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Department of the Treasury

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 F	or the	2012 calendar year, or tax year beginning	JUL 1, 2012 and	d ending	JUN 30, 2013			
B c	heck if	C Name of organization		_	D Employer	identificati	on number	
	Addres	S DIRECT RELIEF FOUNDATION						
	Name change	Doing Business As			7	20-598369	8	
	]Initial return	Number and street (or P.O. box if mail is not o	felivered to street address)	Room/suit	e E Telephone	number		
	Termin ated	27 SOUTH LA PATERA LANE				805-964-4	767	
	Amend return	City, town, or post office, state, and ZIP co	ode		G Gross receipt	s \$	6,35	52,795.
	Applica	GOLEIA, CA 93117			H(a) Is this a	group return	n	
	pendin	F Name and address of principal officer:BHU	PI SINGH	<u> </u>	for affilia	tes?	☐ Yes [	X No
		27 SOUTH LA PATERA LANE, GOLETA,	CA 93117		H(b) Are all aff	ılıates ınclude	d?∭Yes [	No
<u> 1 T</u>	ax-exe	mpt status: x 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	) or 52	?7 If "No," a	attach a list.	(see instructi	ons)
		e: ► N/A			H(c) Group e	xemption nu	umber ►	
		organization: X Corporation Trust	Association Other	L Yea	r of formation: 20	06 <b>M</b> Sta	ate of legal dom	iicile; CA
Pa	rt:	Summary		<u>-</u>				
Activities & Governance		Briefly describe the organization's mission or mo EXCLUSIVELY FOR THE BENEFIT OF DIREC		ERATE SOI	LELY AND			
ř	2	Check this box 🕨 🔲 if the organization disc	continued its operations or dispe	osed of mo	re than 25% of r	ts net asset	s.	
ŏ	3	Number of voting members of the governing boo	dy (Part VI, line 1a)			3		17
ଷ	4	Number of independent voting members of the	governing body (Part VI, line 1b)	١		4		17
es	5	Total number of individuals employed in calenda	r year 2012 (Part V, line 2a)			5		0
Ĭ	6	Total number of volunteers (estimate if necessar	y)		-	6		0
Act		Total unrelated business revenue from Part VIII,				7a		0.
	b.	Net unrelated business taxable income from For	m 990-T, line 3# (-, = 1 // = 1	)		7b		٥.
				<u></u>	Prior Year		Current Ye	
e	8	Contributions and grants (Part VIII, line 1h)	E DEC 1 3 2013			0.		0.
Revenue	9	Program service revenue (Part VIII, line 2g)	(a) are 7 a Cale			0.		0.
Pe.	1	nvestment income (Part VIII, column (A), lines 3	1		89	7,176.	-40	02,430.
_		Other revenue (Part VIII, column (A), lines 5, 6d,		T		0.		0.
		Total revenue - add lines 8 through 11 (must equ	89	- 40	02,430.			
	l	Grants and similar amounts paid (Part IX, colum		0.		0.		
	l	Benefits paid to or for members (Part IX, column	0.		0.			
Expenses	i .	Salaries, other compensation, employee benefits	0.		0.			
en		Professional fundraising fees (Part IX, column (A	•	_	* ,	0.		. O.
Ä		Total fundraising expenses (Part IX, column (D),	·	<u> </u>	-	2 010	1.	
	1	Other expenses (Part IX, column (A), lines 11a-1				2,019.		28,127. 28,127.
	1	Total expenses. Add lines 13-17 (must equal Pai		-	_	2,019. 5,157.		
<u> </u>	19	Revenue less expenses. Subtract line 18 from lin	16 12		Beginning of Curre			30,557.
Assets or Balances	20	Total assets (Part V. line 16)		-  -	31,13		End of Yes	ar 12,492.
Ass. Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		·  -		8,379.		58,157.
Vet und	i	Net assets or fund balances. Subtract line 21 fro	om line 20	-	27,57			74 335.
Pa	rt II	Signature Block	on the 20		37,37	٠,٠٠٠,	25,21	4,555.
<del>،</del>		Ities of perjury, I declare that I have examined this retu	rn including accompanying schedul	lee and etate	ments and to the	nect of my kni	owledge and be	liaf it is
true.	correc	t, and complete. Declaration of preparer (other than of					omicago ana po	iici, it io
<u> </u>	, 001100	1 mores	=	THION Propur	/2	7 7 . 5	· · · · ·	
true, Sign	n	Signature of officer	_		Date	., ., ,		
∬Her	e	BHUPI SINGH, EVP, COO & CFO						
		Type or print name and title						
<del>-</del>		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	j	· ····································	, roparor o orginataro			ıf self-employed		
Prep	arer	Firm's name	I		Firm's	EIN >	<u> </u>	
Use	Only	Firm's address				-··· <b>-</b> -		
Paid Prep	•				Phone	e no.		
		RS discuss this return with the preparer shown a	bove? (see instructions)	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>	· /=-	Yes	No
	01 12-1			tions.	· · ·		Form 99	
			,					\- \- \ - \

Form 990 (2012)

Part IV Checklist of Required Schedules

	<del></del>		1	I
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	١.,	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	<del>  ^-</del> -	×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		<del></del> -
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۳	$\vdash$	<del></del>
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝┯		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۳		<del></del> -
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>.</u>		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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	2001:	, 3.	
	as applicable.		<b>Š</b> 4.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related 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 VIII	11c		х
a	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			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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 and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	14b		Х
15	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	15		Х
16	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	_16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash$	Х
ıJ	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	10		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		_ <u>x</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	$\vdash$	

