



LA LECHE LEAGUE INTERNATIONAL
2005 ANNUAL REPORT



happy mothers, breastfed babies

a gathering of friends



our mission

To help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

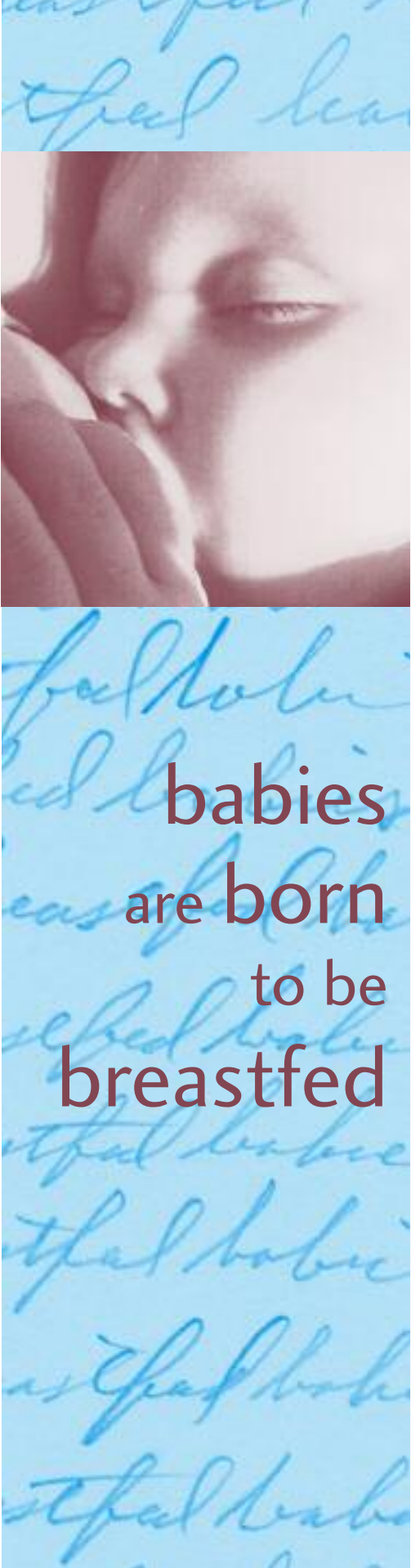
While attending a picnic, Marian Tompson and Mary White spoke about the joys and difficulties they experienced while breastfeeding their babies. They gathered some friends, Mary Ann Cahill, Edwina Froehlich, Mary Ann Kerwin, Viola Lennon, and Betty Wagner, for an informal meeting where they discovered a common enthusiasm to help mothers who wanted to breastfeed their babies.

Two local physicians, Drs. Herbert Ratner and Gregory White, advised the group on the medical aspects of breastfeeding. The doctors joined these seven remarkable women in their instinctive belief that breastfeeding plays a vital role in the health and well-being of mother and baby.

In October 1956, the first LLL meeting was held. The meeting was to give rise to a dream and vision that every mother who wanted to breastfeed her baby would be able to do so. The Founders did not realize that the information, encouragement, and support they first offered as a neighborhood resource would grow to a worldwide organization reaching millions of mothers around the globe. Today La Leche



League International, a nonprofit, nonpolitical, and nonsectarian organization, is an internationally recognized authority on breastfeeding with a presence in sixty-five countries as well as on the worldwide Web.



Dear friend,

La Leche League International has an important mission. More babies need to be breastfed.

Breastfeeding means life for babies, especially those born prematurely or in economically disadvantaged circumstances. Breastfed babies are healthier and smarter because of the unique composition of a mother's milk, which contains all the nutrients, antibodies, hormones, and growth factors that her baby needs. Babies who are not breastfed have higher rates of respiratory infections, gastrointestinal diseases, diabetes, and some childhood cancers.

Families, especially mothers, need information about the importance of breastfeeding to make the choice to breastfeed.

The scientific community provides evidence of the impressive immunological properties of human milk and affirms that the benefits of breastfeeding increase with duration. Breastfeeding is acknowledged to be the superior means of nourishing and protecting a child, surpassing any substitute. Yet only a small percentage of women breastfeed as long as the World Health Organization (WHO) and prominent medical groups recommend.

As our Founders realized almost 50 years ago and studies have subsequently shown, women who feel supported in their decision to breastfeed continue to do so longer. After deciding to breastfeed, mothers need ongoing encouragement and support from experienced mothers to aid and affirm their mothering choices. Support groups are so important to successful breastfeeding that UNICEF included referral of mothers to support groups as a required step to achieve recognition as a Baby-Friendly Hospital. A mother appreciates knowing there is a wealth of experience-based information that she can reach.

Women and babies need what La Leche League offers. We provide mothers with vital information and support at our Group meetings, on our Web site, in publications, through our hotline, and in one-to-one consultations with La Leche League Leaders.

La Leche League can do more to effectively meet the need of mothers around the globe for ongoing breastfeeding support only when we develop a wider network of committed volunteers. Yet increasing numbers of women are employed full time and fewer are making long-term volunteer commitments. Meeting this challenge will require creativity and innovation.

Last year was financially difficult for LLLI. Despite the tireless efforts of Leaders, members, employees, and LLL friends, revenue did not meet expectations; we ended the year with a deficit. While this has been difficult, we know that our message is still strong. We must re-focus on our core competencies—providing mother-to-mother support worldwide.

Some exciting changes brighten our prospects for the year ahead. New technology systems will provide an easy-to-use and personalized on-line catalog, membership systems, and fundraising offerings. More comprehensive reporting from these technology systems will lead to more effective support to mothers. The Community Network, a recently developed online network for Leaders, encourages wider and easier sharing of information, resources, and learning.

