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

Do not enter social security numbers on this form as it may be made public.

		of the Treasury nue Service	▶ Information	about For	m 990 and its	instructions i	is at www	v.irs.gov/form	990. 171	Inspection			
Α	For the	2016 calend	lar year, or tax year beginn		1, 2016		lending	JUN 30, 2					
В	Check if applicable	C Name of	f organization					D Emple	oyer identif	fication number			
	Addres	ss DIRECT	RELIEF FOUNDATION										
	Name change	e Doing b	usiness as						20-598	83698			
	initial return	Number	and street (or P.O. box if mai	l is not deliv	ered to street ac	ddress)	Room/su	ite <b>E</b> Telepl	none numbe				
L	Final return/		TH LA PATERA LANE				<u> </u>			64-4767			
_	termin- ated Amend	City or t	own, state or province, coul	ntry, and Z	IP or foreign p	ostal code		G Gross re	eceipts \$	44,792,471.			
Ļ	return Applic	GOLETA	A, CA 93117		arttat!				ns a group i				
L	tion pendir	I F Name a	nd address of principal offic ABOVE	cer BHUP1	SINGH			AL.	subordinate Il subordinates				
<u> </u>	Tax-exe	empt status	x 501(c)(3) 501(c) (	)◀	(insert no.)	4947(a)(1)	or LL/5	527, If "N	lo," attach a	a list. (see instructions)			
		te: N/A							· · · · · · · · · · · · · · · · · · ·	on number 🕨			
			x Corporation Trust	Asso	ociation	Other	L Ye	ear of formation	2006	M State of legal domicile: CA			
Ŗ	art I	Summary					D. 200						
Governance	1	•	oe the organization's mission Y FOR THE BENEFIT OF		_	vities TO OPE	RATE SC	DLELY AND					
-rus	2	Check this bo	x 🕨 🔲 if the organizati	ion discont	inued its oper	ations or dispo	osed of m	ore than 25%	of its net a	essets			
Š	3	Number of vot	ting members of the govern	ıng body (F	Part VI, line 1a	)			3	9			
ن م	4	Number of ind	dependent voting members	of the gove	erning body (P	art VI, line 1b)			4	9			
es	5	Total number	of individuals employed in c	alendar ye	ar 2016 (Part	V, line 2a)			5	0			
Activities	6	Total number	of volunteers (estimate if ne	ecessary)					6	9			
Act	7 a	Total unrelate	d business revenue from Pa	art VIII, colu	ımn (C), line 1	2			7a	2 222			
	b	Net unrelated	business taxable income from	om Form 9	90-T, line 34		r		]7b	<del>†</del>			
				_			-	Prior \		Current Year			
e			and grants (Part VIII, line 1		-		-		,896,535, 0.	6,610,494.			
Revenue	1	_	ce revenue (Part VIII, line 2g							. 0.			
æ			come (Part VIII, column (A),	ļ	1	,486,591. 0	1,641,555.						
	1		(Part VIII, column (A), lines					11	.383.126.	8,252,049.			
	1		- add lines 8 through 11 (mi			in (A), line 12)			,898,593.	12,208,510.			
			milar amounts paid (Part IX, tolor for members (Part IX, c		<u>-</u>	0.	0.						
ω.			r compensation, employeet		-		113,100.	91,670.					
Expenses			undraising fees (Fart IX, col			(14), 111103 0 10)	-		0.	0.			
per	h.	Total fundrais	ing expenses (Part IX, colum	nn (D), line	25)	154	,627.		54 525				
Щ		1 1 1 1 1	es (Part-IX, column (A), lines	· L				2 4.33	259,105.	263,423.			
			s Add lines 13,17 (must eq			ne 25)		5	,270,798.	12,563,603.			
	19 1		expenses Subtract line 18			•	Ī	6	,112,328.	-4,311,554.			
Net Assets or Fund Balances								Beginning of (	Current Year	End of Year			
sets alan	20	Total assets (F	Part X, line 16)					47	,010,592.	40,859,783.			
t As	21	Total liabilities	(Part X, line 26)					4	,507,379.	2,102,450.			
	22		fund balances. Subtract line	e 21 from lu	ne 20			42	,503,213.	. 38,757,333.			
		Signature											
			I declare that I have examined the		-					ny knowledge and belief, it is			
true	, correc	t, and complete.	Declaration of preparer (other	than officer)	is based on all	information of w	hich prepa	rer has any kno	- 1 1 .				
		Cignature	of officer						3/12/11	8			
Sig	- 1		- ,	_				U	aic				
Her	e		SINGH, EVP, COO & CFO		_								
_		<b>y</b> -3FF		l e	ranarar's signa	turo		T Date	Check	PTIN			
Paid	,	Print/Type prep	Jaiti Stidilit		reparer's signa	lui C			ıf ~	' <b> </b>			
	ŀ	Firm's name		l					ırm's EIN ▶	self-employed			
-	Only	Firm's address	<u> </u>	THITTEM									
	,	5 แบบเบออ	<b>P</b>					P	hone no.				
May	/ the ID	S discuss the	s return with the preparer sh	nown above	e? (see instriir	ctions)		Į.		Yes No			
	01 11-1		For Paperwork Reduction				ons.			Form <b>990</b> (2016)			

Form 990 (2016)



# Form 990 (2016) 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	x	
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			1
	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			ļ
	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			]
	sımılar 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			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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			
	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?			l
	If "Yes," complete Schedule D, Part IV	_9_		X
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	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	, Call	\$ \$	ž
	as applicable.	487		. Æ
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			ŀ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<del>  ^-</del>
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		·	x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	<del>  ^</del> -
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<u> </u>	-
ı∠ä	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>L</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	140		
U	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- <del></del> -		<del>                                     </del>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ł
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x.	ļ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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,			
	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			
	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
		Earm	990	(2016

	. 666 [46.16]	983698 '	P	age 4
Pa	rt IV. Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre	nt	[	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ	l	l
	Schedule J	23	_ x	l _
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	1	}	l
	Schedule K. If "No", go to line 25a	24a	<u> </u>	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	l	
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	_	_	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	_	i	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	]		Ì
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1	1	ſ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	'	ļ	1
	complete Schedule L, Part II	26	Ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	i i	1	ı
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	[,* .		×
	instructions for applicable filing thresholds, conditions, and exceptions).	<u> </u>		2
	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 I			<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an off			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		)	
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			x
22	·	32	<del>                                     </del>	<u> </u>
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	20	]	х
24	·	33		<u> </u>
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	ا م	х	ĺ
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<del>  </del>	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<del></del>	<del></del>
U	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.		<del>                                     </del>	
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	C			