	990 (2012) DIRECT RELIEF FOUNDATION 20-5983698		P	age 4
Pa	t 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	1	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			ļ
	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		x
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, highest 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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	ì
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
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, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, 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		
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

Form **990** (2012)

X

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

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2012)

DIRECT RELIEF FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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	ér.	(And	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			8. 1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	**.	, 4.	22.3
	(gambling) winnings to prize winners?	1c	C 8	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<b>%</b> .	*	** 3
	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	· \90x	
•	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		X
	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			х
<b>.</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
D	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.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
•	any contributions that were not tax deductible as charitable contributions?	6a		х
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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 "
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	翠.	¥ · 3	źî.
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?	<b>7</b> g		
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.	<b>D</b> :.	<b>~</b>	~
а	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		166
10	Section 501(c)(7) organizations. Enter:	*		17
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			, .
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	7 ;	`	**
b	Gross income from other sources (Do not net amounts due or paid to other sources against	•		, ·
-	amounts due or received from them.)	1	Ÿ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~xx.	ı
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		5.7	,
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		- "
	Note. See the instructions for additional information the organization must report on Schedule O.		*; /	×
b	Enter the amount of reserves the organization is required to maintain by the states in which the		<u> </u>	٠.
	organization is licensed to issue qualified health plans	,		į
С	Enter the amount of reserves on hand		. 48 A.	,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

Form 990 (2012) DIRECT RELIEF FOUNDATION 20-5983698 Page
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				X					
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 1°	7.4		3					
	If there are material differences in voting rights among members of the governing body, or if the governing		1 7 7	<b>(</b> 3	,					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				1 1					
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1		48	11.3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			1 1					
	officer, director, trustee, or key employee?		2		х					
3	Did the organization delegate control over management duties customarily performed by or under the	e 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?									
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
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 approximately appr	point one or								
	more members of the governing body?		7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or								
	persons other than the governing body?		7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:		* *						
а	The governing body?		8a	Х						
b	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 rea	ched at the								
	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 Re	evenue Code.)								
				Yes	No					
	Did the organization have local chapters, branches, or affiliates?		10a		х					
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,	l							
	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?									
ь										
12a										
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	х	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You are the compliance with th	es," aescribe		v						
40	In Schedule O how this was done		12c	x						
13	Did the organization have a written whistleblower policy?		13	x						
14 15	Did the organization have a written document retention and destruction policy?	al buy malaman dant	14	A						
15	Did the process for determining compensation of the following persons include a review and approve	ar by maepenaent	\$34		·					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15a	X	. <u>.</u>					
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15a	x	<del>                                     </del>					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.55		(c)					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a	. fs							
	taxable entity during the year?	none war a	16a		x					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation	3.27	,	t					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•		3						
	exempt status with respect to such arrangements?		16b	À						
Sec	tion C. Disclosure				•					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •								
		ın Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		nd finar	ncial						
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the organiza	ation: 🕨	<b>_</b>						
	DIRECT RELIEF, 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

х

### 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.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	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) THOMAS J. CUSACK	1.00	1									
CHAIR	10.00	X		Х		_		0.	0.	0	
(2) RITA MOYA	1.00	1									
VICE CHAIR	5.00	×		х	<u> </u>	$\vdash$		0.	0.	0	
(3) JOHN ROMO	1.00									_	
TREASURER	5.00	х	L	х	<u> </u>	┝		0.	0.	0	
(4) LAWRENCE DAM	1.00			<u></u>						_	
SECRETARY (5) PATTY DEDOMINIC	5.00	x	<u> </u>	х	<u> </u>	<u> </u>		0.	0.	0	
TRUSTEE	2.00	x				ł		0.	0.	_	
(6) PATRICK ENTHOVEN	1.00	<u>  ^</u>	├			-		0.	0.	0	
TRUSTEE	5,00	x			l			0.	0.	0	
(7) HON. PAUL G. FLYNN	1.00	<del>                                     </del>				┢		· · · · · · · · · · · · · · · · · · ·		•	
TRUSTEE	2,00	x	1			l		0.	0.	o	
(8) DOROTHY GARDNER	1.00	H			┢	┢			•		
TRUSTEE	2.00	x	İ			1		0.	0.	0	
(9) RICHARD GODFREY	1.00	<del>                                     </del>	<u> </u>		<u> </u>	<del>                                     </del>	$\vdash$		-		
TRUSTEE		х						0.	0.	0	
(10) STANLEY C. HATCH	1.00										
TRUSTEE	-	х						0.	0.	0	
(11) W. SCOTT HEDRICK	1.00										
TRUSTEE	2.00	x						0.	0.	0	
(12) ANGEL ISCOVICH, M.D.	1.00										
TRUSTEE	5.00	х						0.	0.	0	
(13) NANCY KOPPELMAN	1.00										
TRUSTEE	2.00	х			<u> </u>		L	0.	0.	0	
(14) DOROTHY LARGAY, PH.D.	1.00				1						
TRUSTEE		х		<u> </u>	<u> </u>	<u> </u>		0.	0.	0	
(15) MARI MITCHEL	1.00	1									
TRUSTEE	2.00	х		<u> </u>	_	<u> </u>	L_	0.	0.	0	
(16) MARY-LOUISE SCULLY, M.D.	1.00	1									
TRUSTEE	2.00	X			<u> </u>	$\vdash$		0.	0.	0	
(17) GEORGE SHORT	1.00	l						_	_	_	
TRUSTEE	5.00	Х	<u>L.</u>			<u> </u>	<u> </u>	0.	0.	Form <b>990</b> (2010	