As we build on our strength of mother-to-mother breastfeeding support, we will explore new ways to reach out and help more mothers develop successful breastfeeding relationships—leading to healthier and happier children and families. La Leche League has much to offer and much to accomplish. As you contribute to our efforts, you have the thanks of mothers and babies worldwide.

Warmly,
Marcia Lutostanski
Chairman, La Leche League
International Board of Directors

Hedy Nuriel
Executive Director
La Leche League International



LA LECHE LEAGUE HAS A PRESENCE IN SIXTY-NINE COUNTRIES AROUND THE GLOBE



“In emergency and relief situations breastfeeding is of critical importance: it saves babies’ lives. Artificial feeding in these situations is difficult and increases the risk of malnutrition, disease, and infant death.”

International Baby Food Action Network Web site.

BREASTFEEDING HELP AFTER JAPANESE EARTHQUAKE

On the evening of October 23, 2004 the Niagra-Chuetsu area in Japan was hit by strong earthquakes. There were some casualties caused by landslides, collapse of houses and buildings, or from shock. There were repeated aftershocks and people who had no access to water or electricity had to evacuate their homes. Some breastfeeding mothers were among them.

LLL of Japan set up a special counseling service for mothers in the earthquake area. More than 30 LLL Leaders in Japan were eager to offer their help by responding to emails and phone calls. Mothers’ common concerns were insufficient milk supply and inhibited let-down. Some mothers felt that their milk had dried up. Some were simply frightened by the continuing tremors. As well as offering counseling services, LLL Japan immediately published a statement to offer encouragement to breastfeeding mothers suffering from the extreme stress. The persistent message from LLL Japan was to “Keep breastfeeding.”

Breastfeeding protects babies from the risks

of a contaminated water supply. It provides protection against respiratory illnesses and diarrhea—diseases that can be fatal in populations displaced by disaster.

Joining with two other Japanese breastfeeding support organizations, the LLL Leaders formed a committee to develop publications that helped mothers realize how important it is to continue breastfeeding, especially after natural disasters.

Hiroko Hongo of LLL Toshima who played an important part in this effort, writes:

“Many Leaders volunteered as soon as I asked them for help. Each did as much as she could. One Leader made the LLL press release available on our Web site and created a separate site that mothers could access even from mobile phones. To some mothers in the disaster areas, mobile phones were the only way of acquiring information.”

MOTHERS FROM SEVERAL COUNTRIES ATTEND AN LLL GROUP IN MONGOLIA

Melanie Wilson moved from the US as a new Leader. She was eager to start her first Group—one that would become the first ever in Mongolia.



BABIES ARE BORN TO BE BREASTFED

- Breastfed babies have better cognitive development and higher IQs.
- Babies breastfed for six months are 43% less likely to be overweight as children.
- Formula-fed babies have a 3.6 fold increase of hospitalization due to respiratory ailments.
- Human milk feeding reduces the risk of type 1 and type 2 diabetes.
- Breastfeeding protects against ear infections, diarrhea, Sudden Infant Death Syndrome, allergies, asthma, and some childhood cancers.

Because she had a new baby and no members or Leaders in the area to help out, she held the first meetings in her own home. That way she could set up for the meeting the night before while her children slept.

Since there is a large expatriate community in Mongolia, the Group Melanie leads is international in nature. In addition to Mongolian mothers, the Group has members from Canada, Hungary, Romania, and the US.

Even though there is a strong cultural tradition of breastfeeding in Mongolia, breastfeeding advocates there are beginning to see the effects of formula availability, advertising, and strictly scheduled feedings. Melanie has written press releases for the local newspapers several times a year that have been well received. The two articles, complete with photos, have been good advertising for breastfeeding and the LLL Group.

Melanie has ideas for many projects she would like to pursue in Mongolia. She does breastfeeding outreach by speaking at local birth classes, and she will have a table at a health conference this spring. If resources were available she feels there is so much more

I am particularly interested in the positive correlation between breastfeeding and a reduction in the later incidence of overweight and obesity in older children and young adults.

—Micheál Martin, Irish Minister for Health and Children



“There is a strong cultural tradition of breastfeeding here. However, we are seeing the effects of formula availability, advertising, and strictly scheduled feedings. My most frequent helping call is from new mothers saying, ‘I don’t have enough milk.’ ”

Melanie Wilson, Mongolia

she and other breastfeeding advocates could do.

A large deaf community has requested special meetings with their own translators signing Mongolian to English and vice versa. A pregnant teen population made up mostly of street children could also use a special support system.

PROMOTING A BREASTFEEDING CULTURE IN THE US

Kasey Madden, an Illinois mother, just wanted to spend twenty minutes on a treadmill at a local health club. When Kasey was notified that her baby needed her in the nursery, she did what mothers around the world do to comfort and feed their babies, she sat down to nurse her baby. Health club personnel told her she needed to breastfeed her baby in a more secluded area.

Kasey contacted the LLLI office for information on breastfeeding legislation and also used information from the LLLI Web site. She approached several Illinois state senators until she found support for a law that would reaffirm a woman’s right to breastfeed in public. She didn’t give up until the bill was signed into law.

Melissa Vance, Esq., both an LLL Leader and attorney in private practice in the United States, updates the legal section of the LLLI Web Site. Melissa has also used her unique background to help mothers, other lawyers, and media to understand laws about breastfeeding in the US. Some areas of law that are concerned with breastfeeding include breastfeeding in public, breastfeeding mothers and jury duty, custody issues involving breastfed infants, and breastfeeding and employment.