Form 990 (2016)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

Form	990 (2016) DIRECT RELIEF FOUNDATION	20-5983698		<u>Pa</u>	age <b>5</b>
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	. 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able gaming			( برجه
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ľ	,		32%
	filed for the calendar year ending with or within the year covered by this return	0		٠, ا	, 4
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Ĺ,	_ 14
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	!	3b	х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	onty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a	ĺ	х
b	If "Yes," enter the name of the foreign country	·	ž		****
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ints (FBAR).	. 304n.	≨\$` 2	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?	_	6a		X
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).		* *	80	<b>1</b>
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		Х
b	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 re-	quired		ł	
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>			is a
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	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	3899 as required?	7g	1	
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. Did a donor advised fund maintained by to	he			2.456
	sponsoring organization have excess business holdings at any time during the year?	•	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		<b>*</b> :	~	φ.
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<b></b> _
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.	1	<b>*</b> :	Ŷ,	<b>3</b>
а	Initiation fees and capital contributions included on Part VIII, line 12	<del></del>	, i		Ä.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>	*	. 4	₩ , , , ,
11	Section 501(c)(12) organizations. Enter	1	, (b)	js. 7	(d) (d)
а	Gross income from members or shareholders	1	* "	. 43	375
b	Gross income from other sources (Do not net amounts due or paid to other sources against		. 4	¥7	1
	amounts due or received from them.)	<del></del>	~~`		1 2 2 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	į	18,1	***
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 16	ń i	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O.			, ŝ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	**		
	organization is licensed to issue qualified health plans		\$ N	, , , , , , , , , , , , , , , , , , ,	7
	Enter the amount of reserves on hand	ــــــــــــــــــــــــــــــــــــــ	1 4	M,	-8:
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	لي	
			Form	990	(2016)

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.

<del></del>	tion A Coverning Body and Management										
Sec	tion A. Governing Body and Management				174.	1					
4	The bout he arrived as a fundament as a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-	1	1	<u></u>	Yes	No					
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a	<del></del>	<b>3</b> 1′ ,	, ,	1					
	If there are material differences in voting rights among members of the governing body, or if the governing				;. Ny	¹≨ <sup>'€</sup>					
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					1					
ь	Enter the number of voting members included in line 1a, above, who are independent	_1b_		9		. W.					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		25 -						
_	officer, director, trustee, or key employee?		•	2	<del> </del>	X					
3	Did the organization delegate control over management duties customarily performed by or under the	e airec	t supervision	]_	]	] ,,					
	of officers, directors, or trustees, or key employees to a management company or other person?			3	├──	X					
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?	5	<u> </u>	X					
5	5										
6	Did the organization have members or stockholders?			6	├	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or	1 .							
	more members of the governing body?			7a	Х	<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or	\		1					
	persons other than the governing body?			7b	Х	<u></u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following.	) <u>*</u> ** (	1	. %					
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	iched a	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
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					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cf	napters	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	re filing the form?	11a	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					77					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_ <u>x</u>						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	es," de	escribe								
	In Schedule O how this was done			12c	_ <u>x</u>						
13	Did the organization have a written whistleblower policy?			13	х						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			,					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
a	The organization's CEO, Executive Director, or top management official			15a	x						
b	Other officers or key employees of the organization			15b							
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ıın a								
	taxable entity during the year?			16a		X					
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			] ]		1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			1					
800	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure				_						
17	List the states with which a copy of this Form 990 is required to be filed CA		504/ \/2\								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only)	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.	^ .	- 4.4- 61								
40	Own website X Another's website X Upon request Other (explain		•								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict o	i interest policy, an	d finan	cial						
~~	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's book	oks an	d records:								
	BHUPI SINGH - 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 or note to any line in this Part VII

X

### 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.

Check this box if neither the organizatio  (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per	box	not c	Pos heck ss pe	ition more	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) THOMAS J. CUSACK	3.00							]		
CHAIR		Х	_	X				0.	0.	0.
(2) DOROTHY LARGAY	1.00						l			
VICE CHAIR		X	_	X		<u> </u>		0.	0.	0.
(3) MARK SCHWARTZ	1.00									
TREASURER	5.00	Х	<u> </u>	X		_	_	0.	0.	0.
(4) LINDA GLUCK	1.00		l		1	l	Ì			
SECRETARY	5.00	Х		х	L	<u> </u>	L	0.	0.	0.
(5) BITSY BECTON BACON	1.00				ļ	i	ł		!	
TRUSTEE	2.00	Х		<u></u>	L	L	<u>L</u>	0.	0.	0.
(6) ANGEL ISCOVICH, M.D.	1.00	]			1		ł			
TRUSTEE	10.00	Х		<u></u>	<u>_</u>	<u> </u>	L	0.	0.	0.
(7) LAWRENCE DAM	1.00		l	ļ		1	ļ	1		
TRUSTEE		Х	L	L	<u> </u>	L	<u></u>	0.	0.	0.
(8) JOHN ROMO	1.00	1	1					İ		
TRUSTEE		X	L		<u> </u>	L	<u>L</u>	0.	0.	0.
(9) STEVE WEINTRAUB	1.00	1							i	
TRUSTEE	2.00	х	L		L	<u> </u>	L	0.	0.	0.
(10) THOMAS E. TIGHE	5.00									
PRESIDENT & CEO	40.00			х			L_	0.	397,360.	47,309.
(11) BHUPI SINGH	5.00									
EXECUTIVE VP, COO & CFO	40.00			Х	L		L	0.	332,558.	28,689.
<del></del>								-		
					-					
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			_							
		-		<u> </u>	$\vdash$	-	_			
		L_				L	L_		<u></u>	L

Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	_
Name and title	Average	(do	not c	Pos heck	ntion more	than	one	Reportable	Reportable	<b>;</b>	Es	tımate	ed :
	hours per					ıs bot or/trus			compensation			nount	of
	week (list any	<u> </u>	1	1	T	7,7003	r	from	from related	1	ì	other	
	hours for	Individual trustee or director			ļ	L		the organization	organization (W-2/1099-MI			pensa om the	
	related	e or d	tee	1	1	sated	l	(W-2/1099-MISC)	(VV-2/1099-WIR	30)	i	om un anızat	
	organizations	ruste	Institutional trustee	ĺ	8	mpen	1	(** 27 1033-141100)	1		_	d relat	
	below	dual	ution	_	흍	stco	<u>ا</u>	1		1	<b>L</b>	nizatı	
	line)	Indiv	instit	Officer	Key employee	Highest compensated employee	Former						
		Г								$\neg$			
		1		l	l						ĺ		
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	-	1			l						ĺ		
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		1		١.									
					Г								
					١.						_		
1b Sub-total						Ī	<b>&gt;</b>	0.	729,	918.		75,	998.
c Total from continuation sheets to Part V	I, Section A					-	<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)				_			<u> </u>	0.	729,	918.		75,	998.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	o r	eceived-more than-\$100	,000 of reportab	ile			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on			* .	75 } * * *
line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual									l	3		х
4 For any individual listed on line 1a, is the su									the organization	ļ	. 극		, ,
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	dule	JI	for such individual			4	х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indivi	dual for services	,			.a.
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch į	pers	оп				l	5		х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest co</li> </ol>	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (	endı	ng v	vith .	or w	thu	n the organization's tax	/ear				
. (A)							Į	(B)			(C		
Name and business	address			_			_	Description of s	ervices		omper	nsatio	1
SEI INVESTMENTS													
1 FREEDOM VALLEY DRIVE, OAKS, PA 1945	66						_	INVESTMENT MANAGEM	ENT FEES			169,	593.
							- 1						
<del></del>							4						
							j						
<del></del>							4						
<del></del>							4			<del></del> -			
							-						
O Tatalanasha (all last)							ب	1-1					
2 Total number of independent contractors (i	-	ot III	nite	o to			tec	a above) who received m	ore than				
\$100,000 of compensation from the organi	Zation	_		_		1	_		l		Form 9	990 (	2016)

DIRECT RELIEF FOUNDATION 20-5983698 Page **9** Form 990 (2016) Statement of Revenue Part VIII x Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded Related or exempt function business revenue revenue 1 a Federated campaigns 1b b Membership dues 1c Fundraising events 2,802,322 Related organizations Government grants (contributions) All other contributions, gifts, grants, and 3,808,172 similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 564,200. 4,236 568,436 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 37,613,541 assets other than inventory b Less. cost or other basis 36,540,422, and sales expenses 1,073,119. c Gain or (loss) 1,073,119 1.073.119 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d

632009 11-11-16

8,252,049

4,236.

Total revenue. See instructions.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX х (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations Mir ATTA 12,208,510 and domestic governments. See Part IV, line 21 12,208,510 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 70,593 70,593. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,605 3,605. 11,135 11,135. Other employee benefits 6,337. 6,337. 10 Payroll taxes Fees for services (non-employees) Management Legal 19,785 19,427. 358. c Accounting **d** Lobbying R W. 1 2 1 Professional fundraising services. See Part IV, line 17 Investment management fees 171,991 170,748. 1,243. Other. (If line 11g amount exceeds 10% of line 25, 14,629 .column.(A) amount, list line\_1.1g expenses on Sch.O.)\_ 14.629 Advertising and promotion 12 3,253. 3,253. Office expenses 13 Information technology 15 Royalties Occupancy 16 1,349 1,349, 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 41,967 41,967. 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 9,509 9,509 23 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 O.) OTHER TAXES 638 638 BANK FEES 144. 144. DUES AND SUBSCRIPTIONS 99 99. SUPPLIES 59 59. d All other expenses 12,208,510. 12,563,603 200,466. 154,627. Total functional expenses. Add lines 1 through 24e 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 f following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Part X			х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	104,025.	1	839,491.
	2	Savings and temporary cash investments	3,458,051.	2	1,135,475.
	3	Pledges and grants receivable, net	9,630,220.	3	8,020,396.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	, ,	,	* , , ,
	_	trustees, key employees, and highest compensated employees. Complete			n di
		Part II of Schedule L	AND THE RESERVE TO STREET THE PERSON OF THE	5	
	6	Loans and other receivables from other disqualified persons (as defined under	J 3 1, 3	`	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		***	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
y,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	å å å a. Ì	28 28 2 .	
		basis. Complete Part VI of Schedule D 10a		. śać	
	b	· · · · · · · · · · · · · · · · · · ·	4 · · · · · · · · · · · · · · · · · · ·	10c	
	11	Investments - publicly traded securities	11,743,509.	11	11,914,501.
	12	Investments - other securities. See Part IV, line 11	21,825,336.	12	18,694,053.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets, See Part IV, line 11	249,451.	15	255,867.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	47,010,592.	16	40,859,783.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		1	
Liabilities		key employees, highest compensated employees, and disqualified persons.		Ì	
iabi	1	Complete Part II of Schedule L	<u></u>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X of		j	}
		Schedule D	4,507,379.	25	2,102,450.
	26	Total liabilities. Add lines 17 through 25	4,507,379.	26	2,102,450.
	ŀ	Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥ and		,z, "	
es	}	complete lines 27 through 29, and lines 33 and 34.	" " " " " " " " " " " " " " " " " " "	Š.	📆 E. Tin in (v
anc anc	27	Unrestricted net assets	29,086,980.	27	28,521,747.
3ak	28	Temporarily restricted net assets	13,416,233.	28	10,235,586.
힏	29	Permanently restricted net assets		29	
Ī	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐		§5.	
Net Assets or Fund Balances		and complete lines 30 through 34.		, 495 ,411	. Ha. Yazi Kan . 's
ets	30	Capital stock or trust principal, or current funds		30	<u></u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et.	32	Retained earnings, endowment, accumulated income, or other funds	J	32	
Z	33	Total net assets or fund balances	42,503,213.	33	38,757,333.
	34	Total liabilities and net assets/fund balances	47,010,592.	34	40,859,783.