Form 990 (2012) DIRECT RELIES									20-5983	698		P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
, (A)	(B)			(0	C)			(D)	(E)	ı		(F)	
Name and title	Average	(do		Pos			one	Reportable	Reportable		Es	tımate	∌d
	hours per			ss pe id a d				compensation	compensation	ו ר		nount	of
	week (list any	<u> </u>		I			T	from	from related			other	, to n
	hours for	Jirect		İ		L		the organization	organizations (W-2/1099-MIS			pensa om th	
	related	90 00	stee			usate		(W-2/1099-MISC)	(11 2) 1000 11110	٠, ا		anızat	
	organizations	trust	al tru		, see	E E		<b>`</b>			_	d relat	
	below	Individual trustee or director	Institutional trustee	   55	Key employee	Highest compensated employee	ē	1			orga	ınızatı	ons
	line)	ig.	Inst	Officer	Key	皇島	Former		_				
(18) THOMAS E. TIGHE	5.00	1											
CEO/PRESIDENT	40.00			х	_		<u> </u>	0.	350,0	107.		30,	,160
(19) BHUPI SINGH	5.00			١					000				
EXECUTIVE VP, COO & CFO	40.00			х				0.	290,5	41.			732
		1				ŀ							
	<del> </del>	-				┡			<del></del>	$\dashv$			
		1								ı			
		$\vdash$				╁				$\dashv$			
	-	1								- 1			
	<u> </u>	H		-	├		├		-	$\dashv$			
	<b> </b>	1								- 1			
	† • •	╁┈┤			┢─	╁	┢┈			$\dashv$			
	-	1											
	<del> </del>	$\vdash$		$\vdash$			$\vdash$						
		1								ı			
-							Т			一			
		1								ı			
1b Sub-total						▶	-	0.	640,5	548.		52,	892
c Total from continuation sheets to Part V	II, Section A					$\blacktriangleright$		0.		0.			0
d Total (add lines 1b and 1c)								0.	640,5	48.		52,	892
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	,000 of reportable	э			
compensation from the organization													
												Yes	No
3 Did the organization list any former officer.	, director, or tr	ustee	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on		. 4	, ž	Î.
line 1a? If "Yes," complete Schedule J for s										ļ	3		X
4 For any individual listed on line 1a, is the si									the organization		i	_	3
and related organizations greater than \$15									-		4	X (88.80.18	<b> </b>
5 Did any person listed on line 1a receive or	•				-		relat	ed organization or indiv	idual for services	ŀ	2 <b>4</b> :		<u>-</u> -
rendered to the organization? If "Yes," con Section B. Independent Contractors	пріете Ѕспеаці	e J T	or s	uçn	pers	son		<del></del>			5		Х
	mpopeated in	dono	nde	nt c	ont	racti	ara t	hat recoved more than	\$100,000 of com	Done	otion f		
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	-									helis	ation i	IOIII	
(A)	the calendar y	care	or IQI	ilg v	VILII	O1 V1	1	(B)	year.		(C	 :\	
Name and business	address	NO	NE					Description of s	ervices	C	omper		n
-							寸						-
							T						
							$\Box$						
							ļ						
							- 1						2-
2 Total number of independent contractors (	•	ot li	mite	d to	tho	se lı	sted	l above) who received n	nore than			•	4:
\$100,000 of compensation from the organ	ızatıon 🕨					0							72

Form			.0 .2.)	RELIEF FOUNDA	ATION			20-5983698	Page 9		
Pa	Part VIII Statement of Revenue										
		•	Check if Schedule O cont	ains a response	to any question		70	(0)			
, , ,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	Business Code						
-			All other program service reve	nue							
	3 4 5		Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties	·	<b>•</b>	558,218.			558,218.		
Other Revenue		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal			Kila kir i a a a	\$007Y		
	7	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities 5,794,577. 6,755,225. -960,648.		-960,648			-960,648.		
	8	a b	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	of 1c). See a	•						
	9	a b	Gross income from gaming ac Part IV, line 19 Less' direct expenses Net income or (loss) from gam	ctivities. See _ a b		* * * * * * * * * * * * * * * * * * *	7 1 2 3 S				
	10	a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b	<b>•</b>	7 , 2, 3, 3, 4, 5, 4, 5, 4, 5, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,					
	11	a b	Miscellaneous Revenu		Business Code	A Section of the sect			, de 2		
		q	All other revenue		<u> </u>		<del> </del>				

e Total. Add lines 11a-11d

Total revenue. See instructions.

٥.

-402,430.