Diedre Wachbrit, JD, is another Leader who also uses her skills as an attorney to help encourage and promote breastfeeding. She is particularly interested in breastfeeding in the workplace. Mothers who want to continue breastfeeding when they



INCREASING INITIATION AND DURATION OF BREASTFEEDING WILL SAVE LIVES

- 3,500 children each day
- 1.3 million children a year
- 30 million in the next 20 years
- 720 each year in the US alone

Every minute, 20 children under the age of 5 die—often from preventable and treatable causes. Newborn infants less than a month old are at the greatest risk.

Infants who are not breastfed have a 21% higher postneonatal infant mortality rate in the United States.

—US Dept of Health and Human Services

return to work may encounter difficulties with their employer. Some employers may try to prevent the mother from expressing milk, or may just frustrate her efforts by making the situation very difficult. Occasionally issues arise concerning whether a breastfeeding mother can extend her maternity leave. More and more states are either encouraging or mandating that employers accommodate breastfeeding mothers when they return to work. Deidre often shares her experience with media, breastfeeding advocates, and other lawyers.

MOTHER-TO-MOTHER HELP IN EUROPE

When a new mother is experiencing a breastfeeding difficulty, she needs a welcome voice, an understanding of her difficulty, and practical solutions. One experienced mother helping another mother learn the art of breastfeeding is the hallmark of this mother-to-mother support.

As the representatives of the LLL Europe Council, Leaders Flore Marquis-Diers (France) Connie Little (Spain), Rachel O’Leary (United Kingdom), Jane Ferren (Ireland) stressed the importance of mother-to-mother support in

increasing the incidence and duration of breastfeeding at the European Conference on the Promotion of Breastfeeding in Europe, held June 18, 2004 in Dublin Ireland. This conference saw the launch of the European Union's Project to issue a document called, "Protection, Promotion, and Support of Breastfeeding in Europe: Blueprint for Action."

These Leaders worked and lobbied to make sure that the importance of mother-to-mother support would be included in this document. The decision to develop the Blueprint was based on overwhelming public health evidence that breastfeeding is one of the most effective interventions for improving lifelong health.

European Leaders were also involved in educating health care professionals during the past year. In March, the Health Professional Training Department of LLL France organized a seminar held in Versailles that attracted 700 health professionals from more than a dozen countries. Continuing education credits were offered and the seminar featured simultaneous interpretation for all speakers.

LA LECHE LEAGUE IN SOUTH AFRICA

LLL Peer Counselor Administrators have trained a number of Peer Counselors in South Africa. At present twelve Peer Counselors are

MOTHERS BENEFIT FROM BREASTFEEDING

- 20 % reduction in breast cancer from breastfeeding one child
- Breastfeeding reduces a mother's chance of postpartum hemorrhaging
- Mothers who formula feed are four times more likely to develop osteoporosis
- Breastfeeding aids in child spacing
- Breastfeeding reduces a mother's chance of developing uterine or cervical cancer
- Breastfeeding helps a new mother lose weight



employed by the South African Department of Health to work in the Maternity Obstetric Units at 12 different sites. Their role is to be available to mothers as they sit in the units waiting for their turn to be seen by the midwife. Staff members state that they cannot imagine what it would be like to work without the Peer Counselors since they have learned so much about breastfeeding from them.

Peer Counselor Nontembeko Mcala shares her experience at Khayalitsha MOU. She believes it is helpful that she can share information about breastfeeding with pregnant mothers so that they can be prepared. It is also helpful that she gets to talk with the mothers after they have had the baby. "When all is well you can see by the mother's face that she is more comfortable and the breast is not hurting; she will say what you have said to her is good." Nontmebeko goes on, "Being a Breastfeeding Peer Counselor has helped me a lot because now I can stand in front of many people and talk. It has really built my self-confidence."

Linda Dineka, a Peer Counselor who works at the Delft Clinic, says that she distributed certificates to mothers who had been exclusively breastfeeding for six months. The nurses at the clinic gathered staff to watch the ceremony. Linda shares, "Then, when they called out the mothers' names there was much hand clapping and many smiles. I think this will encourage more mothers to breastfeed their babies."

"Breastfeeding is a natural safety net against the worst effects of poverty.... It is almost as if breastfeeding takes the infant out of poverty for those few vital months in order to give the child a fairer start in life and compensate for the injustices of the world into which it was born."

—the late James P. Grant, past Executive Director of UNICEF

When institutions encourage and support employees to breastfeed their infants, there is an improvement in maternal and child health and the rate of absenteeism and visits to pediatricians decrease.

LLL, always supportive to mothers and babies, is taking the lead as new threats to breastfeeding develop worldwide. One of the biggest obstacles to breastfeeding in South Africa is concern about the transmission of HIV. In South Africa, exclusive breastfeeding is especially important for HIV infected mothers since mixed feeding, i.e., breast and formula, seems to place infants at greater risk of mother-to-infant HIV transmission. HIV Counselors at the clinics have an opportunity to talk with the LLL trained Peer Counselors to learn about HIV and breastfeeding.

LA LECHE LEAGUE IN THE DOMINICAN REPUBLIC

The health and well-being of the mother and infant can be especially compromised among low-income families. The Mother/Baby Friendly Factory Project is committed to changing this in the Dominican Republic.

LLL Leaders Priscilla Stothers, BSN, Regina Rodriguez, and Marilyn Torres have brought breastfeeding mother-to-mother support to women at their workplace. With the cooperation of an organization of factories and a corporate grant, Liga de La Leche Republic Dominica established the Mother/Baby Friendly Factory Project.

