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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

A	or tn	2011 calendar year, or tax year beginning	or 1, 2011 and	enaing J	UN 30, 2012								
В	Check if ipplicab	C Name of organization			D Employer identi	fication number							
	Addre	9 DIRECT RELIEF FOUNDATION											
	Name Chang	Doing Business As			20-59	83698							
	!nitial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb	per							
	Termi	27 SOUTH LA PATERA LANE	,		1	64-4767							
	Amen	City or town, state or country, and ZIP + 4			G Gross receipts \$	41,162,850.							
Г	Appli				H(a) Is this a group	return							
	pendi		I SINGH		for affiliates?	Yes X No							
		27 SOUTH LA PATERA LANE, GOLETA, C			H(b) Are all affiliates i								
$\overline{}$	 Γαν. αν		✓ (insert no.) 4947(a)(1)	or 527	7	a list. (see instructions)							
		te: N/A	(moert no.) 4047 (a)(1)	01	H(c) Group exempt								
			ssociation Other	I Vear		M State of legal domicile: CA							
_	art I	Summary	occounter.	IL Ital	orionnation, 2000	W Oute of legal definione.							
٠٠٠	, /		A service of OPP	PATE SOL	FI.V AND								
Activities & Governance	1	Bnefly describe the organization's mission or most EXCLUSIVELY FOR THE BENEFIT OF DIRECT	· · · · · · · · · · · · · · · · · · ·	RATE SOL	BEI AND								
Ë	2	neck this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	3	Number of voting members of the governing body	(Part VI, line 1a)		3	9							
Ğ	4	Number of independent voting members of the go	·	•	4	9							
တ္	5	Total number of individuals employed in calendar				0							
ij	6	Total number of volunteers (estimate if necessary)		•	Ē	0							
ફ		Total unrelated business revenue from Part VIII, co			7:								
ď	ł	Net unrelated business taxable income from Form	• • •		7								
	 				Prior Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h)		0									
Revenue	9	Program service revenue (Part VIII, line 2g)			0.								
Š	10	Investment income (Part VIII, column (A), lines 3, 4	<u> </u>	-109,248	897,176.								
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	1	0									
	12	Total revenue - add lines 8 through 11 (must equa		 	-109,248	897,176.							
_	13	Grants and similar amounts paid (Part IX, column i			, ,								
	14	Benefits paid to or for members (Part IX, column (-	C	<u> </u>							
"	l	Salaries, other compensation, employee benefits (-									
enses	15					<u> </u>							
Ž		Professional fundraising fees (Part IX, column (A),		、。一	<u> </u>								
2個数	I	Total fundraising expenses (Part IX, column (D), lin	L/L / 11 Ti 11 Ti	} 	69,904	62,019.							
7	17	Other expenses (Part IX, column (A), lines 11a-11d		-	69,904								
	18	Total expenses. Add lines 13-17 (must equal Part	1000	<u> </u>	-179,152								
So.	19	Revenue less expenses. Subtract line 18 from ine		.	eginning of Current Yea								
ance.		Total access (Book V. Inc. 16)	S S S S S S S S S S S S S S S S S S S		29,553,367								
Bass	20	Total assets (Part X, line 16)	OCDEN LE	-	25,555,507								
Met Assets Fund Baland	21	Total liabilities (Part X, line 26)	OGDEN, UT	·	29,553,367								
啬	art II	Net assets or fund balances. Subtract line 21 from Signature Block	1 line 20	<u> </u>	25,333,307	27,373,134.							
		Ities of perjury, I declare that I have examined this return,	unduding accompanying schedule	c and etatem	ante and to the heet of	my knowledge and helief it is							
		it, and complete. Declaration of preparer (other than offici				my knowieuge and belief, it is							
~	, corre	is, and complete. Declaration of preparer (other than office	er) is based on all information of w	men prepare		29/13							
ပ္က		Signature of officer			Date Date	27/13,							
(Sig		,			24.0								
Her	е	BHUPI SINGH, EVP, COO & CFO Type or print name and title											
		<u></u>	Deanworla graneture	 -	Date Check	PTIN							
De!		Print/Type preparer's name	Preparer's signature		d d								
Paid					self-employed								
	parer	Firm's name			Firm's EIN	·							
use	Only	Firm's address			D								
				_	Phone no.								
May	the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			└── Yes └── No							

Form **990** (2011)

Form 990 (2011)