Form 990 (2012) DIRECT RELIEF FOUNDS

Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respor	nse to any question in th			
	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	<b>(D)</b> 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	-		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	14461.148
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			***	A STAN
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				(
4	Benefits paid to or for members			17 NO 16 to 6 to 1 to 1	
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 403(b) employer contributions)				•
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	40.		40.	
C	Accounting	10,250.		10,250.	
d	Lobbying		•		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	117,837.		117,837.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
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	Insurance	** • * *			* * * * * * * * * * * * * * * * * * *
24	Other expenses. Itemize expenses not covered 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.)	n manageristi sajah			
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	128,127.	0.	128,127.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		I	1	I

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 10,116,940 12,299. 2 3 Pledges and grants receivable, net 3 60,060 4 Accounts receivable, net 4 82,692, Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 890,442 8,686,454. 11 Investments - publicly traded securities 11 12 19,398,041, Investments - other securities. See Part IV, line 11 22,019,649, 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 666 090 15 Other assets. See Part IV, line 11 15 141 398. 16 Total assets. Add lines 1 through 15 (must equal line 34) 31,131,573 30,942,492. 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 Schedule D 3,558,379 1,768,157. 26 Total liabilities. Add lines 17 through 25 3,558,379 1,768,157. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 21,526,304 27,133,340. 27 Unrestricted net assets 27 28 6,021,854. 2,015,959. Temporarily restricted net assets 29 25,036. Permanently restricted net assets 29 25,036.

> 30,942,492. Form 990 (2012)

29,174,335.

. .

27,573,194

31,131,573.

30

32

33

30

31

32

33

Form	990 (2012) DIRECT RELIEF FOUNDATION	20-5983698	}	Pag	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets	<u>-</u>					
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-402	,430.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		128	,127.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,573			
5	Net unrealized gains (losses) on investments	5	4	,119	,276,		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Pnor period adjustments	8		,987			
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	29	,174	<u>, 335.</u>		
(Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				***		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		•			
	separate basis, consolidated basis, or both:				1		
	Separate basis Consolidated basis Both consolidated and separate basis				{ .		
b	, , , , , , , , , , , , , , , , , , , ,		2b	х	<del> </del> -		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		,	1 3		
	consolidated basis, or both:		1.3.	1 %			
	Separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	and the O	2c	X	<del> </del>		
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				Ì		
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	rigie Audit	30		l x		

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

232012 12-10-12 Form **990** (2012)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

# **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 Open to Public

Yes

11g(i)

11g(ii)

11g(iii)

No

X

X

х

Inspection Name of the organization Employer identification number 20-5983698 DIRECT RELIEF FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ricason for fabric Status (All organizations must complete this part ) dee instructions.
he orgar	nization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
1 🖳	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
з 🖳	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and state:
5 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)
в 🔲	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 🔲	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)
ю 🖳	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 X	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that
	describes the type of supporting organization and complete lines 11e through 11h.
	a X Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
e X	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

X supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

the governing body of the supported organization? (ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

· ·	•	•	• • • • • • • • • • • • • • • • • • • •		•
Provide the following inform	nation	about the	supported o	orgar	nization(s).

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) lis governing	ted in your	organizati	notify the on in col. support?	(vi) Is organizatio (i) organiz U.S.	the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
DIRECT RELIEF	95-1831116	7	х		х		х		3,808,626.
									:
			<u> </u>				-		
							-		
Total 1				* *;		**************************************			3,808,626.

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

Schedule A (Form 990 or 990-EZ) 2012

h

# Schedule A (Form 990 or 990-EZ) 2012 Part II 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.)

Sec	tion A. Public Support					<del></del>	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	• •	, ,	1.		, ,	
	membership fees received. (Do not				·		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to					l	
	the organization without charge						
4	Total. Add lines 1 through 3				-		
	The portion of total contributions		, ,	**	X 6	*.*	
•	by each person (other than a	** **		. `. `. `. `. `. `. `. `. `. `. `. `. `.		**	
	governmental unit or publicly	Λ. ( )					
	supported organization) included	* 5 1 3 3 1		. 1			
	on line 1 that exceeds 2% of the				. "	146	
	amount shown on line 11.			;	*		
	column (f)				ş		
6	Public support. Subtract line 5 from line 4	, , ,	* * * *	* *	· · · · · · · · · · · · · · · · · · ·		
	etion B. Total Support	` , ,,	3.78	· · · · · · · · · · · · · · · · · · ·	<u>"</u>	1	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(b) 2003	(6) 2010	(u) 2011	(6) 2012	(i) iotai
	Gross income from interest,		-				
Ů	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried 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						<u> </u>
	Gross receipts from related activities,	etc (see instructi	one)		*	12	<del></del>
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av vear as a sectio		
	organization, check this box and stor	=	3 m3t, 3000ma, triii	a, roarar, or marke	ex year as a seeme	11 30 1(0)(0)	ightharpoonup
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	·····	-		
	Public support percentage for 2012 (			column (f))		14	%
	Public support percentage from 2011			(7)		15	%
	33 1/3% support test - 2012. If the c	· ·	•	n line 13. and line	14 is 33 1/3% or n	<u> </u>	
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2011. If the		-		line 15 is 33 1/3%	or more, check th	is box
_	and stop here. The organization qual	•		•		, 6, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶□
17a	10% -facts-and-circumstances tes	• •			e 13, 16a, or 16b a	and line 14 is 10% (	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	the organi	<b>L</b>
ь	10% -facts-and-circumstances tes		•		<del>-</del>	17a and line 15 is 1	
J						•	070 UI
	more, and if the organization meets the organization meets the "facts-and-circ				•		ightharpoonup
12	Private foundation. If the organization		-				
10	Trivate loundation. If the organization	an did not check a	DOX OF HIRE TO, TO	a, 100, 17a, 01 1/1		dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2012 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	ation fails to
qualify under the tests listed below, please complete Part II )	

