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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	<u> </u>	Or til	e 2013 Calendar year, or tax year beginning	70L 1, 2013 and	enaing J	UN 30, 2014	_			
	<b>B</b> c	heck if	C Name of organization			D Employer	identificat	tion number		
	Г	Addre	ss DIRECT RELIEF FOUNDATION			j				
		Name	<del></del>			1	20-59836	98		
		Initial		elivered to street address)	Room/suite	1				
		Termi ated		,			805-964-	4767		
		Amen return	City or town, state or province, country, and	d ZIP or foreign postal code	<del></del>	G Gross receipts	s \$	5,984,316.		
		Appli	GODEIR, CR 33117			H(a) Is this a	group retu	rn		
		pendi	F Name and address of principal officer:BHUI	PISINGH	_	for subo	rdinates?	Yes X No		
			SAME AS ABOVE			H(b) Are all subd	ordinates inclu	ded? Yes No		
			empt status: X 501(c)(3) 501(c) (	) ◀ (insert no.)	or 527	If "No," a	attach a list	t. (see instructions)		
	_		te: ► N/A			H(c) Group e				
1				Association Other	L Year	of formation: 20	06 MS	tate of legal domicile: CA		
	Pa	rt I								
	S	1	Briefly describe the organization's mission or mos		RATE SOLI	ELY AND				
	Activities & Governance		EXCLUSIVELY FOR THE BENEFIT OF DIRECT			-				
	Veri	2		ontinued its operations or dispo	sed of more	e than 25% of it	1 1			
	Ĝ	3	Number of voting members of the governing bod	•			3	16		
	න් .	5	Number of independent voting members of the gratering that the second of the gratering that the second of the seco				5			
	itie	6	Total number of volunteers (estimate if necessary		•		6			
	ctiv	7 a	Total unrelated business revenue from Part VIII, o	•			7a	-946.		
	ď	ı	Net unrelated business taxable income from Form				7b	-1,250.		
		<u> </u>				Prior Year	<del></del>	Current Year		
<b>E</b>	e	8	Contributions and grants (Part VIII, line 1h)				0.	0.		
2015	nu:	9	Program service revenue (Part VIII, line 2g)				0.	0.		
63	Revenue	10	Investment income (Part VIII, column (A), lines 3,	4, and 7d)		-40:	2,430.	1,880,714.		
$\Leftrightarrow$	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 116 CF	VEIL	_	0.	0.		
Z.	,	12	Total revenue - add lines 8 through 11 (must equa	al Part VIII, column (A), line 12)	<u> </u>		2,430.	1,880,714.		
S.		13	Grants and similar amounts paid (Part IX, column	(A), lines (A), line 4) MAY 14	40 H	ပ္တ ဝ	0.	0.		
			Benefits paid to or for members (Part IX, column (		2015 📙	Ŏ[	0.	0.		
SCANNED	Ses	;	Salaries, other compensation, employee benefits		- H	<u> </u>	0.	<u> </u>		
	Expenses		Professional fundraising fees (Part IX, column (A),	Link	<del>`</del>	0.	0.			
Ĭ,	ă		Total fundraising expenses (Part IX, column (D), lii	·		J	107	104 155		
9			Other expenses (Part IX, column (A), lines 11a-11o	·	-		8,127. 8,127.	184,155. 184,155.		
90			Total expenses Add lines 13-17 (must equal Part Revenue less expenses Subtract line 18 from line				5,127.	1,696,559.		
•	ခွေ ဗွေ	15	rievende less expenses Subtract line to normalité	5 12	Re	ginning of Curre	<del></del>	End of Year		
-	age	20	Total assets (Part X, line 16)		<u> </u>	30,942		34,697,117.		
	<b>888</b>		Total liabilities (Part X, line 26)		·		3,157.	2,063,988.		
-	Net Assets Fund Baland		Net assets or fund balances. Subtract line 21 from	n line 20		29,174	<del></del>	32,633,129.		
		rt II	Signature Block		•			· · · · · · · · · · · · · · · · · · ·		
Ī	Unde	er pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedule	s and statem	ents, and to the b	est of my kr	lowledge and belief, it is		
1	true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wi	hich preparer	has any knowled	lge.			
			Geleus				1130/1	5		
	Sign		Signature of officer			Date	•			
1	Here	e	BHUPI SINGH, EVP, COO & CFO  Type or print name and title				ż			
-			<u> </u>		PTIN					
	Paid		Print/Type preparer's name	Date -	Check	FIIN				
	raiu Prep		Errm's name		self-employed	<u> </u>				
	Use (		Firm's name Firm's address		Firm's EIN					
		Jy	The state of the s			Phone	no			
7	Mav	the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		Lenone	110.	Yes No		
_		1 10-2			ons.			Form <b>990</b> (2013)		
_		_		,parate med acti			,			