Part IV Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Is the organization enguised to complete Schedule B, Schedule of Contributions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Nes,' complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Nes,' complete Schedule C, Part II Is the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 If 'Yes,' complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Did the organization directly or through a related organization, hold assets in temporanty restricted endowments, permanent endowments, or quasi-endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for inv		Yes	No
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 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedulo D, Part IV 1 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b) Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c) Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d) Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X f) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X d) Did the organization organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III, and XIII is optional lis the organization maintain an office, employees, or agents outside of the United Stateser. b) Did the organization maintain an office, e			
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 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	120		x
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	18		x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
	19		x
	20a		х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2011\

Form 990 (2011) DIRECT RELIEF FOUNDATION Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,,
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	* 4	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			*
_	instructions for applicable filing thresholds, conditions, and exceptions):		ŭ . J	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		ж
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form '	990 (2	2011)

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Part '	V	Staten	ents l	Regarding	Other IRS	Filings and	Tax Com	pliance

	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_ ــ ا		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		_
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
_	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>
b	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	 		
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь_		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		•	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	· · · · · · · · · · · · · · · · · · ·	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them) [11b] Section 4047(AVI) non-exempt aboritable truste is the exemptation filing Form 900 in liquid Form 10412	12a		İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	120	<u> </u>	
	<u> </u>	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	├──	<u> </u>	
h	Enter the amount of reserves the organization is required to maintain by the states in which the	[1	
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1	l	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	4 .		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b] , ,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ٺٽ		
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
_	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	1.01. 2.1. Globa (17113 accitor a requests information about policies not required by the internal nevenue code.)		Van	No
102	Did the organization have local chanters, branches, or offiliates?	400	Yes	X
	Did the organization have local chapters, branches, or affiliates?	10a	-	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Α	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1 1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-	-
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed CA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avaılab	le	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website X Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cıal	
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	DIRECT RELIEF INTERNATIONAL, BHUPI SINGH, EVP, COO & CFO - 805-964-4767			
	27 SOUTH LA PATERA LANE, GOLETA, CA 93117			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

		(C) Position			_		(D)	(E)	(F)		
Name and Title	Average hours per week	box	not c	heck ss pe	more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensation from the organization and related organizations	
(1) STANLEY C. HATCH		1	ĺ						_		
CHAIR	1.00	х	_	х	_	╙		0.	0.	0.	
(2) DOROTHY LARGAY, PH.D.								_			
VICE CHAIR	1,00	х	_	х	<u> </u>	$oxed{oxed}$		0.	0.	0.	
(3) THOMAS J. CUSACK		1			ì				_		
SECRETARY	1.00	х	_	х	_	L		0.	0.	0 .	
(4) JAMES SELBERT		_		l							
TREASURER	1.00	х	<u> </u>	х		 -	-	0.	0.	0	
(5) JON E. CLARK	1	١							0.	•	
TRUSTEE	1.00	Х	<u> </u>		┝	<u> </u>		0.	0.	0.	
(6) PRISCILLA HIGGINS, PH.D. TRUSTEE	1.00	x						0.	0.	0.	
(7) AYESHA SHAIKH, M.D.	1.00	 ^ -		-	⊢	\vdash	_	0.		<u> </u>	
TRUSTEE	1.00	х						0.	0.	0.	
(8) JOHN ROMO	1.00	<u> ^</u>		-	⊢	⊢	_	••			
TRUSTEE	1.00	x						ο.	0.	0.	
(9) RICHARD GODFREY		⊢	┢╌	├-	╁	╁	_	-•			
TRUSTEE	1.00	x		ŀ				٥.	0.	0.	
(10) BHUPI SINGH		t	\vdash	├~~	┢	\vdash					
EXECUTIVE VP, COO & CFO	5.00			x				0.	282,301.	20,782	
(11) THOMAS E. TIGHE		┢┈		-	┢				·		
CEO/PRESIDENT	5,00	İ		х		1		0.	344,097.	29,859	
								-			
	1								-		
		\vdash		_	-	-					
	-	_	_	_		_					
	ļ		_								
		1	T		1	$\overline{}$					