Se	quality under the tests listed b	elow, please com	piete Part II.)	<del></del>		<del></del>	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	<u> </u>	(10) 2009	(0) 2010	(4) 2011	(4) 2012	(i) iotai
•	membership fees received. (Do not	I					
	include any "unusual grants.")						
2	, , , ,						
2	Gross receipts from admissions, merchandise sold or services per-	I					
	formed, or facilities furnished in	I					
	any activity that is related to the	I				i i	
_	organization's tax-exempt purpose	-	<u> </u>				
3	Gross receipts from activities that	I					
	are not an unrelated trade or bus-	I					
	iness under section 513	}	<u> </u>	<u></u>			
4	Tax revenues levied for the organ-	I				}	
	ization's benefit and either paid to	I				1	
	or expended on its behalf	<del></del>	ļ		ļ		
5	The value of services or facilities		1				
	furnished by a governmental unit to	I					
	the organization without charge						
	Total. Add lines 1 through 5	L			<u></u>	<b> </b>	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year		<u> </u>				
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					2 4	
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					}	
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,				i		
	whether or not the business is regularly carried on					1	
12	Other income. Do not include gain		<del> </del>		<del></del>	1	
	or loss from the sale of capital						
13	assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	e first second thi	rd fourth or fifth t	av vear as a section	on 501(c)(3) organiz	ration
-	check this box and stop here	trie organization	s mst, second, tri	ta, tourin, or muri	ax year as a secu	on so recital organiz	ation,
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2012 (I		···	column (fl)	-	15	9/
	Public support percentage from 2011			Colditiii (i))	•	16	9/
	ction D. Computation of Inves					1 10 1	
	<u> </u>					17	0/
	Investment income percentage for 20 Investment income percentage from 2	•		ne 13, column (I))		18	<u>%</u>
18	,			on line 14 and lin	o 15 io mara thee	<del></del>	
198	a 33 1/3% support tests - 2012. If the	-					r is liot
	more than 33 1/3%, check this box at	-	•		• • •		<b>₽</b> ∟
	33 1/3% support tests - 2011. If the	-			•		ariu
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization			•		•	
~~	i i ivate ioungation, ii the organizatio	ii ala not check a	IIII 14, IX	ر مر ا العلام بالالالا ا	ino dux and see if	เอเเนษเปที่ไอ้	

### **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

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(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	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		ncally important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form 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
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	•	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
Þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
ь	Assets included in Form 990, Part X		► \$ ► \$

	1	EF FOUNDATION				0-59836			ge <b>2</b>
Pai	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	r Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant u	ise of its	collection	ıtems	
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	he organization's exe	empt purpo	se in Part	XIII		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?		[	Yes		No
Paı	t IV Escrow and Custodial Arrange	gements. Complet	te if the organizatio	n answered "Yes" to	Form 990,	Part IV, II	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?		•			[	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amount		
С	Beginning balance	••			1c				
d	Additions during the year	-			1d				
е	Distributions during the year				1e				
f	Ending balance	_			1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?		<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided in Part XIII					
Pai	t V Endowment Funds. Complete if	the organization ans	wered "Yes" to For	rm 990, Part IV, line	10.		-		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three ye	ars back	(e) Four	years ba	ack
1a	Beginning of year balance	30,256,901.	29,274,496.	28,429,715.	31,30	06,636.	45,	480,3	03.
ь	Contributions	863,913.	1,992,728.	582,986.	17	79,402.		578,6	47.
С	Net investment earnings, gains, and losses	3,682,539.	-497,517.	3,301,012.	1,89	9,350.	-10,	335,3	82.
d	Grants or scholarships	4,108,626.	450,787.	2,969,313.	4,89	5,531.	4,	350,0	69.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	128,127.	62,019.	69,904.	(	0,142.		66,8	63.
g	End of year balance	30,566,600.	30,256,901.	29,274,496.	28,42	29,715.	31,	306,6	36.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	99.92	%						
b	Permanent endowment .08	%	-						
С	Temporanly restricted endowment ▶	<del></del> %							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organiza	ation			
	by:							Yes I	No
	(i) unrelated organizations						3a(i)		x
	(ii) related organizations						3a(ii)		x
ь	If "Yes" to 3a(II), are the related organizations	s listed as required or	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the				_				
Pai	t VI Land, Buildings, and Equipm	<b>ent.</b> See Form 990,	Part X, line 10						
	Description of property	(a) Cost or ot	1 , ,	, ,	ccumulated	i 🗌	(d) Book	value	
		basis (investm	ent) basis (	(other) de	preciation				_
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								_
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	(, column (B), line 1	O(c) )		<b>▶</b>			0.

