ray Stribling
 Dr. and Mrs. Jack Stuster
 Mr. and Mrs. Selby W. Sullivan
 Mr. and Mrs. William F. Sullivan
 Sulzer Metco (US) Inc.
 The Sun Microsystem Foundation, Inc.
 Ms. Debra Suran
 Elizabeth Grant Sutton Fund
 Mr. Steven Swanson
 Dr. Donald Swayze
 Mr. Andrew Swire
 H. Tafelmacher
 Kurt Talbot
 Dr. and Mrs. Robert M. Talley
 Taylor Ultimate Services, Inc.
 Mr. Kelly F. Taylor
 Team Sundance Beach
 Tech USA, LLC
 Technical Heaters, Inc.
 Sha-Mayn Teh
 Mr. and Mrs. Edward Telenick
 Third Church of Christ, Scientist
 Ms. Anne Thomas
 Mr. and Mrs. Ray Thomas
 Mr. and Mrs. Tony Thomas
 Mrs. Joyce E. Thompson
 Mr. Peter J. Thompson and
 Ms. Valerie Takahama
 Mr. and Mrs. Robert G. Thompson
 Mr. and Mrs. S. G. Tiberi
 Tier Technologies
 Ms. Louise Tighe
 Ms. Mary P. Tighe and
 Mr. Andrew M. Liepman
 Mrs. Patricia M. Tighe
 Mr. Arthur Tipton
 Matt Tirrell and Pamela Lavigne
 Mr. Antti Tirronen
 Tommy Doyle's LLC
 Charles Towne
 Neil Trenk
 Ms. Lorraine Triolo
 Mr. David Troland
 Mr. James Trowbridge
 Igor Trucco
 Trumpf Inc.
 Shirley Tuan
 Mr. and Mrs. Kenneth W. Tucker
 Mr. and Mrs. Patrick N. W. Turner
 Mr. and Mrs. Daniel K. Tyler
 Mr. Peter Ullmann and Ms. Vicki Harrison
 The University Foundation
 Mr. Leon Van Beurden
 Mrs. Patricia Van Every
 Mr. John Vanderford
 Mr. Vijay Varkhedi

Mr. and Mrs. Mark Verbeck
 Mr. Philip Verghese
 Ms. Ana Villodres
 Mr. George O. Visnyei
 Mr. Yakov Vorobyev
 Mr. and Mrs. D. William Wagner
 Ms. Roberta Wahl
 Mr. and Mrs. Thomas C. Wallace
 Mr. John Waller
 Ms. Elsa Walsh and Mr. Bob Woodward
 Mr. Sean F. Walsh
 Ms. Anneke Wambaugh
 Mr. C. R. Warfel
 Mrs. Willa Waring
 Mrs. Elizabeth Warren
 Ms. Mary Warren-Case
 Washington School
 Mr. Alan Waterman
 The Waterman Foundation, Inc.
 Mr. William P. Wathen and
 Ms. Becky Barieau
 Mrs. John W. Watling, Jr.
 Mr. W. Wright Watling
 Mr. R. M. Waugh
 Mr. John Weber
 Mr. and Mrs. Nicholas N. Weber
 Mr. Jonathan Weg
 Mr. and Mrs. Louis Weider
 Ms. Lori E. Weigant
 Mr. Fred Weingarten
 Steve Weisbart
 Richard M. Weisman, M.D.
 Mr. and Mrs. Robert E. Weiss
 Mr. and Mrs. John H. Werden
 Ms. Laura Werner
 Mrs. Pamela West
 West Beach Investments
 Mr. Keith Westcott
 Mr. Arthur H. Westerfield
 Emily Wey
 Mr. and Mrs. Gary Wheelock
 Mr. and Mrs. Kevin D. White
 Mr. and Mrs. Charles W. Whiting
 Mrs. Mary Walsh Wiese
 Mrs. Nancy D. Wilkinson
 Mrs. Steve Will
 Ms. Jodie Willard
 William J. Palmer High School
 Mr. Erik Williams
 Mr. Evan S. Williams, Jr.
 Mr. Harvey Williams
 Mr. and Mrs. J. Vernon Williams
 Mr. Ryan Williams
 Ms. Valerie Williams
 The Willows Mobile Home Park Inc.
 Dr. David C. Wills
 Dr. and Mrs. Dale O. Wilson, Jr.
 Mr. and Mrs. David C. Wilson
 Mr. and Mrs. Dennis Wilson
 Mr. Edward Wilson
 Dr. and Mrs. John P. Wilson
 Mr. and Mrs. Peter K. Wilson
 Mr. Michael Winer
 Mr. Mike Winkelmann
 Mr. and Mrs. Douglas R. Winter
 Dr. Joern Witt
 Mr. Christopher Wofford
 Mr. Rick Wojcik
 Ms. Marjorie Woodruff
 Mr. Gearard Woods
 Mr. and Mrs. William J. Woods, Jr.
 Michael Woolley
 Mr. and Mrs. Walter Woronick
 Dr. and Mrs. Alan Wortman
 Mr. Frank Wu
 Cliff Wyatt
 Mr. and Mrs. Philip J. Wyatt
 Ms. Linda Yawitz
 Dr. Bernice Yeung and Dr. Balam A. Willemsen
 Mr. Yejay Ying
 Mr. Matthew Young
 Mr. and Mrs. Fred Zemke
 Mr. and Mrs. Ken R. Ziegler
 Ms. Kimberly Zimmerman
 Mr. Dale Zurawski and Mr. Geoff Slaff