Pai	Section A. Officers, Directors, True	1	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	,	Es	stimate	∍d
		hours per	box	, unle	ss pe	rson	is bot or/trus	th an		compensation			nount	of
		week	⊢.	Cei ai	I	I	1	1	- Irom	from related	1		other	
	•	(describe hours for	recto		1		1		the	organization			pensa	
		related	5 of d	ee ee			sated	l	organization (W-2/1099-MISC)	(W-2/1099-MI	SU)		om the anızat	
		organizations	ruste	d trus		a	la di	1	(11-2/1033-11100)			_	d relat	
		in Schedule	dual	tona	[_	를 (S at C	يز					anızatı	
		O)	Individual trustee or director	Institutional frustee	e di c	Key employee	Highest compensated employee	Former						
-								T						
			一			\vdash		t	† · · · · · · · · · · · · · · · · · · ·					
		•	\vdash			\vdash	t	T						
			1											
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		†					1	H						
		 	\vdash	\vdash		\vdash	+	H	 					
							-							
				 	 	\vdash	\vdash	┢						
	Sub-total	<u> </u>			<u> </u>	L	┪	L	0.	626	398.		50	641.
	Total from continuation sheets to Part V	I Section A							0.		0.		<u>-</u>	0.
	Total (add lines 1b and 1c)	ii, occion A	••			-			0.	626	398.		50	641.
2	Total number of individuals (including but n	of limited to th		liete	nd al	hov	اريم	ho r	received more than \$100					
_	compensation from the organization	iot invinced to th	000	nocc		501	c,		coored more than \$100	,ooo or reportan				0
	- Composition from the organization												Yes	No
3	Did the organization list any former officer,	director or tri	istea	e ke	v er	nnle	ovee	or	highest compensated e	mplovee on	1			
	line 1a? If "Yes," complete Schedule J for s			,	, .		,,,,,	,	gpoou.ou			3		X
4	For any individual listed on line 1a, is the su		le co	nmn	ensa	atior	n and	d of	her compensation from	the organization				
	and related organizations greater than \$150	•		•					•			4	x	
5	Did any person listed on line 1a receive or a									dual for services	.			
-	rendered to the organization? If "Yes," com	•				•		0.0.	too organization or many			5		
Sec	tion B. Independent Contractors	,								<u> </u>				
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	rom	
	the organization. Report compensation for										•		-	
	(A)					-		Ī	(B)		•	(0		
	Name and business	address	NO	NE				-	Description of s	ervices	С		nsatio	n
					_	_		\neg						
					_		-	\neg						
								一				_		
*					_			寸						
_								_						
								寸						
]						
2	Total number of independent contractors (i	ncluding but n	ot lır	nıte	d to	tho	se lis	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organia	zation >					0							

)					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ts, and ve 1f					
Program Service C Revenue a	2 a b c d e f	All other program service reve		Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		>	246,107.		×	246,107.
	6 a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal	** 			, .
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 40,916,743.	(ii) Other				
Revenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line	of	>	651,069.			651,069.
Other Rev	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	ctivities. See	•				
	c 10 a b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b	>				
	11 a b c d	Miscellaneous Revenu	e	Business Code			-	-
13200: 01-23-	12 9	Total. Add lines 11a-11d Total revenue. See instructions.		>	897,176.	0.	0.	897,176. Form 990 (2011)

Form 990 (2011) DIRECT RELIEF FOUNDA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respor	nse to any question in th			. \square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	-			
а	Management				
b	Legal	1,185.		1,185.	
С	Accounting	11,940.		11,940.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	48,894.		48,894.	
g	Other		. <u></u> -		
12	Advertising and promotion				
13	Office expenses				
14	Information technology			<u>.</u>	
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not covered				<u> </u>
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	62,019.	0.	62,019.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

20-5983698

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,512,164.	2	10,116,940.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	140,830.	4	60,060.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		İ	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	,		,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	, },		
		employers and sponsoring organizations of section 501(c)(9) voluntary	· 262.74 *2		
	1	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	: (4.%)		y \$1
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1	11	890,442.
	12	Investments - other securities. See Part IV, line 11	26,762,333.	12	19,398,041.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	7,7	14	
	15	Other assets See Part IV, line 11	138,040.	15	666,090.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	29,553,367.	16	31,131,573.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	×2 ×2 × 1	/ .	3 1 3 1
jap		highest compensated employees, and disqualified persons. Complete Part II			
_	Į.	of Schedule L		22	***************************************
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		l	
		Schedule D	0.	25	3,558,379.
	26	Total liabilities. Add lines 17 through 25	0.	26	3,558,379.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			,, , , , ,
ည္က	27	Unrestricted net assets	26,338,511.	27	21,526,304.
ä	28	Temporarily restricted net assets	3,189,820.	28	6,021,854.
덜	29	Permanently restricted net assets	25,036.	29	25,036.
Ē		Organizations that do not follow SFAS 117, check here and			
ō]	complete lines 30 through 34.		_	an a samen and demonstrate
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	29,553,367.	33	27,573,194.
	34	Total liabilities and net assets/fund balances	29,553,367.	34	31,131,573.