Part VII Investments - Other Securities. See	e Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	_		
(3) Other			
(A) ALTERNATIVE INVESTMENTS	5,535,314.	END-OF-YEAR MARKET VALUE	<u></u>
(B) SEI LARGE CAP FUND	3,816,859.	END-OF-YEAR MARKET VALUE	
(C) SEI WORLD EQUITY EX-US	4,253,603.	END-OF-YEAR MARKET VALUE	
(D) SEI CORE FIXED INCOME	1,874,793.	END-OF-YEAR MARKET VALUE	
(E) SEI CORE PROPERTY FUND	2,732,808.	END-OF-YEAR MARKET VALUE	
(F) SEI LARGE CAP INDEX FUND	3,806,272.	END-OF-YEAR MARKET VALUE	
(G)			
(H)			
(I)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,019,649.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		***************************************	esi:
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
(2)			
(3)			
(4)			-
(5)			
(6)			
(7)	······		<u> </u>
(8)			<del>-</del>
(9)	<del></del>		+
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	151		
Part X Other Liabilities. See Form 990, Part X, 1	ino 25		<u> </u>
1. (a) Description of liability		b) Book value	*.
(1) Federal income taxes	· · · · · · · · · · · · · · · · · · ·	,	
(2) PAYABLE TO DIRECT RELIEF (SEE SCH D, F	PART XIII)	1,768,157.	
(3)			
(4)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)		<b>*</b>	
(8)		₹	
(9)			
(10)			
(11)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)	1,768,157.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D	(Form 990) 2012 DIRECT RELIEF FOUNDATION	20	0-5983698 Page <b>4</b>
	t XI	Reconciliation of Revenue per Audited Financial Statements \	Vith Revenue per Ref	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:	·	
а		nrealized gains on investments 2a	1	
b		ted services and use of facilities	-	
С	Reco	venes of prior year grants	1	*.
d		r (Describe in Part XIII )		*
		ines 2a through 2d	****	2e
3	_	ract line 2e from line 1	<del> </del>	3
4		unts included on Form 990, Part VIII, line 12, but not on line 1:		
a		tment expenses not included on Form 990, Part VIII, line 7b	1	, , , , , , , , , , , , , , , , , , ,
b		r (Describe in Part XIII.)	<del>                                     </del>	* <u>*</u> <
		ines 4a and 4b		4c
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<del> </del>	5
		Reconciliation of Expenses per Audited Financial Statements		
1		expenses and losses per audited financial statements		1
2		unts included on line 1 but not on Form 990, Part IX, line 25:		3
a		ted services and use of facilities 2a	L.	j c
b		year adjustments 2b	<del>                                     </del>	w.
c		rlosses	<del></del>	
d		r (Describe in Part XIII.)	<del>                                     </del>	
		ines 2a through 2d		2e
3		ract line 2e from line 1	<del></del>	3
4		unts included on Form 990, Part IX, line 25, but not on line 1:	1	
· a		tment expenses not included on Form 990, Part VIII, line 7b	1	35
b		r (Describe in Part XIII.)	<del></del>	<b>. \$</b> \$
		ines 4a and 4b	<del></del>	4c
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·	5
		Supplemental Information		<del>-</del>
- 0		his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4: Part IV. lines 1b	and 2b: Part V. line 4: Part
	•	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		
		LINE 4: BOARD DESIGNATED ENDOWMENT: THE PURPOSE OF THE DIRECT	,	
RELI	ef b	DARD RESTRICTED INVESTMENT FUND (BRIF) IS TO PROVIDE A RESERVE	FOR	
CURR	ENT I	AND FUTURE OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES		
FUNE	ING '	TO PAY FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND ANY		
PORT	ON O	OF MANAGEMENT AND GENERAL EXPENSES NOT COVERED BY ANNUAL DONATI	ons	
RECE	IVED	BY DIRECT RELIEF. FOR THE YEAR ENDED JUNE 30, 2013, THE		
FOUN	DATI	ON TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING JUS	т	
UNDE	R 30	FOR DIRECT RELIEF'S MANAGEMENT AND GENERAL EXPENSES. THIS		

Schedule D (Form 990) 2012 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Part XIII   Supplemental Information (continued)		
INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE COMPENSATION OF THE	<del></del>	<del></del>
COO/CFO, FULL COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL	·	
EXPENDITURES.		
THE FOUNDATION TRUSTEES MAY ALSO APPROVE TRANSFERS FROM THE BRIF TO COVER		
PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED A GENEROUS GIFT		<del></del>
FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE ORGANIZATION'S	<del></del>	
MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION MAINTAINS THE FUNDS,		
AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF \$300,000 TO DIRECT		
RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE 30, 2017.		
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, 2013, 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 2009.		
	<u>.</u>	
DAPT Y LIME 1. DIDECT DELIVE POINTANTON ACCRIEC MUR ANOTHER DAVABLE PROM		
PART X, LINE 1: DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE FROM		<del></del>
THE BRIF TO DIRECT RELIEF ON A MONTHLY BASIS. THE BALANCE DUE AS OF JUNE		
30, 2013 CONSISTS OF THE FOLLOWING:		
PRIOR YEAR APPROVED TRANSFERS (A) 3,558,380		
CURRENT YEAR APPROVED TRANSFERS 2,018,403		
ACTUAL TRANSFERS TAKEN (3,808,626)		
TOTAL AMOUNT DUE AS OF JUNE 30, 2013 \$ 1,768,157		
	Schedule D (Form	1 990) 2012

Schedule D (Form 990) 2012 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Schedule D (Form 990) 2012 DIRECT RELIEF FOUNDATION  Part XIII   Supplemental Information (continued)		
•		
	<u>-</u> ·	
(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH YEAR ARE		
CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.		
	·	
74-1		
<del></del>		
<del></del>		
<del></del>		