# Form 990 (2013) Part IV | Checklist of Required Schedules

			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	1	х	-110
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	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 "Yes," complete Schedule C, Part II	4		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
	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 Schedule D, Part III	8		х
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, IX, or X as applicable.			,
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		х	
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-	_
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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 IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial 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			
h	Schedule D, Parts XI and XII  Was the exceptation included in consolidated independent suidted financial statements for the tay year?	12a		х
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	441		v
15	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 other assistance to or for any	14b		<u>x</u>
15	foreign organization? 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 other assistance to or for foreign individuals? 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		<u> </u>
18	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	18		х
19	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	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2013)

Form 990 (2013)

DIRECT RELIEF FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		res	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	<del></del> -		
	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 25a	24a		х
b	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		
	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
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<del></del>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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
	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_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	ļ	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>  ^-</del> -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<del></del>
<b>J</b> 1	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	<del></del>		
	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		х
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		x
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?			۱
07	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del></del>	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	
	Note: All offices are required to complete scriedule of			(2012)

Form	990 (2013) DIRECT RELIEF FOUNDATION 20-5983698		P	age \$
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	)		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5		l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	•	1
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	,		1
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	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," to line 3b, provide an explanation in Schedule O	3b	x	1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u></u>		$\vdash$
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	x
	If "Yes," enter the name of the foreign country:	<u> </u>		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	l	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	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	•	x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<del></del>		
	were not tax deductible?	6ь		
	Organizations that may receive deductible contributions under section 170(c).			
	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	1	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	<u> </u>		
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			i —
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	-	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders   11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	П		
	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			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	ь <u></u>	-		

14a

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

DIRECT RELIEF POINDATION Form 990 (2013) 20-5983698 Page 6 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 or note to any line in this Part VI Section 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 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 16 1h 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? X 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? x 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? х 5 Did the organization have members or stockholders? 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 X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b x Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 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 x 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done х 12c 13 Did the organization have a written whistleblower policy? х 13 14 х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section 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) available 18 for public inspection. Indicate how you made these available. Check all that apply. Upon request Other (explain in Schedule O) U Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

BHUPI SINGH - 805-964-4767 27 SOUTH LA PATERA LANE, GOLETA,

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

CA

93117

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

Check if Schedule O contains a response or note to any line 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		not c	Pos heck		than		( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per box, unless person is both an officer and a director/trustee)		compensation from the	compensation from related organizations	amount of other compensation					
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) THOMAS J. CUSACK	1.00								<u> </u>	
CHAIR	2,00	х		х			L	0.	0.	0.
(2) RITA MOYA	1.00									
VICE CHAIR	5.00	х		х				0.	0.	0,
(3) JOHN ROMO	1.00	l								
TREASURER	10.00	Х		χ̈́	_			0.	0.	0
(4) LAWRENCE DAM	1.00									
SECRETARY	5.00	х	Ш	х				0.	0.	0.
(5) PATTY DEDOMINIC	1.00			i	i					
TRUSTEE	2.00	х	Щ		<u> </u>	Ш		0.	0.	0,
(6) PATRICK ENTHOVEN	1.00				ŀ			_	_	_
TRUSTEE	5.00	х	Щ		_	Н		0.	0.	0.
(7) HON. PAUL G. FLYNN TRUSTEE	2.00	x						0.		•
(8) DOROTHY GARDNER	1.00	^				Н		· · · · · · · · · · · · · · · · · · ·	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(9) RICHARD GODFREY	1.00	~				Н		0.	· · ·	
TRUSTEE	1.00	x						0.1	0.	0.
(10) STANLEY C. HATCH	1.00	-		_		Н			· ·	
TRUSTEE		x						0.	0.	0.
(11) W. SCOTT HEDRICK	1,00	_				Н				
TRUSTEE, THROUGH 10/31/13	2,00	х						٥.	0.	0.
(12) ANGEL ISCOVICH, M.D.	1.00		$\dashv$							
TRUSTEE	5.00	x					Ì	0.	٥.	0.
(13) NANCY KOPPELMAN	1.00									
TRUSTEE	2.00	x		- 1				0.	0.	0.
(14) DOROTHY LARGAY, PH.D.	1.00		ヿ							
TRUSTEE		х	- 1				ı	0.	, o.	0.
(15) MARI MITCHEL	1.00						$\neg$			
TRUSTEE	5.00	х	_	_				0.	0.	0.
(16) MARY-LOUISE SCULLY, M.D.	1.00									
TRUSTEE	2.00	х	_ [	_			_	0.	0.	0.
(17) GEORGE SHORT	1.00		$\Box$				$\neg$			
TRUSTEE	5.00	х		ļ			l	0.	0.	0.