Form **990** (2016)

	1990 (2016) DIRECT RELIEF FOUNDATION	20-5983698	} ~	Page 12
Pa	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	8,2	52,049
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,5	63,603
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,3	11,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		03,213
5	Net unrealized gains (losses) on investments	5	5	69,910
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		-4,236
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	38,7	57,333
.Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990		*	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	Le <sup>2</sup>	
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	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			j.
b	Were the organization's financial statements audited by an independent accountant?		2b 3	X _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both		1 1	
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		<b>1</b>
	review, or compilation of its financial statements and selection of an independent accountant?		2c 3	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		* - ?	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt	2	i l
	Act and OMB Circular A-133?		за	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	1 1	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 99	<b>90</b> (2016

# **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

2016

Open to Public Inspection

Employer identification number Name of the organization DIRECT RELIEF FOUNDATION 20-5983698 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, crtv. and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🔟 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Jype II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) DIRECT RELIEF 12,208,510. 95-1831116 7 х

12,208,510.

Total

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.)

Se	ction A. Public Support	- 3 listed below, pier	ase complete Fart				
_	endar year (or fiscal year beginning in)	(-) 2010			· · · · · · · · · · · · · · · · · · ·		
	Gifts, grants, contributions, and	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
٠	membership fees received. (Do not	1		1	1		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-		<del></del>				
_	ization's benefit and either paid to			]			
	or expended on its behalf						
2			<del> </del>				
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	,		ļ	<del></del>			
4	Total. Add lines 1 through 3	\		-04 78	N	3 3	
5	The portion of total contributions		1 1000				
	by each person (other than a		1.42°° ;		; ; · · · · · · · · · · · · · · · · · ·		
	governmental unit or publicly						
	supported organization) included				101		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)		3687" #	<i>(W.</i>	<u> </u>	, , , , , , , , , , , , , , ,	
ᇹ	Public support. Subtract line 5 from line 4 ction B. Total Support		% \$4. `	Ą:	,,,\.~	**	
_		1 1 1 2 2 2 2			<u> — — — — — — — — — — — — — — — — — — —</u>		
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 4	<del></del>	<del>-\</del>				- ·
8	Gross income from interest,						
	dividends, payments received on	į į					
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business			ľ			
	_activities,_whether_or_not the			/			
40	business is regularly carried on						<del></del>
10	Other income. Do not include gain						
	or loss from the sale of capital			\			
	assets (Explain in Part VI.)		*				· · · · · · · · · · · · · · · · · · ·
	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del></del>
	Gross receipts from related activities,			\	l	12	
13	First five years. If the Form 990 is for		s first, second, thin	d, fourth, or fifth tà	x year as a section	n 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	o nere	rcentage			<del></del>	<u></u> ▶∟_
					<del>\</del>	T	
	Public support percentage for 2016 (			olumn (t))		14	
	Public support percentage from 2015				l	15	%
104	33 1/3% support test - 2016. If the c				14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies						. ▶⊔
L	33 1/3% support test - 2015. If the c				line 15 is 33 1/3%	or more, check thi	s box
17~	and stop here. The organization qual		- · ·		40.40	1	▶□
ı/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t VI how the organi	zation
	meets the "facts-and-circumstances"					\	
D	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets the						. $ egin{array}{c} \end{array}$
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	n ala not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b			
					Sche	dule A (Form 990 d	or 990-EZ) 2016

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Part III	Support Schedu	e for	Organizations	Described	in Section 509(a)(2)
	Juppo. Loonodd		0.50200110		

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support					. /	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		ļ			<b>/</b> i	
	ınclude any "unusual grants.")				/	ľ	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the			1	/	ł	
	organization's tax-exempt purpose			:		1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				/		
4	Tax revenues levied for the organ-	-		/	(		
	ızatıon's benefit and either paid to			/			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	,	j	) /	J	j j	
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			ľ			
	amount on line 13 for the year						
C	: Add lines 7a and 7b						
	Public support. (Subtractine 7c from line 6)		12 1 2	4 4 ×	73 · 4:: #	. 3 8	
Sec	ction B. Total Support		/_				
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
b	Unrelated business taxable income		/	1			
	(less section 511 taxes) from businesses		<i>i</i>	İ	i	{	
	acquired after June 30, 1975		/				
	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	/ /	Y	1	1		
	assets (Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11, and 12)		L	L	L	L	
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	!/				<del></del>	
	ction C. Computation of Publi						
	Public support percentage for 2016 (li	/	·=	column (f))		15	%
	Public support percentage from 2015					16	%
_	ction D. Computation of Inves	7:				<del>,                                      </del>	<del></del>
	Investment income percentage for 20	<i>1</i> )	,,	ne 13, column (f))		17	%
	Investment income percentage from 2	1				18	%
19a	33 1/3% support tests - 2016. If the	-					7 is not
	more than 33 1/3%, check this box	-	_	•			
b	33 1/3% support tests - 2015. If the	_					and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	<b>P</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u> </u>
63202	23 09-21-16				Sch	edule A (Form 990	or 990-EZ) 2016

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the actionwas accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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	. //43	·	
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	8		x
	9a		]
	9b		X
	9c		X
	10a		<b>x</b>
_	10b		

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Schedule A (Form 990 or 990-EZ) 2016