### **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

Inspection

Name of the organization

DIRECT RELIEF FOUNDATION

Part I | Questions Regarding Compensation

**Employer identification number** 20-5983698

			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.		12 \$6.	1
	First-class or charter travel Housing allowance or residence for personal use	1 W. S	ak z	. **
	Travel for companions Payments for business use of personal residence	; W. 4	M. Y	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			2. 3
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	, 3.3. 5	vole.	
			Mi.	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	D.3	fi.	á s.
	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,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	es es		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	å.		
	establish compensation of the CEO/Executive Director, but explain in Part III.	1 0		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			4 61
		* *	, ,	3 (3)
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:			1 24
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	- AMERIC A.	^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			ů.
	Only costion 501(a)(2) and 501(a)(4) experientions must complete lines 5.0		*	
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
2	The organization?	≈	â .	x
	Any related organization?	5b		x
-	If "Yes" to line 5a or 5b, describe in Part III.			7.
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:	. \$		
а	The organization?	6a		х
	Any related organization?	6b		х
-	If "Yes" to line 6a or 6b, describe in Part III	. &		3
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	. 350%	outer sin 2	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reponed as deferred In prior Form 990
(1) THOMAS E, TIGHE	Ξ	0	0	0.	0	0.	0	0.
CEO/PRESIDENT	€	350,00		0	12,5(	17,660.	380,167.	0
(2) BHUPI SINGH	€	0.	0	0	0	0	0	0
EXECUTIVE VP, COO & CFO	€	290,541.	0	0	12,500.	10,232.	313,273.	0
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232112				ć			Schedu	Schedule J (Form 990) 2012

### **SCHEDULE 0**

(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

2012
Open to Public 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 ASKED TO REVIEW AND ARE GIVEN AN OPPORTUNITY TO 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 TRUSTEES. AS WELL AS THEIR 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) (2012)	Page 2
Name of the organization  DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
THE TRUSTEES OR APPLICABLE TRUSTEE COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 15: DIRECT RELIEF FOUNDATION DOES NOT	
HAVE ANY PAID EMPLOYEES, AND, THEREFORE, DOES NOT HAVE A REQUIREMENT TO	
HAVE A COMPENSATION POLICY.	
THE CEO & COO/CFO ARE OFFICERS, BUT ARE NOT COMPENSATED BY DIRECT RELIEF	
FOUNDATION. THEY ARE COMPENSATED BY DIRECT RELIEF, A RELATED ORGANIZATION,	
WHICH HAS IN PLACE A COMPENSATION POLICY THAT INCLUDES A REVIEW AND	
APPROVAL BY INDEPENDENT PERSONS, ANALYSIS OF COMPARABILITY DATA, AND	
DOCUMENTATION OF THE DECISION-MAKING PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19: DIRECT RELIEF FOUNDATION'S	
GOVERNING DOCUMENTS ARE AVAILABLE THROUGH ITS RELATED ORGANIZATION'S	
WEBSITE, DIRECT RELIEF, AT WWW.DIRECTRELIEF.ORG.	_
FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II:	
THE COMPENSATION REPORTED HERE IS THAT PAID BY DIRECT RELIEF, A RELATED	
TAX-EXEMPT ORGANIZATION, FOR THE CALENDAR YEAR 2012, IN LINE WITH THE	
FORM 990 REQUIREMENTS.	
· · · · · · · · · · · · · · · · · · ·	
THE COMPENSATION OF THE CEO AND COO/CFO IS DETERMINED SOLELY BY THE	
BOARD OF DIRECTORS OF DIRECT RELIEF, 100% OF THE CEO'S COMPENSATION AND	
75% OF THE COO/CFO'S COMPENSATION WAS PROVIDED BY THE DIRECT RELIEF	
FOUNDATION THROUGH REGULAR BOARD-APPROVED TRANSFERS OF FUNDS TO DIRECT	<del>-</del>
RELIEF.	<del></del>

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
\$300,000 TO DIRECT RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE	
30 2017	
30, 2017.	
<del></del>	
(C) 100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES,	
ANNUITIES, ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION,	
UNLESS OTHERWISE SPECIFIED BY THE DONOR.	
	V-10-10-10-1
	-

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

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.

2012 Open to Public Inspection OMB No 1545-0047

▼ See separate instructions.

**Employer identification number** 

Direct controlling entity 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) 20-5983698 End-of-year assets Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity DIRECT RELIEF FOUNDATION Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) ŝ controlled × entity? Yes Direct controlling N/A Public charity status (if section 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) CALIFORNIA THE UNDERSERVED POPULATION EQUIPMENT AND SUPPLIES TO Primary activity PROVIDES MEDICINES, Name, address, and EIN of related organization DIRECT RELIEF - 95-1831116 SOUTH LA PATERA LANE 93117 CA GOLETA,

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

29

Schedule R (Form 990) 2012

20-5983698

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.)

Share of total Share of end-of-year assets Yes No K-1 (Form 1065) Yes/No K-1 (Form 1065) Ye	Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(f) (g) (h) Section income assets (horist) (f) (g) (h) Section (f) (g) (h) Section (f) (g) (h) Section		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	plete if the organization	(c) (d) Legal domicite (state or foreign country)		
(d) Direct controlling entity	oration or Trust (Com	tivity		
(c) Legal domicile (state or foreign country)	as a Corpo	Prim		
(b) Primary activity	anizations Taxable	ooration or trust duri		
(a) Name, address, and EIN of related organization		(a)  Name, address, and EIN  Of related organization		

20-5983698

Schedule R (Form 990) 2012	Schedule R (Form 990) 2012 DIRECT RELIEF FOUNDATION
Part V Transactions With	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)
Note: Complete line 1 if any e	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