Section A. Officers, Directors, Trus	T	ploy	/ees			ighe	st (	<del></del> _	es (continued)	<del></del>			
(A)	(B)	İ			C) sitior			(D)	(E)		(	(F)	
Name and title	Average hours per			check	more	than		Reportable	Reportable			mated	
	week					ıs bot or/trus			compensation			ount o	f
	(list any	ē	Π				Γ	from the	from related organizations			ther ensatı	ıon
	hours for	drag				ļ.,	l	organization	(W-2/1099-MISC			n the	
	related	ee or	Ste			nsate	1	(W-2/1099-MISC)	(11 2) 1000 111100	′ I		nizatio	
	organizations	trust	ᄪ		<u>=</u>	ě	•	, ,			-	relate	
	below	wdua	Institutional trustee	ية	Key employee	o se se	늘			0	rgan	ızatıo	ns
	(list any hours for related organizations below line)	Ē	lust	Officer	Key	Highest compensated employee	Former						
(18) THOMAS E. TIGHE	5.00			ł									
PRESIDENT & CEO	40.00	<u> </u>	<u> </u>	Х			L	0.	361,26	5.		31,8	125,
(19) BHUPI SINGH	5.00	]		l	İ								
EXECUTIVE VP, COO & CFO	40.00			х		<u>.</u>		0.	300,14	10.		25,2	173.
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		]			İ		1	1					
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			<u> </u>				H	<del></del>		$\dashv$			_
	··	1					1			- 1			
·			-			H		·		+			
1b Sub-total	I		Ь		<u>.                                    </u>		_	0.	661,40	5.		57,0	98.
c Total from continuation sheets to Part VI	l Section A							0.		0.		,-	0.
d Total (add lines 1b and 1c)	i, occion A							0.	661,40			57,0	
Total number of individuals (including but n	ot limited to th	000	lieta	nd al	hove	-) vat	10.5		<del></del>			.,,	
compensation from the organization	or invinced to the	1036	iiste	o a	OOV	<i>5)</i> <b>vv</b> i	10 1	eceived more triain \$100	,000 of reportable				o
compensation from the organization									· · · · · · · · · · · · · · · · · · ·		┰	'es	No
3 Did the organization list any former officer,	director or tr	ictor	a ka	N/ OF	nnla		or	highest compensated of	mplayee en		+-	-	
line 1a? If "Yes," complete Schedule J for s		13161	5, KC	y ei	пріс	уее,	OI I	riignest compensateu ei	ripioyee ori			-	x
•		ام ما			. 4			hay aannaaaakaa 6	u	3	+	-+	<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									ine organization		· [		
5 Did any person listed on line 1a receive or a									d a. ! 6a a	4	+-	-	
rendered to the organization? If "Yes," com							eiai	ed organization or indivi	dual for services			-	x
Section B. Independent Contractors	piete Scriedale	<i>3 0 1</i>	0/ 30	ICH	pers	011				5		!_	
									\$400,000 -£				
, , ,										ensatio	n tro	m	
the organization. Report compensation for	ine calendar y	eare	enai	ng w	vitn	or w	I		rear.		<del></del>		
(A) Name and business	address	NOI	AT IZ				- 1	(B) Description of s	envices	Comp	(C)	ation	
		NO					$\dashv$	- Decemplion of o	CIVIOCO			ation	
								, · - · · <u>·</u>					
							- [		ļ				
							$\dashv$						
									1				
<del></del>				_	_		$\dashv$						
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									[				
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\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Page 9

		(20.0)	RELIEF FOUND	ATION			20-5983698	Page 9
Pa	rt VI	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lir				
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	·				
g in	b	Membership dues	1b					
ts,	C	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
Sin's,		Government grants (contribute	· -					
utio	f	All other contributions, gifts, gran	1 1					
ŞĒ		similar amounts not included abo						
ig p		Noncash contributions included in lines	s 1a-1f \$					
9	n	Total. Add lines 1a-1f		Business Code				
e l	2 a	•		Business Code	The color of small state			
Program Service Revenue	2 a b	·		-		<del></del>		···
Ser	c							
am eve	d							
ogr R	е	· · ·						
ď	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	462,670.	,	-946.	463,616,
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		<u> </u>				
	•	0	(i) Real	(ii) Personat				
	6 a	Gross rents Less. rental expenses						
		Rental income or (loss)		+				
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
	•	assets other than inventory	5,521,646.	(.,, o				
	b	Less: cost or other basis						
		and sales expenses	4,103,602.					
	С	Gain or (loss)	1,418,044.	,				
	d	Net gain or (loss)		<b>&gt;</b>	1,418,044.	·····		1,418,044.
e l	8 a	Gross income from fundraisin	ig events (not					
Other Revenue		including \$	of					
Be		contributions reported on line						
her	<b>h</b>	Part IV, line 18 Less: direct expenses	a b	<u> </u>				
ō		Net income or (loss) from fund			İ			
ŀ		Gross income from garning ac						
1		Part IV, line 19	а	<b> </b>				l
	ь	Less. direct expenses	b		j			İ
ĺ	С	Net income or (loss) from gam	ning activities					İ
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					!
		Less: cost of goods sold	b					
ŀ	С	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu	ie	Business Code		į	-	
	11 a							
	b	· · · · · · · · · · · · · · · · · · ·		} <del></del>				
	ч С	All other revenue						
- 1		Total. Add lines 11a-11d	-					
	12	Total revenue. See instructions.	-		1,880,714.	0.	-946.	1,881,660.
332009 10-29-		· ·						Form <b>990</b> (2013)