Form	n 990 (2011) DIRECT RELIEF FOUNDATION	20-598	3698		Pad	_{re} 12	
Pa	rt XI Reconciliation of Net Assets	-					
	Check if Schedule O contains a response to any question in this Part XI					х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			897,	176.	
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3			835,	157.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29,	553,	367.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,	815,	330.	
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		27,	573,	194.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII					<u>ப</u>	
					Yes	No	
1	Accounting method used to prepare the Form 990: Lash Accrual Other				3.8	£.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2	b	х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			- [
	review, or compilation of its financial statements and selection of an independent accountant?		1_2	c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis		^		_	_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			l		
	Act and OMB Circular A-133?		3	a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			ь			
			Fo	rm 9	90 (2	2011)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Nam	e of t	the organizat	ion						Ē	mployer i	dentification number
				IEF FOUNDATION						20-	-5983698
Pa	rt T	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.		
The	organ			because it is: (For lines							•
1		A church, co	nvention of churche	s, or association of chui	rches desc	nbed in se	ection 170	(b)(1)(A)(i)).		
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)						
3		A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).			
4		· ·	•	operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospital's name,
		city, and stat	_			•				·	•
5				benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	rt describe	ed in
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)		•		•			
6				nent or governmental uni	rt describe	d ın sectio	n 170(b)(1)(A)(v).			
7				ceives a substantial part					or from the	e general p	oublic described in
		-	(b)(1)(A)(vi). (Comple	•			3			3	
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9				ceives: (1) more than 33			rom contr	butions, n	nembersh	in fees, an	d gross receipts from
				nctions - subject to certa							
				axable income (less sec	-	•	·=				
			509(a)(2). (Complete			,			.,e e.g.		
10				perated exclusively to te	st for publ	ic safety. S	See sect io	n 509(a)(4	\$),		
11	х	-	-	perated exclusively for the	-	-			-	v out the i	ourposes of one or
		=	=	ations described in secti		•				-	•
		-		organization and compl		•		,		,	
		a X Type	· · · ·	¬ * '		e III · Fund		tegrated		dШ	Type III - Other
е	Х	• •		at the organization is not	• • •		•	•	r more dis	aualified p	
		_		han one or more publicl		-	•	•		-	
f			=	tten determination from	•	_				-(-)(-)	
		_	rganization, check th			······································		.,,	-		х
g			•	organization accepted ai	nv aift or c	ontribution	from anv	of the follo	owina per	sons?	
Ū		-		lirectly controls, either a			-		• •		Yes No
				upported organization?	3					(., ,	11g(i) X
		_	· ·	n described in (i) above?	,						11g(ii) X
		· ·	•	person described in (i)		e?	•		•		11g(iii) X
h			=	about the supported or						•	. [3(-7)]
			3		3	(-).					
(1)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	s the	(vii) Amount of
(1)		inization	(11) = 11	organization		sted in your			organizátu (i) organiz	on in col.	support
	3			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	Ü.S	5.?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
DIRE	CT R	ELIEF							İ	\vdash	
INTL			95-1831116	ק	x		x		x		451,115.
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Total				İ							451,115.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2010 (e) 2011 (f) Total (a) 2007 (b) 2008 (c) 2009 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (f) Total (b) 2008 (c) 2009 (d) 2010 (e) 2011 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))

		· ·	
6a 33 1/3%	support test	- 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, check this box and
cton har	o The organize	ation qualified as a publish connected organization	

15 Public support percentage from 2010 Schedule A. Part II. line 14

od 35 1/3/8 support test - 2011. If the organization did not check the box of fine 13, and line 14 is 35 1/3/8 of more, check this box of	1110
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	box

	and stop here. The organization qualif	es as a publicly supported organization		
7a	10% -facts-and-circumstances test	- 2011. If the organization did not check a box on line 13	3, 16a, or 16b, and line 14 is 1	0% or more

I7a	10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 16b.	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	izatıon
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	-

		-	
b 109	% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	10%	or
mo	re, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how th	е	
org	panization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		

18	Private foundation. If the organization did not check a box on line 1	3, 16	Sa, 16b,	17a	, or 17b	, check this box and see instructions

15

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
Supplier under the tests listed below misses assemble Dark II.)