In the last five years, lactation rooms have been set up at four factories in the Dominican Republic. The Leaders conduct monthly moth-

BREASTFEEDING PRESERVES PRECIOUS RESOURCES

- * Human milk is a natural renewable resource and all baby needs for the first six months of life;
- * It requires no packaging, shipping, or disposal;
- * No energy is wasted producing artificial baby milk and related products;
- * No land needs to be deforested for pasture or crop production;
- * It does not create pollution from the manufacturing process;
- * It helps space babies by suppressing fertility of the mother.

er-to-mother support meetings. Ongoing, onsite breastfeeding support and education are provided to all employees.

Because of the project, hundreds of mothers initiate and continue to breastfeed past the typical two to three month timeframe for employed mothers. Within the factories, this project has raised greater appreciation and understanding of the value of breastfeeding to the mother, the child, the family, and the community.

When institutions encourage and support employees to breastfeed their infants, there is an improvement in maternal and child health and the rate of absenteeism and the number of visits to pediatricians decrease. There is an increase in employee morale and loyalty to the employer. La Leche League Leaders in the Dominican Republic are committed to reclaiming the country's traditional breastfeeding culture by encouraging women with up-to-date information and mother-to-mother support.

MEETING THE NEEDS OF BREASTFEEDING MOTHERS WITHIN THEIR COMMUNITIES

La Leche League New Zealand (LLLNZ) launched its Breastfeeding Peer Counsellor



Programme at the LLLNZ 40th Anniversary Conference in September 2004. After completing an LLLI training program as Peer Counselor Program Administrators, two LLLNZ Leaders began work to develop a breastfeeding peer counselor program for New Zealand. Resources from LLL Peer Counselor Programs in the US, Great Britain, and South Africa were combined with LLLNZ breastfeeding expertise and wide consultation with New Zealand health and community groups.

LLLI trained Peer Counselor Administrators are individuals who train Peer Counselors. The goal is to develop support systems within communities that will provide ongoing breastfeeding information and support. The LLLI Peer Counselor Program has been in existence for



BREASTFEEDING SAVES MONEY

\$3.6 billion (US) total savings in health care costs if 50% of US mothers exclusively breastfed for six months

In Australia, if exclusive breastfeeding was increased to 80% at three months it would save \$11.5 million (A) in health care costs for ear infections, insulin dependent diabetes, gastrointestinal disease, and eczema.

If breastfeeding prevented one episode of diarrhea per child in India the total savings would exceed their National Budget for Child Health.

Percentage of minimum wage spent on human milk substitutes for a three-month-old baby:

- Indonesia—50%
- Poland—26%
- New Zealand—5%
- Malaysia—21%
- Slovakia—43%

There is a 27% decrease in absenteeism and 36% decrease in health care costs in US companies that offer corporate breastfeeding support programs.

almost 20 years. The goals of the program include increasing the proportion of mothers who breastfeed in the early postpartum period and to support mothers in continuing to exclusively breastfeed infants until six months of age. The program is designed to meet the needs of underserved populations by training individuals who work within their own communities. The Maori of New Zealand are one such underserved community.

The LLLNZ Breastfeeding Peer Counsellor Programme offers a five-day course to health and community workers to train as Peer Counsellor Programme Administrators. After training, PCP Administrators will be able to identify mothers in their areas or communities as potential Peer Counsellors and then train these mothers in basic breastfeeding and helping skills. Administrators, in consultation with their funding agencies and local peer counselors, will be encouraged to adapt the LLLNZ Peer Counsellor Programme in ways appropriate to their communities. Every program set up by a PCP Administrator will receive a 12-module curriculum for the training of Peer Counsellors, followed by ongoing support from LLLNZ; this includes regular updates of breastfeeding information and continuing education modules to extend Peer Counsellors' breastfeeding knowledge and helping skills.

“Change the breastfeeding laws and you will eventually change the culture.”

Melissa Vance, Esq.

Our donors are making a difference

LLLI invites donors to support our work in a variety of ways

- Unrestricted and restricted gifts to LLLI.
- Corporate Matching gifts, often available through the donor's employer.
- Gifts "In Memory of" or "In Honor of" a group or individual. Tributes for donations of \$50 or more can be printed in the LLLI member magazine, *New BEGINNINGS*. Tribute cards can be sent for donations of any amount, offering a meaningful alternative to a store-bought greeting card.
- Gifts of stocks.
- The Combined Federal Campaign, in which US government workers and military personnel around the world give to the organization of their choice via



Every donation brings us closer to our goal—a world where babies are nurtured and fed at their mothers' breasts. Every additional mother LLLI helps breastfeed means we reduce infant mortality, disease, and environmental pollution.

payroll deductions. (Contribute to LLLI by selecting La Leche League International, #1957, as the recipient.)

- Participation in affinity programs such as shopping online at lli.freepledge.com, iGive.com, completing online surveys through ithinkinc.com, or purchasing checks and address labels at messageproducts.com or familyfeaturedproducts.com/laleche/
- Vehicle donation.
- Planned gifts (a way to continue supporting LLLI through one's estate).

For questions or more ideas, contact the Funding Development Department at 847-519-7730, ex 240; donorrelations@lli.org; or visit us on the Web at www.lalecheleague.org/donor.html

MOTHER NATURE'S VACCINE

If someone developed an inoculation that would prevent the death of millions of infants and at the same time increase their cognitive development, a product that would help spare babies from respiratory infection, diarrhea, and ear infections, one that would reduce the incidence of obesity and diabetes for a lifetime, investors would supply any amount necessary to empower the production of this vaccine. Of course, breastfeeding as a cornerstone of health provides all of the above and much more.

No one, however, is making a profit on breastfeeding...other than the baby who profits from the best start in life with the best nutrition provided at his mother's breast.

La Leche League International extends heartfelt **thanks** to donors at all levels who made a difference during this fiscal year.