# Form 990 (2013) DIRECT RELIEF FOUNDA Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns All oti	her organizations must d	complete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	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			<del> </del>	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in		<del>-</del>		
	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,			İ	
	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	1.			
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management		· · · · · · · · · · · · · · · · · · ·		<del> </del>
b	Legal	16,108.		16,108.	<u>-</u>
c ď	Accounting Lobbying	10,100.	¥.	10,100.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	168,047.		168,047.	
g	Other. (If line 11g amount exceeds 10% of line 25,			200,011.	<del></del> .
9	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 24	Insurance Other expenses. Itemize expenses not covered		· · · · · · · · · · · · · · · · · · ·		
24	above. (List miscellaneous expenses in trovered 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 O.)				ı
а					
b					
C					
d					
	All other expenses			- <u></u> -	
25	Total functional expenses. Add lines 1 through 24e	184,155.	0.	184,155.	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 following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)			I	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 12,299 12,132. 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 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 8,686,454. 7,530,736. 11 Investments - publicly traded securities 11 22,019,649, 12 Investments - other securities. See Part IV, line 11 26,445,406. 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 224,090, 708,843. 15 Other assets See Part IV, line 11 15 30,942,492. 16 34,697,117. Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,768,157. Schedule D 2,063,988. 25 26 1,768,157. Total liabilities. Add lines 17 through 25 2,063,988. 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Fund Balances 27,133,340, 31,499,892. 27 Unrestricted net assets 27 2,015,959. 1,108,201, 28 Temporarily restricted net assets 28 25,036. 25,036. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here

> 34,697,117. Form **990** (2013)

32,633,129.

30

31

32

33

34

29,174,335.

30,942,492.

ò

30

31

32

33

Net Assets

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

	990 (2013) DIRECT RELIEF FOUNDATION	20-5983698		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	1	,880	<u>,714</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			,155.
3	Revenue less expenses. Subtract line 2 from line 1	3			,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	,174	,335.
5	Net unrealized gains (losses) on investments	5	2	,709	,918.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-947	,683.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	32	,633	,129.
Ра	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</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	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 reviewed	on a	}	1	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			/	;
b	Were the organization's financial statements audited by an independent accountant?		2b	х	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		~	
	consolidated basis, or both:				,
	Separate basis			ý.	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1 3
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<b></b>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				٠
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
_	Act and OMB Circular A-133?		3a	<u> </u>	x
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		3b		Щ_
			Form	990	(2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 Employer identification number

OMB No 1545-0047

Open to Public Inspection

				IEF FOUNDATION						20	-5983698		
Pa	irt I	Reason	for Public Cha	rity Status (All organiz	ations mu	st comple	te this par	t.) See inst	tructions.				
The 1 2	orgar	A church, co	onvention of church	because it is: (For lines as, or association of chur	ches desc	nbed in se	•	•	).				
3				<b>70(b)(1)(A)(ii).</b> (Attach Sc oital service organization (	•		170(b)(1)	(A)(iii).					
4		A medical recity, and sta	=	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospital	's nam	ie,
5		section 170	<b>2(b)(1)(A)(iv).</b> (Comp	•					mental un	rt describe	ed in		
7		An organizat		nent or governmental unr ceives a substantial part ete Part II )					or from the	e general p	public desc	nbed i	ın
8 9		-	=	section 170(b)(1)(A)(vi).		•	rom contr	ibutions, n	nembersh	ıp fees, ar	nd gross re	ceipts	from
		activities rela	ated to its exempt fu	inctions - subject to certa taxable income (less sect	aın exceptı	ons, and (	2) no more	e than 33 1	1/3% of its	support	from gross	ınvest	ment
10 11	[ <u>x</u>	An organizat An organizat	tion organized and c	perated exclusively to te perated exclusively for that cations described in sections	ne benefit	of, to perfo	orm the fu	nctions of,	or to can	•			or
e	x	describes the a X Type  By checking foundation in	e type of supporting I b T this box, I certify th nanagers and other	organization and compl	ete lines 1 ype III - Fu controlled y supporte	1e through nctionally I directly o ed organiza	n 11h. Integrated r Indirectly ations des	by one or cribed in s	Typ r more dis section 509	e III · Non qualified p	n-functional persons oth	ly integ ner tha	-
g		supporting o	organization, check t			•	,			sons?			X
			•	directly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (	(III) below,		Yes	No
				supported organization?		-					11g(i)		X
		- ·	•	n described in (i) above?							11g(ii)		x
h				a person described in (i) on a specified and a second and a second and a second and a second and a second and a	• • •						11g(iii)	L	
(i)		of supported anization	(ii) EIN		(iv) is the o in col. (i) his governing (		organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. I'	(vii) Amount sup	of mor	netary
				(occ manadano))	Yes	No	Yes	No	Yes	No			
DIR	ECT 1	RELIEF	95-1831116	7	х				_		1	,428,	221.
									_				
ota	ı <u>l</u>	1									1	,428,	221.