Sec	ction A. Public Support	elow, picase com	piete i art ii.j		——————————————————————————————————————		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) 200.	107255	.(0,2000	(4) 2010	(0) = 0.1	(.,
-	membership fees received. (Do not				•		
	include any "unusual grants.")						
2	Gross receipts from admissions,					<u> </u>	
~	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					-	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		}				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						<u></u>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						j
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b					·	<u> </u>
	Public support (Subtract line 7c from line 6)	, ,			>	//** X .	
Sec	etion B. Total Support				l	1 3 7 8 4 7	1
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(2) 2007	(6) 2000	(6) 2003	(4) 2010	(0)2011	(i) rotai
	Gross income from interest,						
.00	dividends, payments received on	, I]
	secunties loans, rents, royalties	 -					
	and income from similar sources				 		
D	Unrelated business taxable income	 -					
	(less section 511 taxes) from businesses	 -					
	acquired after June 30, 1975						
	Add lines 10a and 10b		ļ		ļ		ļ
11	Net income from unrelated business activities not included in line 10b,	 -					
	whether or not the business is	 -					
	regularly carried on						<u> </u>
12	Other income. Do not include gain or loss from the sale of capital	ļ					
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here		<u> </u>				▶∟
Sec	ction C. Computation of Publi	ic Support Pe	rcentage			·	
15	Public support percentage for 2011 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2010					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	11 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	<u>%</u>
18	8 Investment income percentage from 2010 Schedule A, Part III, line 17						
19a	33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		· ·	•		-	
_ <u>-</u> -							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

DIRECT RELIEF FOUNDATION

Employer identification number 20-5983698

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	5.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	•	Yes No
6	Did the organization inform all grantees, donors, and donor adv	-	·
	for chantable purposes and not for the benefit of the donor or	•	•
	impermissible private benefit?		Yes No
Pa		nization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or edi		torically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
	Number of conservation easements included in (c) acquired aft	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	
_	year ▶	,	
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	· ————	
	violations, and enforcement of the conservation easements it h	· , · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		unng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and en	-	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes t	he organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 99	00, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ation, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116		•
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	· • •	▶ \$
	• = = •		· · ———

Sche	dule D (Form 990) 2011 DIRECT RELI	EF FOUNDATION				20-59	83698	Page 2	
	<u> </u>		t Historical Tr	easures or (Other				
3									
Ŭ	(check all that apply):	ori, and other record	s, check any of the	rollowing that a	c a sigi	inicant doc o	na concen	or items	
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	e	Other	nango programo	•				
c	Preservation for future generations	Ü							
4	Provide a description of the organization's co	ilections and explain	how they further the	ne organization's	s exemr	nt numose in	Part XIV		
5	During the year, did the organization solicit or	•	•	•		• •	· care rain.		
J	to be sold to raise funds rather than to be ma				ma a	33013	Yes	☐ No	
Pai	t IV Escrow and Custodial Arrang				s" to Fo	rm 990 Part			
	reported an amount on Form 990, Par		nto ir tirio Organizatio	Tanowered Te		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,		
1a	Is the organization an agent, trustee, custodia		ary for contribution	s or other asset	s not in	cluded			
	on Form 990, Part X?		,				Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table:	• • • • • • • • • • • • • • • • • • • •					
-	ii roo, explain the arrangement in rate xiv	and complete the re-	g				Amou	nt	
С	Beginning balance					1c			
	Additions during the year		-		-	1d			
e	Distributions during the year	•				1e			
f	Ending balance					1f			
2a		rm 990. Part X. line	21?			<u> </u>	Yes	□ No	
ь	If "Yes," explain the arrangement in Part XIV.	, ,							
Pai		the organization an	swered "Yes" to Fo	rm 990, Part IV,	line 10.				
		(a) Current year	(b) Pnor year	(c) Two years ba	ack (d)	Three years b	ack (e) Fo	ur years back	
1a	Beginning of year balance	29,274,496.	28,429,715.	31,306,6	36.	45,480,3	03.		
b	Contributions	1,992,728.	582,986.	179,4	102.	578,6	47.		
С	Net investment earnings, gains, and losses	-497,517.	3,301,012.	1,899,3	350.	-10,335,3	82		
d	Grants or scholarships	450,787.	2,969,313.	4,895,5	31.	4,350,0	69.		
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses	62,019.	69,904.	60,1	42.	66,8		` * *	
g	End of year balance	30,256,901.	29,274,496.	28,429,7	715.	31,306,6	36.	· ,	
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment ▶ _	99.92	_%						
b	Permanent endowment ▶ .08	%							
С	Temporanly restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.							
3 a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered	for the	organization			
	by:						_	Yes No	
	(i) unrelated organizations						3a(i)		
	(ii) related organizations					-	3a(ii) <u>x</u>	
b	If "Yes" to 3a(II), are the related organizations	listed as required or	n Schedule R?				3b	<u> </u>	
4	Describe in Part XIV the intended uses of the					<u>.</u>			
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.						
	Description of property	(a) Cost or of			• •	umulated	(d) Bo	ok value	
		basis (investm	nent) basis	(other)	depre	eciation			
1a	Land								
	Buildings .								
С	Leasehold improvements								
d	Equipment								
е	Other								