LEADERSHIP CIRCLE

Designation as a member of the Leadership Circle is made on a cumulative basis (\$5,000 and above) and these donors are recognized for making a significant difference to LLLL.

Individual Donors

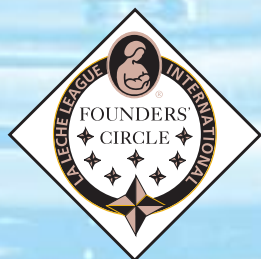
Tammy & John Bretscher, Elgin IL
 Shawn and Jan Hailey, San Jose CA
 Reedy & Phillip Hickey, Marietta GA
 Dee Dee Lynn, Melissa TX
 Ginger & John Sall, Cary NC
 Patricia Young, Sewell NJ

Corporate and Foundation Donors

Medela, Inc., McHenry IL
 Bravado! Designs, Inc. Toronto, ON Canada

FOUNDERS' CIRCLE

Pledges or donations of \$1000 within a fiscal year qualify donors for the Founders' Circle, a giving level established to recognize our generous donors.



Individual Donors

Janet Barrilleaux, Houston TX
 Laura Brodsky, Mount Laurel NJ
 Jeanne & Timothy Cahill, DO, Park Ridge IL
 Saralee & Alexander Christ, Claremont ON Canada
 Cathy Cipolone, Brooklawn NJ
 Paula Clay, Houston TX
 Mary Clifton, Waco TX
 Constance Culley, Chatham NY
 Sandra & Phil Davis, Martin TN
 Kathy Eng, Houston TX
 Edwina Froehlich, Inverness IL
 Lawrence Gartner, Valley Center CA
 Cindy Garza, Houston TX
 Jack Graham, Lawrence KS
 Kathy Grossman, Midvale UT
 Nancy & Doug Habig, Jasper IN
 Kimberley Harding & Josh Bernoff, Arlington MA

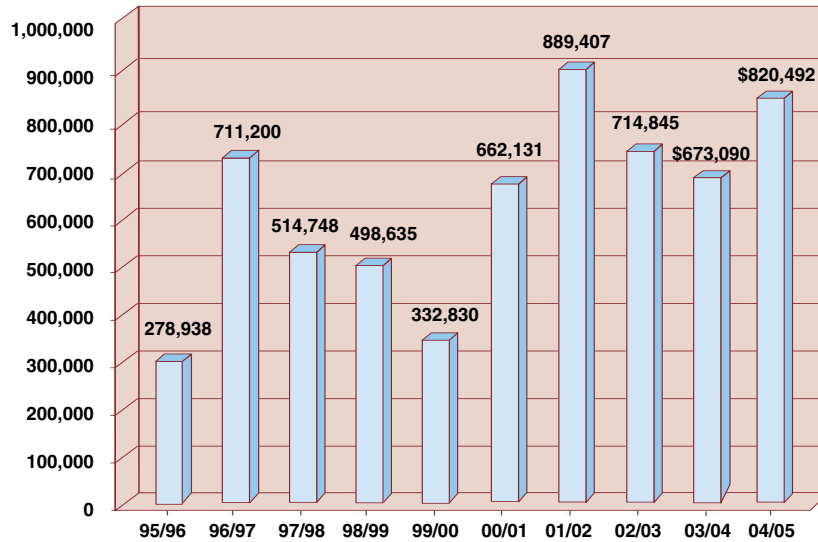
Molly Harris, Miami FL
 Mary & Tom Hurt, Lombard IL
 Harvey Karp MD, Pacific Palisades CA
 Karen Koss, Brighton MI
 Laurie Levy, Mountain Lakes NJ
 Marcia & John Lutostanski, Houston TX
 Rosalie Maimone, Plandome NY
 Marie del Carmen Mariscal, Contadero Mexico
 Sharon Matuszek, Chatham NY
 Nicole McCarroll, Reno NV
 Kim McCollum, Austin TX
 Joellen Melone, Ho Ho Kus NJ
 Jean Nunnally, Houston TX
 Hedy Nuriel, Schaumburg IL
 Kathryn Oliver-Garnett, Tokyo Japan
 Patricia O'Reilly, Nashville TN
 Teri Pfeil, Austin MN

Constance Pond & Glenn Hubbard, New York NY
 Sandra Puchlevic, Camarillo CA
 Deborah Reich, Croton on Hudson NY
 Janice Riordan EdD ARNP, Wichita KS
 Carol & Dan Roberts, Billings MT
 Barbara & Dominick Sasser, Galveston TX
 Martha Sears, Capistrano Beach CA
 Samantha Shubert New York NY
 Mary Sive, Montclair NJ
 Suellen Slater, Westborough MA
 Heidi BK Sloss, Clayton MO
 Margaret Sondey & William Hines, Torreon Mexico
 Betty & Paul Spandikow, Springville TN
 Sandra Thorne, Port Saint Lucie FL
 Carla Till, Rome NY
 Louis Treuting, Metairie LA
 Jane Tuttle, Lawrence KS
 Fran Voss, Berkeley Hgts NJ
 Anne Watson, Riverton IL
 Juanita Watt, Los Alamos NM
 Christie & Bill Weeks, Jonesboro LA
 Stephanie & Bob Weishaar, Germantown MD
 Melody Wilder, Atlanta GA
 Terri Willner, Lancaster PA
 June Winfield, Portland OR
 Elizabeth Woolf, Gulf Breeze FL
 Karen Wright, Mt Vernon OH