3a

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	j		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	14 14	10 (47)	4 7 3 1 1 1 1 1 1
	instructions for short tax year or assets held for part of year).	ļ,i,		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	:(*		
	factors (explain in detail in Part VI).	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		<u> </u>	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7_	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	, **	
2	Enter 85% of line 1	2	, , ,	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	. \$	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	* *	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		; /	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	llv ıntear	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(	3) Sup	porti	ng Orga	aniz	ation	s (contin	ued)			
Secti	on D - Distributions								,	C	Current Yo	ear
1	Amounts paid to supported organizations to accomplish exe	mpt	purpos	es								
2	Amounts paid to perform activity that directly furthers exemp	ot pu	rposes	of sup	oorted							
	organizations, in excess of income from activity											
3	Administrative expenses paid to accomplish exempt purpose	es of	suppoi	rted org	ganization	s						
4	Amounts paid to acquire exempt-use assets											
5	Qualified set-aside amounts (prior IRS approval required)											
6	Other distributions (describe in Part VI). See instructions		_									
7	Total annual distributions. Add lines 1 through 6											
8	Distributions to attentive supported organizations to which t	he or	ganızat	ion is r	esponsive	9						
	(provide details in Part VI). See instructions											
9	Distributable amount for 2016 from Section C, line 6											
10	Line 8 amount divided by Line 9 amount											
				(i)				(ii)		] _	(iii)	
C4	on E. Distribution Allegations (see instructions)	E	xcess [	Distrib	utions	י		listributio e-2016	ns		Distributation	
Secti	on E - Distribution Allocations (see instructions)	<u> </u>										
1	Distributable amount for 2016 from Section C, line 6	À		€	F - 3	,	4		<i>).</i>	ļ		
2	Underdistributions, if any, for years prior to 2016 (reason-		****	2								) i
	able cause required- explain in Part VI). See instructions	30 30 30 30 30 30 30 30 30 30 30 30 30 3	. , 4.	, , <u>, , , , , , , , , , , , , , , , , </u>	<u> </u>	ļ		<del></del>			**	
_3_	Excess distributions carryover, if any, to 2016	2.4	ž.,	, ji û	è	_		Å e	* 3	36	ù 1)	
a	* A A A A A A A A	ž.		ą'i	A s				ð	22.	ji - si	
b		* 5		-2'. <sup>3</sup> .				,	<u> </u>	- ///	£" {;	
c	From 2013	*	78,3	1	*				74	ŝŝ		
d	From 2014		* >	#1		·		<i>)</i>	<b>&amp;</b> S	* 14	¥ 1	<u> </u>
e	From 2015	3	*\$ ***;	¥°,	* 2 E			<u> i i i i i i i i i i i i i i i i i i i</u>	<u> 76</u>	13	4 4	- <sup>2</sup> ,
f	Total of lines 3a through e	١.,.				<u> </u>	\$000 \$000 \$000 \$000 \$000 \$000 \$000 \$00		<u></u>	7 3		4 3
g	Applied to underdistributions of prior years	>200	**	<u> </u>	<u> 4</u>	<u> </u>	80	<del></del>	***	1 1	1, 4	1 1
<u>h</u>	Applied to 2016 distributable amount	,¥ ,	J.	· , ,	<u>*</u>	×	\$	<u> </u>	<i>\$</i>	( P8X	0 490	
_ <u>i</u>	Carryover from 2011 not applied (see instructions)	, N		· * \$		38 *>	<u> </u>	3 1	**.	· W		- ' X - '
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>				\$ :	ž	1 70		100		* * *
4	Distributions for 2016 from Section D,	*(dr. gr.	s J.			Į.	<u>(8</u> ):		Ţ.			* * ;
	line 7: \$				ì <u> (f</u> ,	*250		. (0	*		<u>;</u> ;	* *
	Applied to underdistributions of prior years	3	<u> </u>	<u> </u>	3 3	3.	/90	3x 2 2 .	48	<i>.</i> ∳.		<u> </u>
b	Applied to 2016 distributable amount	* 1	<i>\$</i>			Ů.	<u> </u>	N (J.	* '3			×
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4	1	N 68			×		<u> </u>	- 3-	, š		1 6 2
5	Remaining underdistributions for years prior to 2016, if		ľ Øj		Į.					,		`} °,
	any. Subtract lines 3g and 4a from line 2. For result greater				* '4"						Ž,	LA
	than zero, explain in Part VI. See instructions			N Y	600	g^	> &_ <	* * * .		200		788 2
6	Remaining underdistributions for 2016. Subtract lines 3h	100		, ž	\$.,							
	and 4b from line 1. For result greater than zero, explain in	1 :	¢ 4			,38°		. 10	**			
	Part VI. See Instructions	├	* 18	·, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	j).	· <u>&amp;</u>	×8	<del>(Å)</del>	<del>                                     </del>	7 V.	0 7 6
7	Excess distributions carryover to 2017. Add lines 3					l., ´	<b>.</b>		Ŷ			i, k
	and 4c	1.5	\$ . t	*> A	§\$, -	,** 	7 % %	<u> </u>	- 1 <u>24</u>	3	70 S.	
_8_	Breakdown of line 7:	¥ 10%	\$1,40 (1.4)	* 1		4		· 為	* * *			v v. R <sub>asi</sub> Mari
a		<del>                                     </del>	λ.		<u> </u>	, 1			# · . * .58-	***	×	7% ************************************
	Excess from 2013	-	<del>;</del>			<	y's			, 1	# 4 · .	
	Excess from 2014	-	x.3	<u>*,                                    </u>		( 1) A			} ∘ ′	× ×	· }}.;	101 15
	Excess from 2015	1.7	<u> </u>	<u>8</u>	* **	<b>├</b> ──	<u>(4)</u> 3. 3-7		.3%	<del></del>		38 8
e	Excess from 2016	<u> </u>	Æ.	žã,	I, j	夢		<b>7</b> ,38 j.	ξ <u>,</u> ',	*:\$*	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 DIRECT RELIEF FOUNDATION	20-5983698	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2, Part IV, Sect Part V. Section B. line 1e	, uón C
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 · Open to Public Inspection

 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** 20-5983698 DIRECT RELIEF FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of 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 Yes No. 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? Part II Tonservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area. Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 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 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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Sche	edule D (Form 990) 2016 DIRECT RELI	EF FOUNDATION				20-59836	98 P	age 2
Pa	rt III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>(S</b> (continued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection item	าร
	(check all that apply):		_					
а	Public exhibition	. d		hange programs			•	
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Parl	XIII.	
5	During the year, did the organization solicit of				ar assets	_	· -	٦
<u> </u>	to be sold to raise funds rather than to be m						Yes	<u>l No</u>
Ľ	tiv Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	ine 9, or	
10	<del></del>		lion ( for contribution		A l d			
ıa	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets no	t included		1 <b>v</b> [	No
	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII	and complete the fo	llower = table.			L,	Yes L	0 <b>0</b> 1
U	ires, explain the arrangement in Fart Alli	and complete the to	llowing table:				Amount	
_	Beginning balance				1c	<del></del>	Amount	
	Additions during the year				1d			
	Distributions during the year				1e			
f	Ending balance				1f	·		
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or cu	ustodial account liab		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.				•			]
	t V Endowment Funds. Complete r							
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three	years back	(e) Four years	back
1a	Beginning of year balance	29,086,980.	34,758,148.	34,001,482.	30,5	66,600.	30,256,	901.
b	Contributions	829,812.	919,851.	412,770.	4	152,180.	863,	913.
c	Net investment earnings, gains, and losses	2,202,566.	-19,740.	1,435,924.	<del></del>	97,850.	3,682,	
d	Grants or scholarships	3,397,144.	6,348,440.	895,187.	1,4	130,993.	4,108,	626.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	200,467.	222,839.	196,841.		184,155.		127.
	End of year balance	28,521,747.	29,086,980.	34,758,148.	34,0	01,482.	30,566,	600.
_2_	Provide the estimated percentage of the cun	•		i)) held as				
	Board designated or quasi-endowment	100.00	_%					
		%						
C	Temporarily restricted endowment ▶  The percentages on lines 2a, 2b, and 2c sho	%						
32	Are there endowment funds not in the posse	•	tion that are held a	nd administered for	the organi	zation		
ou	by.	33ion of the organize	tion that are neid a	na administered for	uie organi	Zation	Yes	No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations						3a(ii)	x
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	ccumulate	ed	(d) Book value	e
		basis (investri	nent) basis (	(other) de	preciation			
1a	Land							
	Buildings _					_		
	Leasehold improvements	<u> </u>				_		
	Equipment	<u> </u>						
	Other (C)							<del></del>
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0c.)		<u> </u>		<u>0.</u>