Schedule D (Form 990) 2011

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VIII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valua est or end-of-year mai	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) ALTERNATIVE INVESTMENTS	3,631,99	9. END-OF-YEAR	MARKET VALUE	-
(B) S&P 500 INDEX FUND	3,070,02	2. END-OF-YEAR	MARKET VALUE	
(C) SEI LARGE CAP FUND	3,022,16	5. END-OF-YEAR	MARKET VALUE	
(D) SEI WORLD EQUITY EX-US	3,428,97	9. END-OF-YEAR	MARKET VALUE	
(E) SEI CORE FIXED INCOME	6,244,87	6. END-OF-YEAR	MARKET VALUE	- · · · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	19,398,04	1.	·	
Part VIII Investments - Program Related. S				
		1	(c) Method of value	ation:
(a) Description of investment type	(b) Book value	Co	ost or end-of-year mai	
(1)				
(2)				
(3)		_		
(4)			· -	
(5)				
(6)	-			
(7)				
(8)				
(9)			 .	
(10)			·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	
(8)		<u> </u>		
(9)				
(10)	· · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		•	
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Book value		- <u> </u>
(1) Federal income taxes			-	
(2) PAYABLE TO RELATED ORG (DIRECT RELIEF	INTL)	3,558,379.	1	
(3)				
(4)			1 .	
(5)			1	
			1	
(6)			1	
(7)		 	-	
(8)			1	
(9)	-	·	1	
(10)			4	
(11)		2 552 353	4	
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	e 25)	3,558,379, ternents that reports the organ	ization's trability for uncerta	ain tax positions under
2. FIN 48 (ASC 740)				
01-23-12			Sch	iedule D (Form 990) 2011

Sche	edule D (Form 990) 2011 DIRECT RELIEF FOUNDATION		20-5983698	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-	-
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
_	t XII Reconciliation of Revenue per Audited Financial Statements With		Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·	
- а	Net unrealized gains on investments 2a		,	
b	Donated services and use of facilities 2b		\dashv \parallel	
			-	
C	Recoveries of prior year grants 2c		┥ ┃	
đ	Other (Describe in Part XIV.)			
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		\	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	-	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_ 5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses pe	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Other losses 2c		7	
d	Other (Describe in Part XIV.)		1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		1.	
a	Other (Describe in Part XIV.) 4b		╡	
-	Add lines 4a and 4b	*	- _{4c}	
c				
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information		5	
			45 and Obs Dark V. Is	4. D4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			-
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa	int to provide any a	idditional information	l .
FARI	V, LINE 4: BOARD DESIGNATED ENDOWMENT: THE PURPOSE OF THE DIRECT			
D 17 T	DE PAIDE BROWNTOWED INTROMUNION FIRM (PRIES I O PROVIDE & PROPRIES FOR			
KELI	EF BOARD RESTRICTED INVESTMENT FUND (BRIF) IS TO PROVIDE A RESERVE FOR		 	
CURR	ENT AND FUTURE OPERATIONS OF DIRECT RELIEF INTERNATIONAL. THE BRIF			
ALSO	PROVIDES FUNDING TO PAY FOR ALL OF DIRECT RELIEF INTERNATIONAL'S			
FUND	RAISING EXPENSES AND ANY PORTION OF MANAGEMENT AND GENERAL EXPENSES			
NOT	COVERED BY ANNUAL DONATIONS RECEIVED BY DIRECT RELIEF INTERNATIONAL.		<u> </u>	
THIS	YEAR, THE BRIF APPROVED TO PROVIDE FUNDS COVERING 30% OF DIRECT			
RELI	EF INTERNATIONAL'S MANAGEMENT AND GENERAL EXPENSES. THIS INCLUDES THE			
			Schedule D (Form	990) 2011

Schedule D (Form 990) 2011 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Part XIV Supplemental Information (continued)		
FULL COMPENSATION OF THE CEO, 75% OF THE COMPENSATION OF THE COO/CFO, FULL		_
COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES.	<u> </u>	
DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE FROM THE BRIF TO		
DIRECT RELIEF INTERNATIONAL TO PAY FOR THESE EXPENSES ON A MONTHLY BASIS.	· · · · · · · · · · · · · · · · · · ·	
OF THE \$4,009,495 TOTAL APPROVED TRANSFERS AS OF JUNE 30, 2012, DIRECT		
RELIEF INTERNATIONAL RECEIVED \$451,115.		
		_
PART X, LINE 2: THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS,		
WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS		
CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2012, THE		
ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.		
THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL		
JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL,		
STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.		
		. <u></u>
-		
	<u> </u>	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