MANUFACTURERS AND DISTRIBUTORS PROVIDING MEDICAL DONATIONS

3M
 Abbott
 Advanced Sterilization Products
 Alcon Laboratories, Inc.
 Allergan, Inc.
 American Apparel
 Anonymous
 Ansell Healthcare
 Basic Medical
 Baxter International, Inc.
 BD
 BE Innovations, Inc.
 Belmora LLC
 Biovail Pharmaceuticals, Inc.
 Boehringer Ingelheim Cares Foundation
 Börm Bruckmeier Publishing LLC

BP Gamma Medical
 Bristol-Myers Squibb
 C. R. Bard Medical Division
 Calmoseptine, Inc.
 Carlsbad Technology, Inc.
 Cera Products, Inc.
 Chattem Inc.
 Codman & Shurtleff
 Covidien
 CSL Behring
 Cure Medical
 Darden Dental
 DePuy Orthopaedics, Inc.
 Dr. Reddy's Laboratories LTD.
 East-West Associates, Inc.
 Eli Lilly & Company
 EndoSolutions, Inc.
 Ethicon Endo-Surgery
 Ethicon, Inc.
 Fenwal, Inc.
 FirstLine Gloves, Inc.
 FSC Laboratories, Inc.
 Genzyme Corporation
 GlaxoSmithKline
 GSMS Incorporated
 Handpiece Trading Post / Maramar Dental
 Henry Schein, Inc.
 Ho Dental Company
 Home Diagnostics, Inc.
 HoMedics
 Honeywell International, Inc.
 Hospira, Inc.
 ImageFIRST
 InstyMeds Corporation / RedPharm Drug
 Integra LifeSciences Corporation
 Integra Luxtec, Inc.
 J. Jamner Surgical Instruments, Inc.
 Johnson & Johnson
 Johnson & Johnson Consumer Companies
 Kaiser Permanente
 Life Uniform Company
 LifeScan, Inc.
 MAP Pharmaceuticals, Inc.
 Marlex Pharmaceuticals, Inc.
 Mazza Dental Care
 McKesson Medical-Surgical
 McNeil Consumer & Specialty Pharma.
 McNeil Nutritionals, LLC
 MedPac Bags, Inc.
 Medvantage Incorporated
 Mentor Worldwide LLC
 Merck & Co., Inc.

Why Direct Relief?

“Direct Relief is, without question, the most efficient and effective method of helping disadvantaged people of the world—especially mothers and children, who are the most vulnerable. This work moves me immensely.”

– Catherine Firestone, former Direct Relief Board of Directors

Merz Pharmaceuticals, LLC
 Microflex
 Midmark Corporation
 Miltex, Inc.
 Mylan Laboratories, Inc.
 Myoderm
 Nationwide Medical/Surgical, Inc.
 Neutrogena Corporation
 New Chapter Vitamins
 Nipro Medical
 Nisim International
 North Safety Products
 Omni-Tract Surgical
 Omron Healthcare, Inc.
 Onyx Medical Corporation
 Orthofix
 Ortho-McNeil Janssen Pharmaceuticals, Inc.
 P&G
 PDI
 Perfect World Luggage
 Pfizer, Inc.
 Professional Hospital Supply
 Purdue Pharma, L.P.
 Ranbaxy Laboratories Limited
 RF Surgical Systems, Inc.
 Roche Diagnostics
 Rye Pharmaceuticals LLC
 Sage Products, Inc.
 Sanofi-aventis
 Sappo Hill Soapworks
 Schering-Plough Corporation
 Stryker
 Sunshine Heart, Inc.