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.
--

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See 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 end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _		
(A) OTHER INVESTMENTS	2,507,815.	END-OF-YEAR MARKET VALUE
(B) SEI WORLD EQUITY EX-US	4,030,687.	END-OF-YEAR MARKET VALUE
(C) SEI CORE PROPERTY FUND	3,287,187.	END-OF-YEAR MARKET VALUE
(D) SEI INST INV S&P 500 INDEX A	2,757,341.	END-OF-YEAR MARKET VALUE
(E) SEI OPPORTUNISTIC INCOME FD-A	3,058,829.	END-OF-YEAR MARKET VALUE
(F) SEI SIIT ULTRA SHORT DURATION BOND	3,052,194.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	18,694,053.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)
Part IX	Other Assets.

(2) (3) (4) (5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
_ (1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	<b>&gt;</b>

# Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e 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, PART XIII)	1,571,469.	
(3)	PAYABLE TO DIRECT RELIEF - CAMPAIGN (SEE SCH D,		
(4)	PART XIII)	530,981.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25.)	2,102,450.	

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

Schedule D (Form 990) 2016

632053 08-29-16

Schedule D (Form 990) 2016 DIRECT RELIEF FOUNDATION		20-598369 <b>8</b> Pa
Part XI Reconciliation of Revenue per Audited Financial State		e per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	<del></del>
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	la l	¥ \$
a Net unrealized gains (losses) on investments     b Donated services and use of facilities	2a	<u> </u>
	2b	
d Other (Describe in Part XIII.)	2c   2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		<del></del>
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 I, line 12)		5
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	es per Return.
Complete if the organization answered "Yes" on Form 990, Part 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	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	-25
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	1 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, Part I, line 18.)	<u>)</u>	151
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		
PART V, LINE 4:		
BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS	CUSTODY OF	
THE BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD D	DESIGNATED	
ENDOWMENT, DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING		
ORGANIZATION OF DIRECT RELIEF, THE FOUNDATION IS ORGANIZED TO C	OPERATE	
SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PU	JRPOSES OF	
DIRECT RELIEF.		
THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND	O FUTURE	
OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO	PAY FOR ALL	
OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND	O GENERAL	
EXPENSES. FOR THE YEAR ENDED JUNE 30, 2017, THE DIRECT RELIEF	FOUNDATION	
532054 08-29-16		Schedule D (Form 990)
632054 08-29-16		Schedule D (Form 990)

20-5983698	Page 5
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, -,	
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	20-5983698

Schedule D (Form 990) 2016 DIRECT RELIEF FOUNDATION  Part XIII Supplemental Information (continued)	20-5983698	Page <b>5</b>
Part XIII   Supplemental Information (continued)		<del>,                                     </del>
DIRECT RELIEF FOUNDATION ALSO ACCRUES THE AMOUNTS PAYABLE TO DIRECT RELIEF		
FOR EXPENSES RELATED TO THE BUILDING CAMPAIGN. THE TOTAL AMOUNT PAYABLE		
FOR BUILDING CAMPAIGN EXPENSES AS OF JUNE 30, 2017 WAS \$530,981.		
	·	
		<del></del>
		_ <del></del>
<del></del>		
	<del></del>	

# **SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990.

OMB No 1545-0047 b

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

Open to Public Inspection

**Employer identification number** Name of the organization 20-5983698 DIRECT RELIEF FOUNDATION Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region (b) Number of expenditures employees, (by type) (such as, fundraising, prois a program service, offices agents, and for and describe specific type in the region gram services, investments, grants to independent contractors investments recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND FAIR MARKET OF FOREIGN THE CARIBBEAN -INVESTMENTS HELD AS OF ANTIGUA & BARBUDA, 1,105,753. 6/30/17 ARUBA, BAHAMAS 1,105,753. 0 3 a Sub-total b Total from continuation 0. Ω sheets to Part I c Totals (add lines 3a 1,105,753. and 3b)

632071 09-21-16

Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016

F (Form 990) 2016 DIRECT RELIEF FOUNDATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

er of noncash control of noncash assistance assistance (i) Method of assistance (i) Method of assistance (ii) Method of assistance (iii) Method of assistance (iii) Method of assistance (iii) Method of assistance (iiii) Method						
(e) Amount (f) Manner of of cash grant cash disbursement						
(d) Purpose of grant					 	 Enter total number of recipient organizations listed above that are recommend or charities by the feedings of recipients
(c) Region						e lietad above that are
(b) IRS code section and EIN (if applicable)	3	, *	,	, «		ecinient organizations
1 (a) Name of organization				,		2 Enter total number of r

Schedule F (Form 990) 2016

Enter total number of other organizations or entities

က

Page 3

Schedule F (Form 990) 2016 DIRECT RELIEF FOUNDATION 20-5983698

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

,	(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2016
	(g) Description of noncash assistance						Schedi
	(f) Amount of noncash assistance						
•	(e) Manner of cash disbursement						
-	(d) Amount of cash grant						
T	Number of recipients						
Iditional space is neede	(b) Region						
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance						