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

Schedule A (Form 990 or 990-EZ) 2013

### Schedule A (Form 990 or 990-EZ) 2013 DIRECT RELIEF FOUNDATION Part II Support Schedule for Organizations Describe 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				- ' '		
	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						
	the organization without charge						
4	Total. Add lines 1 through 3				<del></del> :		
5	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,	ı					
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		·				
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources			i			
9	Net income from unrelated business						
	activities, whether or not the		i				
	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	,
	organization, check this box and stop						<u>▶□</u>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2013 (li	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				. ▶□
b	33 1/3% support test - 2012. If the o	rganization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			▶└
17a	10% -facts-and-circumstances test	: - <b>2013.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	ts-and-circumstand	ces" test, check th	nis box and <b>stop h</b> e	ere. Explain in Par	t IV how the organ	zation
	meets the "facts-and-circumstances":	test. The organizat	tion qualifies as a	publicly supported	organization		▶Ш
b	10% -facts-and-circumstances test	: - <b>2012.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts and-circur	nstances" test, ch	neck this box and s	stop here. Explain	in Part IV how the	,
	organization meets the "facts-and-circ	umstances" test.	The organization o	ualifies as a public	ly supported orga	ınızatıon	. ▶∐
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>. ▶</u> ∟
					0-6-	dula A (Earm 000)	000 ETI 0040

# Schedule A (Form 990 or 990 EZ) 2013 DIRECT RELIEF FOUNDATION 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 qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support					<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				İ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:		
3				_	Ì		1
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				<del> </del>		
	ization'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		-	-		-	
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						}
ŧ	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						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		, ,				
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		<u> </u>
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'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	-			· · · · · · · · · · · · · · · · · · ·	-	ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	rcentage	•	<u> </u>		
15	Public support percentage for 2013 (	line 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2012					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	<del> </del>			
17	Investment income percentage for 20	013 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	18	%
	33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than :	<del></del>	
	more than 33 1/3%, check this box a	=					▶□
H	33 1/3% support tests - 2012. If the	-	•	• •	• • •		and
_	line 18 is not more than 33 1/3%, che	•					. —
20	Private foundation. If the organization			•		-	

Schedule A	(Form 990 or 990-EZ) 2013 DIRECT RELIEF FOUNDATION  Supplemental Information. Provide the explanations required by Part II, line 10: Part III, line 17a or	20-5983698	Page 4
Part IV	, , , , , , , , , , , , , , , , , , , ,	r 17b, and Part III, line	12.
	'Also complete this part for any additional information. (See instructions).		
		-	
_			
-			
-			<del></del>
	<del></del>	<del></del>	
	<del></del>		
<u> </u>	<del></del>		
		<del></del>	
			~ <del></del>

#### 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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Name of the organization Employer identification number DIRECT RELIEF FOUNDATION 20-5983698 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes 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, education, 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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		EF FOUNDATION	4 11:4-3-4				20-59836			age 2
Pal	t III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a sıgnı	ficant	use of its	collection	ıtem	าร
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	U Other	<del></del>						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	exempt	purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other sim	ıılar as:	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ol <u>l</u> ection?				Yes		<u>No</u>
Pai	reported an amount on Form 990, Pa		ete if the organization	n answered "Yes"	to For	m 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	ns or other assets	not inc	luded				
	on Form 990, Part X?		-					Yes		□No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
		•	J		ſ			Amount		
С	Beginning balance				Ī	1c				
	Additions during the year				Ì	1d				
	Distributions during the year				Ì	1e				
f	Ending balance				Ì	1f				
	Did the organization include an amount on F	orm 990 .Part.X line	212					Yes -	$\Box$	-No-
	If "Yes," explain the arrangement in Part XIII.				111				一	֝֟֝֟֝֟֝ <u>֚</u>
Pai										
		(a) Current year	(b) Pnor year	(c) Two years back		Three v	ears back	(e) Four	vears	back
1a	Beginning of year balance	30,566,600.	30,256,901.	29,274,496			29,715.			,636.
b	Contributions	452,180.	863,913.	1,992,728	+		82,986.			402.
	Net investment earnings, gains, and losses	4,597,850.	3,682,539.	-497,517			01,012.			,350.
		1,430,993.	4,108,626.	450,787			69,313.			,531.
	Grants or scholarships	1,430,333.	4,100,020.	250,70	+-		05,515.	-,	<del>033</del> ,	, 331.
е	Other expenditures for facilities				1					
	and programs	104 155	120 127	62.016	-		60 004			142
T	Administrative expenses	184,155.	128,127.	62,019			69,904.			,142.
g	End of year balance	34,001,482.	30,566,600.	30,256,901	••	29,2	74,496.	20,	429,	,715.
2	Provide the estimated percentage of the curr			a)) held as:						
	Board designated or quasi-endowment	99.93	_%							
	Permanent endowment .07	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered fo	r the c	organiz	ation	_		
	by:								Yes	
	(i) unrelated organizations							3a(i)		<u>x</u>
	(ii) related organizations							3a(ii)		х
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?					3b		L
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10				
	Description of property	(a) Cost or ot basis (investm		1	Accur deprec		ed	(d) Book	value	е
1a	Land				-					
	Buildings	· · · · · · · · · · · · · · · · · · ·								
	Leasehold improvements									
	Equipment									
	Other			<del> </del>						
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B). line 1	0(c) )						0.
· otal		<u>, , , , , , , , , , , , , , , , , , , </u>	.,	-10//			<del></del>			