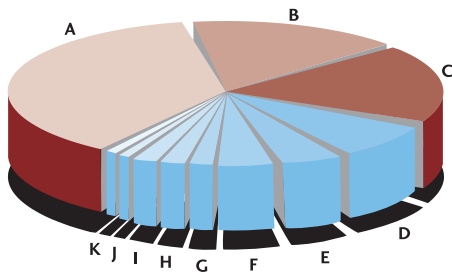
Corporate, Foundation, and Group Donors

David K & Sara K Weston Fund, Cincinnati OH
 Dextra Baldwin, South Salem NY
 Exxon Mobil Foundation, Irving TX
 Harris and Eliza Kempner Fund, Galveston TX
 La Leche League International Board of Directors
 La Leche League of Kansas
 Microsoft Matching Gifts
 Sir Speedy, Schiller Park IL
 Switzer Family Foundation Atlanta GA
 The Kennedy-Hanly Foundation, Dublin Ireland

La Leche League International 10-Year Contribution History

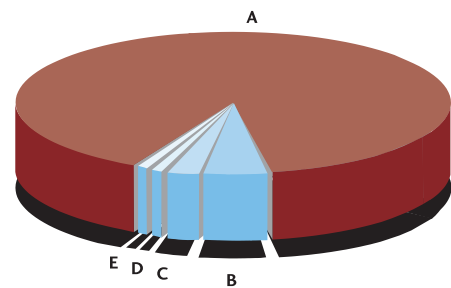


Where does the money go?



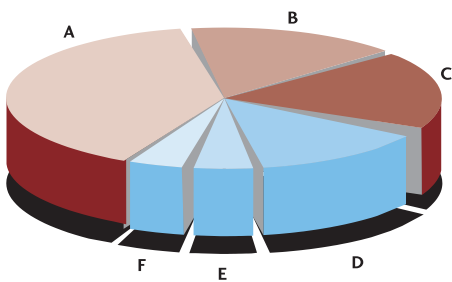
- A - Publications: 38%
- B - Operations: 14%
- C - Other: 13%
- D - Periodicals: 8%
- E - Workshops and seminars: 6%
- F - Fundraising: 6%
- G - Leader support: 4%
- H - Breastfeeding education: 4%
- I - Peer counselors: 4%
- J - Help line: 2%
- K - Reference library: 2%

How are we receiving contributions?



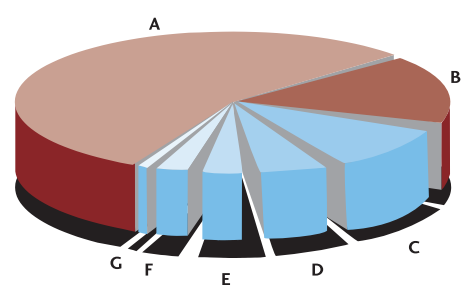
- A - Individual Gifts: 86%
- B - Foundations, Corporations, Groups: 9%
- C - Combined Federal Campaign: 3%
- D - Corporate Matching gifts: 1%
- E - Stock Gifts: 1%

Where does our money come from?



- A - Publication Sales: 40%
- B - Contributions: 23%
- C - Memberships and Subscriptions: 21%
- D - Royalties: 8%
- E - Workshops and Conferences: 4%
- F - Other: 4%

Who is donating to LLLI?



- A - Leaders: 64%
- B - Corporations: 14%
- C - Members: 9%
- D - Retired Leaders: 5%
- E - Customers: 4%
- F - Other: 3%
- G - Groups: 1%

La Leche League International, Inc. Financial Information

Statement of Financial Position

Years Ended March 31, 2005 and 2004

	<u>2005</u>	<u>2004</u>
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents . . .	\$ 585,525 . . .	\$19,130
Short-term investments	193,775	442,857
Accounts receivable, net of allowance for doubtful accounts of \$77,500 . .	182,093	276,902
Royalties receivable	121,783	88,064
Inventory	247,343	347,090
Prepaid expenses	207,748	32,004
Employee advances	31,045	33,963
Total Current Assets	1,569,312	1,240,010
PROPERTY AND EQUIPMENT		
	976,037	1,030,920
OTHER ASSETS		
Certificates of deposit, restricted	85,347	83,931
Total Assets	\$2,630,696	\$2,354,861
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Line of credit	\$41,314	\$10,543
Accounts payable and accrued expenses	309,258	413,754
Deferred revenues	366,009	233,218
Total liabilities	716,581	657,515
NET ASSETS		
Unrestricted	1,211,297	1,363,226
Temporarily restricted	692,818	324,120
Permanently restricted	10,000	10,000
Total Net Assets	1,914,115	1,697,346
Total liabilities and net assets	\$2,630,696	\$2,354,861