Sunstar Americas, Inc.
 Tecfen Corporation
 Teleflex Medical
 Teva Pharmaceuticals
 That's Thinking, LLC
 The Clorox Company
 Theken Spine LLC
 Tri-anim
 Vita-Tech International, Inc.
 Watson Pharmaceuticals, Inc.
 Wilburn Medical
 Wyeth Pharmaceuticals
 ZEE Medical Inc.

**CORPORATIONS, MEDICAL
 FACILITIES, ORGANIZATIONS,
 INSTITUTIONS, AND INDIVIDUALS
 PROVIDING IN-KIND SUPPORT
 OVER \$5,000 (WHOLESALE)**

Africa Aid
 Alta Orthopaedics
 Dr. Gilbert Ashor
 Bacara Resort & Spa
 Best Western South Coast Inn
 Bush Hospital Foundation
 Catholic Medical Mission Board
 Cedars-Sinai Medical Center
 Christian Relief Fund
 Citrix Online
 Dr. Richard Closson
 Cottage Hospital
 Ms. Patty Duncan
 Eye & Vision Care
 Fairmont Pharmacy
 FedEx
 Food Bank of
 Santa Barbara County
 Four Seasons Biltmore
 Free Wheelchair Mission
 Mr. & Mrs. Robert Glenn
 Global Medical Brigades
 Globus Relief Fund
 Goleta Valley Cottage Hospital
 Goleta Valley Medical Pharmacy
 Google
 Dr. Eliot Green
 Grossman Burn Foundation
 International Aid
 International Health Partners
 Loloma Foundation
 Mr. & Mrs. John Knox-Johnston
 Medicine Shoppe of
 Santa Barbara
 Ms. Jean Menzies
 Mr. & Mrs. Warren Middleton
 NIH Clinical Center
 Nourish America
 Occhiali Eyewear
 Operation USA
 Oral Health America
 The Orion Foundation
 Partners in Health
 Pepperdine University
 Reddit
 The Salvatorian Mission
 Warehouse
 Sansum Clinic
 Santa Barbara Cottage Hospital
 Santa Barbara Gastroenterology
 Medical Group
 Savusavu Community Foundation
 Sea Mar Community Care Center
 SEE International
 Solvang UVS
 Supply Chain Management
 Systems
 Surgery Center of Hawthorn L.P.
 David Tran, D.D.S
 UCP Wheels for Humanity
 VA Medical Center
 VITAS Innovative Hospice Care
 The World Family
 World Vision, Inc.

THE LEGACY SOCIETY

The Legacy Society *exclusively recognizes those visionary and caring individuals who have included Direct Relief International in their estate plans. Their commitment and dedication are shining examples of generosity that will help Direct Relief International continue its efforts to help people affected by poverty, disasters, and civil unrest live better, healthier lives*

For information on planned giving or on becoming a member of the Legacy Society, please contact Jill Muchow Rode, CFRE, at (805) 964-4767 x181 or visit us online at

www.legacy.vg/directrelief/giving/1.html

Legacy Society Members

Anonymous
 Dotsy and Jack Adams
 Ms. Jane H. Alexander
 Anner Trust
 Estate of Rhea
 Applewhite
 Dr. and Mrs. Gilbert
 L. Ashor
 Mr. & Mrs. William
 J. Bailey
 Mr. Merle E. Betz, Jr.
 Mr. Joseph F. Bleckel
 Helen J. Brown
 Estate of Marguerite Bulf
 Don Bullick
 William S. Burtness
 Ms. Carol Carson
 Ms. Patricia Clancy
 Marjorie B. Cullman Trust
 Roy R. and Laurie M.
 Cummins Fund
 Estate of Margaret E.
 Davis
 Estate of Peter M.
 Dearden
 Estate of Guy Di Stefano
 The Grant C. Ehrlich
 Trust
 Mr. and Mrs. Ted Ewing
 Estate of Howard C.
 Fenton
 Estate of Elsie Feibes
 Estate of Florence Feiler
 Gary and Peggy Finefrock
 June Breton Fisher
 Mildred K. Fusco Trust
 Sandra Garcia
 Kate & Dick Godfrey
 Estate of June Gaudy
 Mrs. Raye Haskell
 Terrence Joseph Hughes
 Estate of Dorothy
 Humiston
 Dick and Pat Johnson
 Ms. Beverly A. Jones
 Estate of Judith Jones