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 DIRECT RELIEF FO	UNDATION		20-5	983698	Page 3
Part VII Investments - Other Securities.					
*Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, Part X	(, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati		of-year marke	et value
(1) Financial derivatives					
(2) Closely-held equity interests		7			
(3) Other			-		
(A) OTHER INVESTMENTS	5,446,621.	END-OF-YEAR MARK	ET VALUE		
(B) SEI LARGE CAP FUND	4,155,757.	END-OF-YEAR MARK	ET VALUE		
(C) SEI WORLD EQUITY EX-US	3,816,030.	END-OF-YEAR MARK	ET VALUE		
(D) SEI CORE FIXED INCOME	1,978,261.	END-OF-YEAR MARK	ET VALUE		
(E) SEI CORE PROPERTY FUND	3,103,836.	END-OF-YEAR MARK	ET VALUE	· · · · · · · · · · · · · · · · · · ·	
(F) SEI LARGE CAP INDEX FUND	3,872,559.	END-OF-YEAR MARK	ET VALUE	<u> </u>	
(G) SEI OPPORTUNISTIC INCOME FD-A	2,073,505.	END-OF-YEAR MARK	ET VALUE	<del></del>	
(H) SEI SIIT ULTRA SHORT DURATION BOND	1,998,837.	END-OF-YEAR MARK	ET VALUE	<del></del> -	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	26,445,406.				
Part VIII Investments - Program Related.		<u> </u>		-	
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11c. See Form 990. Part X	line 13		
(a) Description of investment	(b) Book value	(c) Method of valuate		-of-year marke	et value
(1)					
(2)					
(3)				_	
(4)			·		
(5)			•		
(6)					
(7)	,-				
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.	<del></del>	<del></del>			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11d See Form 990, Part X	. line 15.		
	Description			(b) Book	value
(1)					
(2)	<del></del>	**			
(3)	<del></del>	-11· · · · ·			<del></del>
(4)		·			
(5)	<del></del>				
(6)		- <del></del>			
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	 e 15 )		<b>•</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1e or 11f. See Form 990.	Part X. line 25.		
1. (a) Description of liability		b) Book value	,	•	
(1) Federal income taxes					
(2) PAYABLE TO DIRECT RELIEF (SEE SCH D, E	PART XIII)	2,063,988.			
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. Liability for uncertain tax positions. 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 x

2,063,988.

Schedule D (Form 990) 2013 DIRECT RELIEF FOUNDATION			age 4
Part XI Reconciliation of Revenue per Audited Finance	cial Statements With Reven	ue per Return.	
`Complete if the organization answered "Yes" to Form 990, F	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial staten	nents	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e 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:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part		5	
Part XII Reconciliation of Expenses per Audited Finan	icial Statements With Expe	nses per Return.	
Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a -Donated services and use of facilities	<b>2a</b> .		-
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	_2d		
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	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		_ 4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 18.)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		Part V, line 4; Part X, line 2, Part XI,	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional information.		
· · · · · · · · · · · · · · · · · · ·	······································	· ·	
PART V, LINE 4:			
BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION			
MAINTAINS CUSTODY OF THE BOARD RESTRICTED INVESTMENT FU	ND (BRIF) WHICH IS		
A BOARD DESIGNATED ENDOWMENT. DIRECT RELIEF FOUNDATION	WAS FORMED AS A		
SUPPORTING ORGANIZATION OF DIRECT RELIEF. THE FOUNDATIO	N IS ORGANIZED TO		
OPERATE SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR	CARRY OUT THE		
PURPOSES OF DIRECT RELIEF.			
THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CUR	RENT AND FUTURE		
OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUN	DING TO PAY FOR ALL		
OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGE	MENT AND GENERAL		
EXPENSES. FOR THE YEAR ENDED JUNE 30 2014 THE DIRECT	DRITTE POINTAMION		
332054	ADDIEF FOUNDATION	Cabadula D (Carra 000)	2012
09-25-13	20	Schedule D (Form 990)	2013