Statement of Activities

Years Ended March 31, 2005 and 2004

	<u>2005</u>			<u>2004</u>		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
REVENUES, GAINS, AND OTHER SUPPORT						
Publications, net of discounts and returns of \$189,527	1,348,135	\$ -----	\$ 1,348,135	\$ 1,586,057	\$ -----	1,586,057
Periodicals	321,649	-----	321,649	346,992	-----	346,992
Membership dues	413,942	-----	413,942	365,747	-----	365,747
International conference	-----	-----	-----	690,765	-----	690,765
Royalty income	267,087	-----	267,087	293,869	-----	293,869
Workshop and seminar fees	149,335	-----	149,335	152,008	-----	152,008
World Walk	13,454	-----	13,454	76,545	-----	76,545
Peer counselors	37,752	-----	37,752	59,195	-----	59,195
Enduring materials income	24,236	-----	24,236	9,499	-----	9,499
Special projects income	811	-----	811	1,739	-----	1,739
Investment earnings	3,829	4,348	8,177	48,791	1,463	50,254
Miscellaneous	58,971	-----	58,971	159,137	-----	159,137
Contributions	280,269	526,769	807,038	361,561	234,984	596,545
Total Revenues and Gains	2,919,470	531,117	3,450,587	4,151,905	236,447	4,388,352
Net assets released from restrictions	162,419	(162,419)	-----	185,282	(185,282)	-----
Total Revenue, Gains, and Other Support	3,081,889	368,698	3,450,587	4,337,187	51,165	4,388,352
EXPENSES						
Program Services						
Publications	1,230,237	-----	1,230,237	1,587,430	-----	1,587,430
Periodicals	216,446	-----	216,446	202,346	-----	202,346
Other periodicals	26,527	-----	26,527	20,068	-----	20,068
International conference	-----	-----	-----	689,273	-----	689,273
Leader	132,910	-----	132,910	170,848	-----	170,848
Alumnae	10,922	-----	10,922	23,541	-----	23,541
External relations						
and advocacy	91,108	-----	91,108	85,873	-----	85,873
Public relations	47,438	-----	47,438	44,339	-----	44,339
Customer service	275,954	-----	275,954	219,770	-----	219,770
Workshops and seminars	192,892	-----	192,892	145,645	-----	145,645
Breastfeeding education	120,000	-----	120,000	247,274	-----	247,274
Peer counselors	118,430	-----	118,430	62,439	-----	62,439
Latch On	10,508	-----	10,508	8,051	-----	8,051
Help Line	60,736	-----	60,736	73,130	-----	73,130
Reference library	73,083	-----	73,083	55,749	-----	55,749
Total Program Expense	2,607,191	-----	2,607,191	3,635,776	-----	3,635,776
Supporting Services						
Management and general	381,850	-----	381,850	324,208	-----	324,208
Board of Directors	57,576	-----	57,576	35,205	-----	35,205
Chaordic initiative	-----	-----	-----	60,592	-----	60,592
Fundraising	187,201	-----	187,201	133,995	-----	133,995
World Walk	-----	-----	-----	18,575	-----	18,575
Executive Director search	-----	-----	-----	36,782	-----	36,782
Total Supporting Services	626,627	-----	626,627	609,357	-----	609,357
Total Expenses	3,233,818	-----	3,233,818	4,245,133	-----	4,245,133
CHANGE IN NET ASSETS	(151,929)	368,698	216,769	92,054	51,165	143,219
NET ASSETS						
Beginning of year, as previously reported	1,363,226	324,120	1,687,346	1,281,172	272,955	1,554,127
Prior period adjustment	-----	-----	-----	(10,000)	-----	(10,000)
End of year	\$ 1,211,297	\$ 692,818	\$ 1,904,115	\$ 1,363,226	\$ 324,120	\$ 1,687,346

* Please note there is an additional \$10,000 of permanently restricted Net Assets for 2004 and 2005.



LA LECHE LEAGUE OFFERS MOTHERS THE INFORMATION AND SUPPORT THEY NEED TO INITIATE AND CONTINUE BREASTFEEDING



La Leche League International through its programs and services helps mothers provide the best start in life in countries around the globe. As a humanitarian organization, LLLI relies heavily upon philanthropic support to maintain standards of excellence in service and to meet opportunities for growth as they arise. LLLI depends on its donors to help the organization give the priceless gift of breastfeeding knowledge to mothers around the globe.

LLLI Publications provide breastfeeding information in print for parents, health care providers, and volunteers

La Leche League has sold more than two million copies of its basic manual, *THE WOMANLY ART OF BREASTFEEDING*, which is available in seven languages, on audio tape, and in Braille. Other LLLI publications are available in more than 25 languages.

LLLI is the world's largest resource for breastfeeding information. It publishes 35 books and distributes more than three million publications annually. Over 200 books, pamphlets, and tear-off sheets are available as well as a bimonthly periodical for breastfeeding parents and a quarterly journal for health care professionals.

Each year, new and revised publications are made available to keep parents and professionals up-to-date on current topics of interest.

The Center for Breastfeeding Information collects and distributes scientific information on breastfeeding

The LLLI Center for Breastfeeding Information (CBI) is one of the world's largest libraries of breastfeeding information with more than 40,000 full-length research studies in more than 500 categories of breastfeeding data. The CBI has many online services available.

Telephone and Online Help give mothers immediate assistance

- 120,000 mothers contact the LLLI 800 Helpline annually.
- 4.1 million people visited the La Leche League International Web site last year
- Over 155,000 visitors accessed the Spanish Home Page on the Web site in its second year.
- The LLLI Web site is in the top twenty visited natural health Web sites in the world.

The Department of Education and Meetings plans opportunities for professionals, volunteers, and parents to expand their knowledge of breastfeeding.

An estimated 18 million families have received information from physicians who have attended the annual LLLI Physicians' Seminars over the past 32 years. The seminars have been presented to a total of 3,200 physicians; it is estimated that each physician makes contact with about 6,000 individuals during his or her medical career.

LLLI is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians, approved as a long term provider by the International Board of Lactation Consultant Examiners, and approved as a provider of continuing education in nursing by the Illinois Nurses Association. Each year the Department of Education and Member Services also holds eight Lactation Specialists Workshops

La Leche League Leaders help mothers around the world

Over 42,000 LLL Leaders have been accredited in the past 48 years. Active Leaders worldwide are helping mothers to breastfeed their babies through monthly meetings, by telephone or email, and by working with health professionals.

Peer Counselors reach women in the heart of their communities

To date, LLLI Breastfeeding Peer Counselor Program Administrators have trained more than 772 LLL Peer Counselors and 6200 Peer Counselor Administrators in 34 countries around the world. The purpose of the Peer Counselor Program is to support, protect, and promote breastfeeding in local communities among targeted underserved populations.