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016

Yes X No

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

		Complete IT I	ete it the organizatio	n answered "res	the organization answered "Yes" on Form 990, Part IV, line 21 or 22	rt IV, line 21 or 22.		A SAN SAN	EX
Department of the Treasury Internal Revenue Service		▶ Informati	<ul> <li>Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.</li> </ul>	Form 990) and its instru	m 990. s instructions is a	t www.irs.gov/form99	0.	inspection	A 246
Name of the organization	ON DIRECT RELIEF FOUNDATION	FOUNDATION	:				!	Employer identification number 20-5983698	۱.
Part I General In	General Information on Grants and Assistance	d Assistance							1
1 Does the organiz	Does the organization maintain records to substantiate the amou criteria used to award the grants or assistance?	substantiate thε tance?	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	int of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No	4
Š.	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	toring the use of grant	funds in the Unite	d States.				
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organi	zations and Domesti	c Governments. C	complete if the orga	anization answered "Y	res" on Form 990, Part	. IV, line 21, for any	
fe) Name and a	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if addit	ional space is need	ded.	(f) Method of	70 204	(h) D. manage of canada	- 1
or gor	(a) valle and address of organization or government	(a)	(if applicable)	cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Furpose of grant or assistance	
DIRECT RELIEF									ı
27 SOUTH LA PATERA LANE	RA LANE	7111001 10						TO SUPPORT THE OPERATIONS	
GOLEIA, CA 9311/		П	501(5)(3)	14,408,510.	0			OF DIRECT RELIEF	- 1
									1
:									
							:		1
									1
									ı
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government or	ganizations listed in th	ne line 1 table				1	1 -
	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table				 		1 .
LHA For Paperwork	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ions for Form 990.					Schedule   (Form 990) (2016)	-

Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (Form 990) (2016) DIRECT RELIEF FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant MONTHLY ACCOUNTING REPORTS TO DIRECT RELIEF FOUNDATION THAT REPORT ON THE USE OF FUNDS TOWARDS ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSE AND THE DIRECT RELIEF FOUNDATION OPERATES SOLELY AND EXCLUSIVELY AS A SUPPORT ORGANIZATION FOR THE BENEFIT OF DIRECT RELIEF, DIRECT RELIEF PROVIDES (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016) CEO'S COMPENSATION, PART I, LINE 2: Part III

20-5983698

Schedule I (Form 990) (2016)

49

632102 11-01-16

# **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.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

**Employer identification number** DIRECT RELIEF FOUNDATION 20-5983698

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	,	× //	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	, <sup>®</sup> ″ '		N. T.
	First-class or charter travel  Housing allowance or residence for personal use	7. 80 2. 80 3. 81	20.8	
	Travel for companions Payments for business use of personal residence	in a	ر کر	\$
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	***	4 **	66.5
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	* '	<i>(</i>	18 18
		* "	ž,	,
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	*	*	33 **
	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 directors,			. <u>1</u> 2 €
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		ł
		2,6	* *	\$ .**
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	á	,	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	v	*	1 2
	establish compensation of the CEO/Executive Director, but explain in Part III.	N. Same		ì à
	Compensation committee Written employment contract	wek A	\ %	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Independent compensation consultant Compensation survey or study	3	<b>^</b>	
	Form 990 of other organizations  Approval by the board or compensation committee	`.	ž,	
		6	ĄŠ.	) }:
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	. 35	, 386,	á,
	organization or a related organization.		ζ.	- S
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		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	^		9 3
		, (		<i>`</i>
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	,×'	`	`,
5	For persons listed on 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		Х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.	,		1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			_ 3
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			. !
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6º If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2016

Page 2

Schedule J (Form 990) 2016 DIRECT RELIEF FOUNDATION
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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 V	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		(c)-(n)(a)	д <sub>е</sub> то
(1) THOMAS E, TIGHE	Ξ	0	0	0.	0	0.	0	0.
PRESIDENT & CEO	€	397,360.	0	0	13,250.	34,059.	444,669.	0.
(2) BHUPI SINGH	Ξ	0	0	0	0	0	0	0
EXECUTIVE VP, COO & CFO	€	332,558.	0	0	13,250.	15,439.	361,247.	0
	ε							
	€							
	(3)							
	(iii)							
	Θ							
	€							
	(i)							
	Ξ							
	Θ							
	<u> </u>			:				
	€					:		
	<b>(ii)</b>							
	(i)							,
	(iii)							
	Ξ							
	(ii)							
	(:)							
	(ii)							
	Θ							
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	(i)							
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	(1)							
	(ii)							
	(i)					!		
	(ii)							
	ε							
	(1)							
				7			Sched	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 DIRECT RELIEF FOUNDATION Part III Supplemental Information	20-5983698 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a,	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:	
DIRECT RELIEF FOUNDATION DOES NOT HAVE ANY PAID EMPLOYEES, AND, THE	THEREFORE,
DOES NOT HAVE A REQUIREMENT TO HAVE A COMPENSATION POLICY.	
THE CEO & COO/CFO ARE OFFICERS, BUT ARE NOT COMPENSATED BY DIRECT RELIEF	TIEF
FOUNDATION. THEY ARE COMPENSATED BY DIRECT RELIEF, A RELATED ORGANIZATION	ATION,
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.	
	Schedule J (Form 990) 2016
632113 09-09-16	

# **SCHEDULE 0** (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 

DIRECT RELIEF FOUNDATION	20-5983698
FORM 990, PART VI, SECTION A, LINE 7A:	
ARTICLE V, SECTION 2.5 B OF THE DIRECT RELIEF FOUNDATION BYLAWS STATES THAT	
THE DIRECT RELIEF BOARD HAS THE POWER TO APPOINT THE TRUSTEES OF DIRECT	
RELIEF FOUNDATION. SINCE SOME TRUSTEES OF THE DIRECT RELIEF FOUNDATION ARE	
ALSO MEMBERS OF THE DIRECT RELIEF BOARD, THE ORGANIZATION DOES HAVE SOME	·
MEMBERS WHO HAVE THE POWER TO APPOINT ONE OR MORE MEMBERS OF THE GOVERNING	
BODY.	
FORM 990, PART VI, SECTION A, LINE 7B:	
ARTICLE XI OF THE DIRECT RELIEF FOUNDATION BYLAWS STATES THAT THE BYLAWS	
MAY ONLY BE ALTERED, AMENDED OR REPEALED, AND NEW BYLAWS MAY ONLY BE	
ADOPTED, BY A MAJORITY OF THE DIRECT RELIEF BOARD PRESENT AT ANY MEETING OF	
THE DIRECT RELIEF BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
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.	<del> </del>
ONCE THIS PROCESS IS COMPLETE AND TRUSTEE APPROVAL IS OBTAINED, THE 990 IS	<del> </del>
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,	