DIRECT RELIEF FOUNDATION

Employer identification number

20-5983698

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		>	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	` :	1	
	establish compensation of the CEO/Executive Director. Explain in Part III.	٠		
	Compensation committee Written employment contract	, 2		
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			1
	Approval by the board of compensation committee			1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		x
b		4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	,		
		,	,	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	*	
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a		X
D	Any related organization?	6b		<u> </u>
7	If "Yes" to line 6a or 6b, describe in Part III.	-		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	 		
Ü	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
•	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

20-5983698

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	W-2 and/or 1099-MI	2 and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	ε	0	0	0	0	0	0	0
1 BHUPI SINGH	: ≘	282,301.		0	12,250.	8,532.	303,083.	0
	Ξ	0	0	0	0	0	0	0.
2 THOMAS E. TIGHE	(E)	344,097.	0	0	12,250.	17,609.	373,956.	0
	(3)							
3	▣							
	Ξ							
4	▣							
	Ξ							
5	(ii)							
	Ξ							
9	(ii)							
	(I)							
7	(iii)							
	(I)							
8	(III)							
	(3)							
6	<u> </u>							
	Ξ							
10	<u> </u>							
	Θ							
-11	Ξ							
	Ξ							
12	ॏ							
	Ξ							
13	⊞							
	Ξ							
14	▣							
	Ξ							
15	▣							
	Ξ							
16	⊞							
132112 01-23-12				22			Schedul	Schedule J (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Name of the organization **Employer identification number** DIRECT RELIEF FOUNDATION 20-5983698 FORM 990, PART VI, SECTION B. LINE 11: DIRECT RELIEF FOUNDATION'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE 990 TO ALL CURRENT TRUSTEES. REQUESTING THEY REVIEW THE 990 PRIOR TO FILING. THE TRUSTEES ARE GIVEN AN OPPORTUNITY AND ASKED TO REVIEW, RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY, ONCE THIS PROCESS IS COMPLETE AND TRUSTEE APPROVAL IS OBTAINED. THE 990 IS FILED. DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD AND THE RESPONSES AND QUESTIONS. IF ANY, ARE MAINTAINED BY THE CHIEF FINANCIAL OFFICER, FORM 990, PART VI, SECTION B, LINE 12C: WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR. ALL TRUSTEES, OFFICERS AND TRUSTEE COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF DISCLOSURE IS ALSO REQUIRED OF A TRUSTEE, OFFICER, EMPLOYEE AND TRUSTEE COMMITTEE MEMBER AT ANY TIME WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY EMPLOYEES, OR SERVICES OF DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY IN THE BYLAWS. WHEN A TRUSTEE, OFFICER, OR TRUSTEE COMMITTEE MEMBER HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION, THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR THE VOTE. IN ALL CASES. THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE VOTE OF THE OTHER TRUSTEES IS REFLECTED IN THE MINUTES OF THE MEETING OF

Schedule O (Form 990 or 990-EZ) (2011)

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
30, 2012, DIRECT RELIEF INTERNATIONAL RECEIVED \$451,115.	
(B) 100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES,	
ANNUITIES, ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION,	
UNLESS OTHERWISE SPECIFIED BY THE DONOR.	
	
	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number

20-5983698

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

DIRECT RELIEF FOUNDATION

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
					-		
	Γ Τ						
	1						
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization ar	nswered "Yes" to Form 990,	Part IV, line 34 bed	ause it had one	ır more related tax-exen	npt	
(e)	(q)	(0)	(D)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(61 X 13)
		roreign country)		501(c)(3))	, and	Yes	 <u>2</u>
DIRECT RELIEF INTERNATIONAL - 95-1831116	PROVIDES MEDICINES,					╄	
27 SOUTH LA PATERA LANE	EQUIPMENT AND SUPPLIES TO		01	SCH A, PART			
GOLETA, CA 93117	THE UNDERSERVED POPULATION	CALIFORNIA	501(C)(3)	, LINE 7	N/A		×
			-				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ins for Form 990.				Schedule R (Form 990) 2011	Form 990)	2011