Schedule D (Form 990) 2013 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Part XIII   Supplemental Information (continued)		
TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL OF DIRECT		
RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE		
CEO.		
THE FOUNDATION TRUSTEES MAY ALSO APPROVE TRANSFERS FROM THE BRIF TO COVER		
PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED A GENEROUS GIFT		·
FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE ORGANIZATION'S		
MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION MAINTAINS THE FUNDS,		_
AND THE TRUSTEES APPROVED THE DISTRIBUTION OF \$45,000 TO DIRECT RELIEF FOR		
THE FISCAL YEAR ENDED JUNE 30, 2014.	- 	-
PART X, LINE 2:		
THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME	·	
TAXES, HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30,		
2014.		
THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY		
FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NO LONGER SUBJECT TO		
INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 2011		
FOR ITS FEDERAL FILING AND FOR YEARS BEFORE JUNE 2010 FOR ITS STATE		
FILINGS.		
PART X, LINE 1:		
DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE TO		
DIRECT RELIEF ON A MONTHLY BASIS. THE BALANCE DUE AS OF JUNE 30, 2014		
CONSISTS OF THE FOLLOWING:		
PRIOR YEAR APPROVED TRANSFERS (A) 1,768,157		
CURRENT YEAR APPROVED TRANSFERS 1,724,052	·· — —	

Schedule D (Form 990) 2013 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Schedule D (Form 990) 2013 DIRECT RELIEF FOUNDATION  Part XIII   Supplemental Information (continued)		
•		
ACTUAL TRANSFERS TAKEN (1,428,221)		= =
TOTAL AMOUNT PAYABLE AS OF JUNE 30, 2014 \$ 2,063,988		
(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH YEAR ARE		
The state of the s	<del>'                                    </del>	
CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.		
	<del></del> -	
<del></del>		
		-
<del></del>		
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<del></del>	<del></del>	<del></del>

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.urs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

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.			ļ .
	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)			
h	If any of the boxes on line 1s are checked, did the organization follows a written nellow regarding new reset as			,
U	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	46	ŀ	f
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		<del></del>
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	****	
	tradities, and officers, inclidating the OLO/Executive Director, regarding the items checked in line 14?	-	$\vdash$	<del></del>
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		İ	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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	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		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
C	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.		4	
	Out 15 504/ VO) 1504/ VA) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1		ĺ
5	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:			,
а	The organization?	5a		x
	Any related organization?	5b		x
_	If "Yes" to line 5a or 5b, describe in Part III.	<u> </u>		
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		x
b	Any related organization?	6b		х
	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			
	ınıtıal 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) 2013

Schedule J (Form 990) 2013

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-M	-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
				-	other deferred		(0)(0)(0)	_
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) THOMAS E, TIGHE	(1)	0	0	0.	0	0	0	0
PRESIDENT & CEO	$\equiv$	361,265.	0	0.	12,750.	19,075.	393,090.	
(2) BHUPI SINGH	(1)	0	0	0	0	0	0	0.
EXECUTIVE VP, COO & CFO	(ii)	300,140.	0	0.	12,750.	12,523.	325,413.	0
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332112 09-13-13				24			Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

#### 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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 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 INTEREST. 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

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
BOARD-APPROVED TRANSFERS OF FUNDS TO DIRECT RELIEF.	
FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS:	
THE AMOUNT REPORTED REPRESENTS THE NET TRANSFERS FROM	·
DIRECT RELIEF FOUNDATION TO DIRECT RELIEF (DR), WHICH INCLUDES:	
CURRENT YEAR APPROVED TRANSFERS TO DR (A) (1,724,052)	
BEQUESTS/OTHER ASSETS TRANSFERRED TO FOUNDATION (B) 1,022,450	
ACCRUED BEQUESTS/OTHER ASSETS RECEIVABLE (B) (246,081)	<u> </u>
\$ (947,683)	
(A) DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF THE BOARD RESTRICTED	
INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED ENDOWMENT. DIRECT	····
RELIEF FOUNDATION WAS FORMED AS A SUPPORTING ORGANIZATION OF DIRECT	
RELIEF. THE FOUNDATION IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY	
TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF DIRECT RELIEF.	
THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE	
OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO PAY FOR	
ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND	
GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2014, THE DIRECT RELIEF	
FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL	
OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE	
COMPENSATION OF THE CEO.	
DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE TO DIRECT RELIEF	
TO PAY FOR THESE EXPENSES ON A MONTHLY BASIS.	
332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization  DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
DIALCT REBIEF FOORDATION	20-3303030
(B) 100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES,	
ANNUITIES, ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION,	
UNLESS OTHERWISE SPECIFIED BY THE DONOR.	
	·
	<del></del>
	<del></del>