53

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTATION OF THE DECISION-MAKING PROCESS.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
DIRECT RELIEF FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	
INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE TO THE PUBLIC	
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 2016, 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. FUNDS COVERING 100% OF THE	<del></del>
COMPENSATION OF DIRECT RELIEF'S PRESIDENT & CEO WAS PROVIDED BY DIRECT	<del></del>
RELIEF FOUNDATION THROUGH REGULAR BOARD-APPROVED TRANSFERS OF FUNDS TO	
DIRECT RELIEF.	
FORM 990, PART VIII, LINE 1(H), AND FORM 990, PART IX, LINE 1:	
DURING THE FISCAL YEAR ENDING JUNE 30, 2015, THE DIRECT RELIEF	
FOUNDATION LAUNCHED A \$40 MILLION FUNDRAISING CAMPAIGN, "THE CAMPAIGN  FOR DIRECT RELIEF", TO FUND THE CONSTRUCTION OF DIRECT RELIEF'S NEW	
HEADQUARTERS AND PHARMACEUTICAL DISTRIBUTION CENTER. DURING THE YEAR	
ENDED JUNE 30, 2017, THE FOUNDATION RECEIVED PLEDGES OF \$1.3 MILLION	<del></del>
AND CASH CONTRIBUTIONS OF \$2.5 MILLION FOR THE CAMPAIGN FROM DONORS.	
AS OF JUNE 30, 2017, THE FOUNDATION HAS RECEIVED CONTRIBUTIONS AND	· · · · · · · · · · · · · · · · · · ·
PLEDGES TOTALING \$19.2 MILLION TO THE CAMPAIGN. THE TOTAL PROJECT COST,	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2017 \$(1,571,469)	
(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY DIRECT RELIEF AT THE END	
OF EACH FISCAL YEAR ARE CARRIED FORWARD TO BE AVAILABLE IN FUTURE	
YEARS.	
DIRECT RELIEF FOUNDATION ALSO ACCRUES THE AMOUNTS PAYABLE TO DIRECT	
RELIEF FOR EXPENSES RELATED TO THE BUILDING CAMPAIGN. THE TOTAL AMOUNT	
PAYABLE TO DIRECT RELIEF FOR BUILDING CAMPAIGN EXPENSES AS OF JUNE 30,	
2017 WAS \$530,981.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNRELATED BUSINESS REVENUE - PASSTHROUGH ENTITIES -4,236.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

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

DIRECT RELIEF FOUNDATION

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

20-5983698

Schedule R (Form 990) 2016 (g) Section 512(b)(13) controlled ŝ × × × entity? Direct controlling Yes entity 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. Ξ Direct controlling DIRECT RELIEF IRECT RELIEF entity End-of-year assets A/N status (if section Public charity 501(c)(3)) LINE 1 Total Income Exempt Code Œ section 501(C)(3) ত্ত Legal domicile (state or Part I Identification of Disregarded Entities. Complete if the organization answered, "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) SOUTH AFRICA CALIFORNIA **SEXICO** SUPPORT TO AFRICAN DOCTORS SUPPORT TO MEXICAN DOCTORS QUIPMENT AND SUPPLIES TO NDERSERVED POPULATIONS COORDINATION OF MEDICAL COORDINATION OF MEDICAL Primary activity AND MEDICAL CLINICS AND MEDICAL CLINICS Primary activity ROVIDES MEDICINES, 9 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 00990 2193 DIRECT RELIEF INTERNATIONAL SOUTH AFRICA PARKTOWN, JOHANNESBURG, SOUTH AFRICA CUAUHTEMOC, DISTRITO FEDERAL, MEXICO Name, address, and EIN (if applicable) AV. PASEO DE LA REFORMA 300 - PISO 9 Name, address, and EIN of related organization of disregarded entity **JIRECT RELIEF - 95-1831116** SOUTH LA PATERA LANE DIRECT RELIEF MEXICO GOLETA, CA 93117 NO.22 OXFORD ROAD Part II

Schedule R (Form 990) 2016 DIRECT RELIEF FOUNDATION

20-5983698

Part II] 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.

(a) Name, address, and EIN of related organization	(b) (c) (c) (do (do (do (do (do (do (do (do (do (do	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomir (related, excluded fr	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n) ortionate ions?	(i) Code V-UBI amount in box 20 of Schedule	(j) General Managi Ib partnel	(j) (k) General or Percentage managing ownership	8°ē
		country)			2 2 (2-3 (4)			Yes	Š	K-1 (Form 106	Ves No	0	1
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													l
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.	janizations Taxable a	g the tax	vear.	omplete if ti	he organization	n answered "\	es" on Form	990, Part IV	/, line 34	because it ha	d one or r	nore related	_ 1
Name, address, and EIN of related organization	<b>Z</b> c	Prin	ctivity	Legal domicile (state or foreign country)	Direct		Type of entity (C corp, S corp, or trust)	(1) Share of total income		Share of Pend-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	. 1.
						:							1
		:											1
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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
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?	is with one or more r	elated organizations listed	in Parts II-IV?	1 1
	>			-
				۲ ، و
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>				4
<ul> <li>d Loans or loan guarantees to or for related organization(s)</li> </ul>				1d ×
e Loans or loan guarantees by related organization(s)				. 1e
f Dividends from related organization(s)				14 X
g Sale of assets to related organization(s)				1g   X
				1h X
i Exchange of assets with related organization(s)				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
b I are of facilities conjument or other accept from related armonization(e)				× *
	anization(e)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			
	ion(s)			tn ×
o Sharing of paid employees with related organization(s)				10 X
				# II II II II II II II II II II II II II
p Reimbursement paid to related organization(s) for expenses				Tp X
q Reimbursement paid by related organization(s) for expenses				1q ×
r Other transfer of cash or property to related organization(s)				1 X
for	who must complete t	his line, including covered	information on who must complete this 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	nvolved
£				
(2)				
(4)				•
(5)				
(9)				
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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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income parimers sec (related, unrelated, colici)3 excluded from tax under cops? Sections 512-514) Yes No	(f) Share of total	(g) Share of end-of-year assets	Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	(k) Percentage ownership