La Leche League reaches out to organizations around the world

The External Relations and Advocacy Department helps to establish a proactive global presence for breastfeeding around the world. The Department has two main goals: To establish networking with Private Voluntary

Organizations (PVOs) and other organizations working with maternal/child health, nutrition, and developmental issues and to promote, support and protect breastfeeding in the Global Hispanic Community. The Department works with LLLI Area, Division, and Affiliate administrators on projects, grants, and collaborative activities with international nongovernmental agencies and works with the Global Hispanic Community including Spanish-speaking LLL Leaders and Groups.

LLLI maintains consultative status with the United Nations Children's Fund (UNICEF), official working relations with the World Health Organization (WHO), acts as a registered Private Voluntary Organization (PVO) for the Agency of International Development (USAID), is an accredited member of the US Healthy Mothers/Healthy Babies Coalition, and is a founding member of the World Alliance for Breastfeeding Action (WABA). LLLI is a member of the Child Survival Collaborations and Resources Group (CORE).

The La Leche League Alumnae Association provides a lifetime link

The Alumnae Association links LLL members and Leaders, past and present, who wish to expand the application of LLL philosophy into other stages of their lives. In conjunction with the LLLI Publications Department, the Alumnae Association publishes CONTINUUM for Alumnae Members. The Alumnae members also host an extensive section within the LLLI Web site with opportunities for worldwide networking, fun and sharing. Alumnae members have chosen to continue their affiliation with LLL and to support the work of the organization in a variety of meaningful ways.

The Public Relations Department supplies information to media around the world

Media from around the world contact the LLLI Public Relations Department. They seek information, statistics, facts, and interview contacts. The Department collaborates with the Center for Breastfeeding Information and the LLLI Professional Advisory Board in creating pertinent press releases. Press releases are also adapted for use by La Leche League Leaders.

La Leche League International is the world's largest resource for breastfeeding information.

LLL Board of Directors and Professional Advisory Councils

LLL Board of Directors

Marcia Lutostanski—Chairman, Texas, USA
Heidi BK Sloss—1st Vice Chairman, Missouri, USA
Nan Jolly—2nd Vice Chairman, Port Elizabeth, South Africa
Sharon Matuszek—Treasurer, New York, USA
Sharon Vines—Secretary, Virginia, USA
Donna Cookson Martin—Member at Large, Alberta, Canada
Betty Crase, Illinois, USA
Susan Deo, California, USA
Trudy Hartt, Quebec, Canada
Phoebe F. Kerness, Georgia, USA
Cathy Liles, Texas, USA
Mimi de Maza, Ciudad de Guatemala, Guatemala
Jean Moneyhon, Virginia, USA
Rachel O'Leary, Cambridge, Great Britain
LaJuana Oswalt, Arkansas, USA
Jane Tuttle, Kansas, USA
Carmen Vandenabeele, Elancourt, France

Founders Advisory Council

Mary Ann Cahill
Edwina Froehlich
Mary Ann Kerwin
Viola B. Lennon
Betty Wagner Spandikow
Marian Tompson
Mary White

Professional Advisory Board Health Advisory Council

Naomi Baumslag, MD, MPH
Cheston M. Berlin Jr., MD, FAAP
Hein Bruinse, MD
Leo Buchanan, MB, ChB, FRACP
Geoff A. Cheyne, BDS
Frank W. Countryman, MD
Allan S. Cunningham, MD, FAAP
Arthur I. Eidelman, MD, FAAP
Rolando Figuero, MD, FACOG
Paul M. Fleiss, MD, FAAP, MPH
Lawrence M. Gartner, MD, FAAP, FABM
Armond S. Goldman, MD, FAAP
Carlos González Rodriguez, MD
Jay N. Gordon, MD, FAAP, IBCLC
Thomas Hale, RPh, PhD
Judy Hopkinson, PhD, IBCLC
Cynthia R. Howard, MD, FAAP, MPH
Miriam H. Labbok, MD, MPH, FACPM, FABM, IBCLC
Andre B. LaLonde, MD, FRCS, FACOG, FACS
Ruth A. Lawrence, MD, FAAP
James J. McKenna, PhD
Paula P. Meier, DNSc, RN, FAAN
Audrey J. Naylor, MD, DrPH, FAAP
Marianne Neifert, MD, FAAP
Jack Newman, MD
Edward R. Newton, MD, FACOG
Victoria Nichols-Johnson, MD, FACOG, FABM
Michel Odent, MD
Jairo Osorno, MD
John T. Queenan, MD, FACOG
Carolyn M. Rawlins, MD

Horacio Reyes Vazquez, MD
Jan Riordan, EdD, ARNP, FAAN, IBCLC
Judith P. Roepke, RD, PhD
Richard Schanler, MD, FAAP
William Sears, MD, FAAP
Christina M. Smillie, MD, FAAP, IBCLC
Skadi Springer, MD, IBCLC
Penny Stanway, MB
Muriel Sugarman, MD
Arnold L. Tanis, MD, FAAP
Mark Thoman, MD, FAAP, FACMT
Harry Torney, BDS, MdentSc
William G. White, MD

LEGAL ADVISORY COUNCIL

Priscilla G. Bornmann, JD
Mary Ann Kerwin, JD
Judith Lenabel Elder, JD, LLM, JSD
Catherine Marquis, JD
Ilene Traiger, JD
Jake Marcus, JD
Mark McKenna, JD
Jessica Natkin, JD
Melissa R. Vance, JD

MANAGEMENT ADVISORY COUNCIL

Josh Bernoff
Bill Heritage, BSc, ACA
John Lutostanski, PhD
Cynthia Smith, MS, IBCLC
Hugh Switzer



LA LECHE LEAGUE
INTERNATIONAL

1400 N. Meacham Rd. P.O. Box 4079
Schaumburg IL, 60168-4079 USA

www.lalecheleague.org