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DIRECT RELIEF FOUNDATION

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions. Related Organizations and Unrelated Partnerships

2013

▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Employer identification number Open to Public Inspection 20-5983698

Direct controlling

End-of-year assets <u>e</u> Total income € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(c)	(p)	(e)	<b>(£)</b>	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section		entity?	2
			-	501(c)(3))		Yes	٩
DIRECT RELIEF - 95-1831116	PROVIDES MEDICINES,						
27 SOUTH LA PATERA LANE	EQUIPMENT AND SUPPLIES TO						
GOLETA, CA 93117	THE UNDERSERVED POPULATION CALIFORNIA		501(C)(3)	LINE 7	N/A		×
							1
			_				
						_	

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

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 DIRECT RELIEF FOUNDATION

20-5983698

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

Organizations treated as a partitioning trio tax year.	an Gillion diliciolini	A year.	5	177	1	.			ξ		]
Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(1) Share of total income ler		(g) Share of end-of-year assets	Disproportionate allocations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	is a Corpoig the tax )	oration or Trust Co /ear.	mplete if the organiz	ation answere	d "Yes" on Fo	ırm 990, Par	IV, line 34	because it had	one or m	ore related
(a)  Name, address, and EIN  of related organization	Zc	Primi	(b) Primary activity	(c) (items of country) (country)	(d) Direct controlling T entity (C	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Pend-of-year cassets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
					<del> </del>	-					
332162 09-12-13				31					Schedu	le R (For	Schedule R (Form 990) 2013

Page 3

20-5983698

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			'	-	Yes	å
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?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			•	1a		×
b Gift, grant, or capital contribution to related organization(s)				₽		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				9		×
6 Philippen de from college de commence estante.				<del>`</del>		>
				=	†	:
			1	1g		×
h Purchase of assets from related organization(s)				두	7	×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ë		×
k   pass of familities por increase or other assets from related organization(s)				÷	i	×
	( ) 1 ( ) 4		4	:   ;	$\dagger$	,
reflormance of services of membership of fundraising solicitations for related organization(s) m. Performance of services or membership or fundraising solicitations by related organization(s)	mization(s) nization(s)	_		= [		:  ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		•	£	×	
o Sharing of paid employees with related organization(s)				ę	×	
		-			: :	
p Reimbursement paid to related organization(s) for expenses				무	×	
q Reimbursement paid by related organization(s) for expenses			-11	早		×
r Other transfer of cash or property to related organization(s)		_		+	. ×	
1				1s	×	
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	vho must complete th	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pevio		
(1) DIRECT RELIEF - SEE PART VII	œ	1,428,221.	CASH VALUE			
(2) DIRECT RELIEF - SEE PART VII	ល	1,022,450.	CASH VALUE			1
(5)		-				1
(4)						
(5)						
(6)						
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Schedule R (Form 990) 2013 DIRECT RELIEF FOUNDATION

20-5983698

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

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3	Percer																						
S	naging	Yes No			lacksquare									_	_	 	 						
-	-12 R a G	٤			 +-		$\vdash$					 								 	$\dashv$		
(3)	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1	(Form 1065)																					
=	ate ar	2 2			+						┢							 			$\dashv$		
Ξ	Dispropor- tonate allocations?	Yes No																					
(6)	Share of end-of-year	doodlo																					
<b>(</b>	Share of total	ļ	-	-				-	•	•				-	-			,	-				
6	Are all partners sec 501(c)(3) orgs?	ž			L	 							-										
,   <u> </u>	2 50 mg	Xes 1			$\perp$	 						 								 	4		
(d)	Predominant income parines se (related, unrelated, 501(c)(3) excluded from tax	under section 5 12-5 14																					
(c)	Legal domicile (state or foreign							-															
(a)	Primary activity														-								
(a) (b) (c) (d)	Name, address, and EIN of entrty																						

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 DIRECT RELIEF FOUNDATION	20-5983698	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		<u> </u>
SCHEDULE R, PART V, LINE 2A (2):		
100% OF REQUEERS. INDENOCANIE MONIGING INSTRUMENT DOLLARS		
100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES,		<del></del>
ANNUITIES, ETC. RECEIVED BY DIRECT RELIEF ARE TRANSFERRED TO DIRECT		
RELIEF FOUNDATION, UNLESS OTHERWISE SPECIFIED BY THE DONOR.		
ADDITIONALLY, AT THE END OF EACH FISCAL YEAR, DIRECT RELIEF MAY ALSO		
TRANSFER TO DIRECT RELIEF FOUNDATION ANY SURPLUS THAT MAY RESULT FROM		
OPERATIONS OF THAT FISCAL YEAR.		
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