Mr. & Mrs. Frank B. Miles
 Patricia McNulty Mitchell
 Charles J. and Esther R.
 Mlynek Trust
 Estate of Regis J. Morris
 Estate of Harold
 A. Parma
 Jody and Don Petersen
 Mr. Juan Posada
 Estate of Nancy Roberts
 Estate of Maria Rosmann
 The Babette L. Roth
 Irrevocable Trust
 Richard and Maryan
 Schall
 Estate of Marie L.
 Van Schie
 Bill* and Nancy Schlosser
 Estate of June H.
 Schuerch
 Connie J. Smith
 Estate of Margaret
 H. Smith
 Estate of Thelma
 R. Smith
 Mrs. Fred Smithcors
 Estate of Robert
 H. Sommer
 Estate of K.W. Stawicki
 Walter and Mae
 Stern Trust
 The Anna Stuurmans
 Revocable Trust
 Estate of Elna Theusen
 Estate of Grace A. Tickner
 Estate of Wilbur H.
 Thies, Sr. and
 Emily P. Thies
 Donn V. Tognazzini
 Carol Van den Assem
 Trust
 Mr. and Mrs. Lawrence
 B. Wallin

*deceased

Mrs. Marvel Kirby
 John Michael Koelsch
 Dorothy Largay and
 Wayne Rosing
 Kenneth R. Loh
 Estate of Yvonne
 C. Lucassen
 Evelyn C. Lund Charitable
 Remainder Trust
 Frank* and Marilyn Magid
 Audrey E. Martinson
 Martone Family Trust
 Bruce and Kathleen
 McBroom
 Mr. Michael Mendelson

Guiding P

SERVE PEOPLE.

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

LIFT FROM THE BOTTOM. PULL FROM THE TOP.

Working with world-class companies and institutions, bringing resources to the most medically underserved communities in the U.S. and abroad.

BUILD UPON WHAT EXISTS.

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

REMOVE BARRIERS.

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

FOCUS ON ACTIVITIES WITH HIGH IMPACT ON HEALTH.

Maternal and child health; primary care; HIV/AIDS and other chronic diseases; emergency preparedness and response.

MANY THANKS

TO THE PHOTOGRAPHERS WHO CONTRIBUTED TO THIS REPORT:

Jonathan Alpeyrie
Frank Bott
Kristin Brown
Kristi Bullock
Sheila Cullen
Jay Farbman
Andrew Fletcher
Ana Fuentes
Shaleece Haas
AETERNAPHOTO.COM

Alison Jones
ALISONJONESPHOTO.COM
Los Angeles Free Clinic
Matt MacCalla
Margaret Molloy
Monie Photography
Randy Olsen
Servane Pelle
Lindsey Pollaczek

Daniel Rothenberg,
PHOTOASIA.ORG
Warren Schulthies
Dan Smith
Andrew Stern
Liba Taylor
LIBATAYLOR.EU
Irma Turtle
William Vazquez

Rob Wang
ROBWANG.COM
Bryan Watt
Nik Wheeler
Jodie Willard
JODIEWILLARD.COM
Brett Williams
Sarah Wilkinson
Alison Wright

DESIGNED BY Sarah Wilkinson

principles

PLAY TO STRENGTHS. PARTNER FOR OTHER NEEDS.

Engage in activities that address a compelling need and align with our core competencies and areas of excellence. Ally with an expanded network of strategic partners who are working on related causes and complementary interventions in order to leverage resources.

ENSURE VALUE FOR MONEY.

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

BE A GOOD PARTNER AND ADVOCATE.

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

RESPOND FAST WHILE LOOKING AHEAD.

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

TAKE THE HIGH ROAD.

Deliver aid without regard to race, ethnicity, political or religious affiliation, gender, or ability to pay. Inspire participation by earning the trust and confidence of private parties and encouraging their participation in our mission.

OUR MISSION is to improve the health and lives of people affected by poverty, disaster, and civil unrest.



Get Connected with Direct Relief

LEARN MORE. ▶ facebook.com/directrelief

SPREAD THE WORD. ▶ twitter.com/directrelief

SEE VIDEO. ▶ youtube.com/directrelief