2012	990)	Form	Schedule R (Form 990) 2012		31	232163 12-10-12
						(9)
						(5)
						(4)
			CASH VALUE	863,913.	တ	(3) DIRECT RELIEF - SEE PART VII
	į		808,626.CASH VALUE	3,808,626.	ж	(2) DIRECT RELIEF - SEE PART VII
			CASH VALUE	325.	ę,	(1) DIRECT RELIEF
		ved ved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of other organization
			relationships and transaction thresholds.	this line, including covered	who must complete	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.
	×	13	•			
×	<b>&gt;</b>	. +				r Other transfer of each or account to related executation(e)
×	∢	후후				<ul> <li>p Heimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>
			,			
	×	2			(2)	
L	×	5			anzanda) tion(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
××		<b>=</b> £			anization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)   • Performance of services or membership or fundraising solicitations by related organization(s)
×	- constitu	<del></del>				k Lease of facilities, equipment, or other assets from related organization(s)
×		F				j Lease of facilities, equipment, or other assets to related organization(s)
×		÷				i Exchange of assets with related organization(s)
×		<b>₽</b>				
×		1g				g Sale of assets to related organization(s)
×	***************************************	#				f Dividends from related organization(s)
×		9				e Loans or loan guarantees by related organization(s)
×		P				d Loans or loan guarantees to or for related organization(s)
×		1				c Gift, grant, or capital contribution from related organization(s)
×		1b				b Gift, grant, or capital contribution to related organization(s)
×		1a		ò		a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
2	SAL		In Parts II-IV?	related organizations listec	ns with one or more	Total Complete line in any entity is instead in Taris in, in, Or iv or this schedule.  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?
2	Yes					Note. Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule.

Schedule R (Form 990) 2012 DIRECT RELIEF FOUNDATION

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)

(K)	Percentage	4																					Schedule R (Form 990) 2012
9	eral or l	yes No			1														L				] i
-	Ger 20 mai	<del>K</del>		 	+		_		-	 				_					╁	 	$\vdash$	 	ا او
9	Code	of Schedule K (Form 1065)																					Schode
Ξ	÷'	allocations?			1	Ţ.				 													
F	Z,	ë g			+					 _			$\dashv$						╀				-
(5)	Share of	assets						,							_								
£	Ŗ ÷	_																					
(e)	Are all partners sec 501(c)(3)	Yes No			1												_					 	
	. 16 50 50 1	14) Ye			+			,	-							 _			+		_	 	+
stinent partnersin	Predominant income pa	excluded from tax inder section 512-5	1																				
	nicile	country)																					
ructions regarding exclus	ctivity																						
that was not a related organization See instructions regarding exclusion of certain investment partiers inps.	Name, address, and EIN	OI CHILLIS																					

Schedule R (Form 990) 2012 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 (se	e instructions).	
•		
SCHEDULE R, PART V, LINE 2A(3):		
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 DELICE WAY ALSO MENAGED TO MUE DIRECT DELICE POUNDATION AND		
DIRECT RELIEF MAY ALSO TRANSFER TO THE DIRECT RELIEF FOUNDATION ANY		<del></del>
SURPLUS THAT MAY RESULT FROM OPERATIONS OF THAT FISCAL YEAR.		
DON'T DO THAT THE KEDOUT THOSE OF THAT TIDEAU THAK.		<del>_</del>
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### Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 $\rightarrow$   $\mathbf{x}$ 

Form 8868 (Rev. 1-2013)

• If you a	are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box			► X
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Electron	omplete Part II unless— you have already been granted a ic filing <sub>(e-file)</sub> . You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-more	ou need a	a 3-month automatic extension of til	me to file (6	6 months for a c	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With	ı Certaın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the elec	ctronic filing of t	hıs form,
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only	<b>y</b> .		-			<b>▶</b> ∐
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reque	st an exten	ision of time	
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification n	umber (EIN) or
Eda bu tha	DIRECT RELIEF FOUNDATION				20-5983698	
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s 27 SOUTH LA PATERA LANE	ee instruc	tions.	Social se	cunty number (	SSN)
instructions	City, town or post office, state, and ZIP code. For a for GOLETA, CA 93117	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	on	Return Code	Application Is For			Return Code
	or Form 990-EZ	01	Form 990-T (corporation)		· · · · · · · · · · · · · · · · · · ·	07
Form 990		02	Form 1041-A			08
Form 472	:0 (Individual)	03	Form 4720			09
Form 990	PF	04	Form 5227	7.4.		10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	+T (trust other than above)	06	Form 8870			12
	DIRECT RELIEF, BHUPI Sooks are in the care of 27 SOUTH LA PATERA LANdrone No. 805-964-4767	•	•			
	organization does not have an office or place of business	s in the l lr				
	is for a Group Return, enter the organization's four digit			If this is fo	r the whole arou	in check this
box ▶	. If it is for part of the group, check this box	7			_	
	quest an automatic 3-month (6 months for a corporation				oro trio exteriore	
	FEBRUARY 15, 2014 , to file the exemp	•	•		The extension	
	or the organization's return for:	Ū	· ·			
<b>▶</b> [	calendar year or					
<b>▶</b> [	tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013		_ ·	
2 If ti	ne tax year entered in line 1 is for less than 12 months, c $\square$ Change in accounting period	heck reas	on: Initial return	Final retur	n	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		<u> </u>	
	nrefundable credits. See instructions. his application is for Form 990-PF, 990-T, 4720, or 6069,	ontor on:	rofundable credits and	3a	\$	0.
	ins application is for Form 990-PF, 990-1, 4720, or 6069, imated tax payments made. Include any prior year overp	_		3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ	<del></del>
	using EFTPS (Electronic Federal Tax Payment System).	•	· · · ·	3c	s	0.
	If you are going to make an electronic fund withdrawal v				<del></del>	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.