132161 01-23-12 LHA

Page 2

20-5983698

Schedule R (Form 990) 2011 DIRECT RELIEF FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(k) ercentage wnership			related	(h) Percentage ownership						90) 2011
(j) (k) General or Percentage managing ownership pertner/			 e or more	:			-			R (Form 9
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			t had on	(g) Share of end-of-year assets						Schedule R (Form 990) 2011
Code 20 of S	1		t because	of total]"
(h) Disproportionate allocations?			IV, line 34	(f) Share of total income						
(g) Share of Dend-of-year at assets			to Form 990, Part	(e) Type of entity (C corp, S corp, or trust)						
(f) Share of total income			n answered "Yes"	(d) Direct controlling entity						
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			e if the organization	Legal domicile (state or foreign country)						28
Pred (rel excluc sec			(Complete	ctivity						
(d) Direct controlling entity			ration or Trust (ear.)	(b) Primary activity						
(c) Legal domicile (state or foreign			 s a Corpor g the tax y							
(b) Primary activity			janizations Taxable ar	N. c						
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization						132 162 01-23-12
[اقتا			1	1 1			132

20-5983698

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	rs with one or more r	elated organizations listed	in Parts II-IV?	* .
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				th x
c Gift, grant, or capital contribution from related organization(s)				1c x
d Loans or loan guarantees to or for related organization(s)				1d ×
e Loans or loan guarantees by related organization(s)				Te X
f Sale of assets to related organization(s)				+ ×
g Purchase of assets from related organization(s)				1g x
h Exchange of assets with related organization(s)				+ ×
i Lease of facilities, equipment, or other assets to related organization(s)				il x
i Lease of facilities, equipment, or other assets from related organization(s)				X :
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1 ×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1m X
n Sharing of paid employees with related organization(s)				1n x
				1
				×
p nembursement paid by related organization(s) for expenses				ν d
 Qther transfer of cash or property to related organization(s) 				_x
r Other transfer of cash or property from related organization(s)			•	1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	nis line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) DIRECT RELIEF INTERNATIONAL - SEE PART VII	a	451,115.	451,115.CASH VALUE	
(2) DIRECT RELIEF INTERNATIONAL - SEE PART VII	æ	2,141,250.	2,141,250,CASH VALUE	
(3) DIRECT RELIEP INTERNATIONAL	0	8,836.	саѕн уадив	
(4)				
(5)				
(9)				:
132163 01-23-12	29		Schedule	Schedule R (Form 990) 2011

20-5983698

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

B. a	1	1	1	Ì	l		1	1
Code V-UBI General or Percentage amount in box 20 managing over cof Schedule K-I partner?								
Perc Own								
General or managing partner?								-
8 E A S	2	<u> </u>						
7-UBI 1-UBI 1065								
(i) Sode V.								
of a second								
(h) Disproportionate allocations?	<u> </u>							
of year ts	ĺ							
(g) Share of end-of-year assets								
, p								
al al								
(f) Share of total income								
(e) Predominant income partners sec (related, unrelated, 5010(3) excluded from tax under section 512-514) votes 1								
Sold And And And And And And And And And An	<u> </u>							
come sted, tax 2-514								
(d) nant in unrela st from								
lomin sectives								
Pred (red								
Sile								
(c) gal domic tte or fore								
(country)								
(a) Name, address, and EIN of entity of entity (b) (country) (b) (country) (d) (d) (e) (d) (d) (d) (d) (d								
,								
(b) Primary activity								
(b)								
Prim								
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(a) Name, address, and EIN of entity								
(a) address, of entity					$ \ \ \ $			
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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Part VII Supplemental Information		.
Complete this part to provide additional information for responses to questions on Schedule R (see instru	uctions).	
SCHEDULE R, PART V, LINE 2A(1):	· · · · · · · · · · · · · · · · · · ·	
FUNDING PROVIDED TO DIRECT RELIEF INTERNATIONAL TO PAY FOR ALL OF		
DIRECT RELIEF INTERNATIONAL'S FUNDRAISING EXPENSES AND 30% OF		
MANAGEMENT AND GENERAL EXPENSES. THIS INCLUDES THE FULL COMPENSATION		
OF THE CEO, 75% OF THE COMPENSATION OF THE COO/CFO, FULL COMPENSATION	 	
OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES. IN THE		
FISCAL YEAR ENDED JUNE 30, 2012, \$2,468,800 OF TRANSFERS TO DIRECT		
RELIEF INTERNATIONAL WERE APPROVED. \$451,115 WAS TRANSFERRED DURING	- 	
THE YEAR, AND THE BALANCE OF \$2,017,685 IS DUE ON DEMAND.	<u> </u>	
		
SCHEDULE R, PART V, LINE 2A(2):		
100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES, ANNUITIES,		
ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE		
SPECIFIED BY THE DONOR. ADDITIONALLY, AT THE END OF EACH FISCAL YEAR,		
DIRECT RELIEF INTERNATIONAL MAY ALSO TRANSFER ANY SURPLUS THAT MAY		
RESULT FROM OPERATIONS OF THAT FISCAL YEAR.		
		
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