Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2001**

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending

B Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: DIRECT RELIEF INTERNATIONAL

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite: 27 SOUTH LA PATERA LANE

City or town, state or country, and ZIP + 4: SANTA BARBARA, CA 93117-3251

D Employer identification number: 95-1831116

E Telephone number: (805) 964-4767

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [X] No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site: ▶WWW.DIRECTRELIEF.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

I Enter 4-digit GEN ▶

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 75,719,366.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received: STMT 1				
	a	Direct public support	1a	75,113,652.		
	b	Indirect public support	1b	36,372.		
	c	Government contributions (grants)	1c	72,051.		
	d	Total (add lines 1a through 1c) (cash $ 2,808,199. noncash $ 72,413,876.)			1d	75,222,075.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	74,122.
	6a	Gross rents	6a	39,493.		
	b	Less: rental expenses	6b	24,618.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	14,875.
	7	Other investment income (describe ▶)			7	

			(A) Securities		(B) Other		
	8a	Gross amount from sales of assets other than inventory	478,899.	8a			
	b	Less: cost or other basis and sales expenses	542,016.	8b			
	c	Gain or (loss) (attach schedule)	-63,117.	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	-63,117.

	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a) STMT 3	9a	38,525.		
	b	Less: direct expenses other than fundraising expenses	9b	8,619.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	29,906.
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	-133,748.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	75,144,113.
Expenses	13	Program services (from line 44, column (B))			13	83,624,918.
	14	Management and general (from line 44, column (C))			14	442,610.
	15	Fundraising (from line 44, column (D))			15	267,371.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	84,334,899.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-9,190,786.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	32,775,306.
	20	Other changes in net assets or fund balances (attach explanation) STMT 4			20	3,447.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	23,587,967.

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ 540,619. noncash $ 81,512,742.)	22	82,053,361.	82,053,361.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26	1,183,750.	797,015.	226,431.	160,304.
27 Pension plan contributions	27	37,442.	27,322.	7,269.	2,851.
28 Other employee benefits	28	72,460.	40,824.	22,023.	9,613.
29 Payroll taxes	29	134,722.	99,067.	21,063.	14,592.
30 Professional fundraising fees	30				
31 Accounting fees	31	17,354.		17,354.	
32 Legal fees	32				
33 Supplies	33	18,740.	11,120.	3,872.	3,748.
34 Telephone	34				
35 Postage and shipping	35	16,868.	3,503.	918.	12,447.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	80,268.	30,255.	21,377.	28,636.
39 Travel	39	9,452.	5,797.	3,599.	56.
40 Conferences, conventions, and meetings	40	1,815.	1,295.	445.	75.
41 Interest	41	115,433.	109,259.	3,969.	2,205.
42 Depreciation, depletion, etc. (attach schedule)	42	73,262.	57,152.	9,206.	6,904.
43 Other expenses not covered above (itemize): STMT 5	43a	519,972.	388,948.	105,084.	25,940.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	84,334,899.	83,624,918.	442,610.	267,371.

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ [ ] Yes [X] No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? ▶ STMT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	PROVIDED MEDICAL SUPPLIES, EQUIPMENT AND PHARMACEUTICALS TO MEDICALLY INDIGENT AREAS IN THE US AND WORLDWIDE. (Grants and allocations $ 82,053,361)	83,624,918.
b	(Grants and allocations $)	
c	(Grants and allocations $)	
d	(Grants and allocations $)	
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services). ▶	83,624,918.

Part IV Balance Sheets (See Specific Instructions on page 24.)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			1,037,321.	45	1,017,491.
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a	56,613.			
b Less: allowance for doubtful accounts	47b		34,082.	47c	56,613.
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			27,280,404.	52	18,098,032.
53 Prepaid expenses and deferred charges			23,793.	53	123,694.
54 Investments - securities (attach schedule) STMT 7. ▶ ☐ Cost ☒ FMV			1,137,495.	54	1,531,508.
55a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule) STMT. 8.			739,597.	56	733,293.
57a Land, buildings, and equipment: basis	57a	3,482,948.			
b Less: accumulated depreciation (attach schedule)	57b	414,885.	3,076,446.	57c	3,068,063.
58 Other assets (describe ▶ STMT 9)			1,740,265.	58	834,108.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			35,069,403.	59	25,462,802.
Liabilities					
60 Accounts payable and accrued expenses			75,608.	60	70,482.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule) STMT. 10			1,719,378.	64b	1,694,171.
65 Other liabilities (describe ▶ STMT 11)			499,111.	65	110,182.
66 **Total liabilities** (add lines 60 through 65)			2,294,097.	66	1,874,835.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			28,666,991.	67	19,735,764.
68 Temporarily restricted			4,108,315.	68	3,852,203.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) **must** equal line 19; and column (B) **must** equal line 21)			32,775,306.	73	23,587,967.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			35,069,403.	74	25,462,802.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	75,510,259.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $ 332,909.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): STMT 12 $ 33,237.		
	Add amounts on lines (1) through (4) ▶	b	366,146.
c	Line a minus line b ▶	c	75,144,113.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	75,144,113.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	84,701,045.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 332,909.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): STMT 13 $ 33,237.		
	Add amounts on lines (1) through (4) ▶	b	366,146.
c	Line a minus line b ▶	c	84,334,899.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	84,334,899.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see Specific Instructions on page 27.

Direct Relief International				
2001				
Form 990, Part V - List of Board Officers and members				
Name and Address	Title and Time devoted to position (per month)	Compensation	Contributions to Employee Benefit Plans	Expense Acct. & Other Allowances
Dorothy Adams	Director	$0.00	$0.00	$0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Gilbert Ashor, MD	Director	0.00	0.00	0.00
27 So. La Patera Lane	30 Hrs			
Santa Barbara, CA 93117				
Jayne Brechwald, MPH	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
William Burtness	Treasurer	0.00	0.00	0.00
27 So. La Patera Lane	40 Hrs			
Santa Barbara, CA 93117				
Andrea Capachietti	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Morgan Clendenen	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Wilton Doane, MD	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
James Elting	Director	0.00	0.00	0.00
27 So. La Patera Lane	10 Hrs			
Santa Barbara, CA 93117				
Catherine Firestone	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Richard D. Godfrey	Chair	0.00	0.00	0.00
27 So. La Patera Lane	40 Hrs			
Santa Barbara, CA 93117				
Patricia Halloran	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Melville Haskell, M.D.	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Jean Hay	Director	0.00	0.00	0.00
27 So. La Patera Lane	15 Hrs			
Santa Barbara, CA 93117				
James H. Jackson	Director	0.00	0.00	0.00
27 So. La Patera Lane	30 Hrs			
Santa Barbara, CA 93117				
Peter O. Johnson, Sr.	Director	0.00	0.00	0.00
27 So. La Patera Lane	15 Hrs			
Santa Barbara, CA 93117				
Richard Johnson	Director	0.00	0.00	0.00
27 So. La Patera Lane	30 Hrs			
Santa Barbara, CA 93117				
Nancy M. Lessner	Director	0.00	0.00	0.00
27 So. La Patera Lane	30 Hrs			
Santa Barbara, CA 93117				
Don Lewis, M.D.	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				

Direct Relief International
2001
Form 990, Part V - List of Board Officers and members

Name and Address	Title and Time devoted to position (per month)	Compensation	Contributions to Employee Benefit Plans	Expense Acct. & Other Allowances
Helga Morris	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Paul Riemenschneider, MD	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Denis Sanan	Vice Chair	0.00	0.00	0.00
27 So. La Patera Lane	40 Hrs			
Santa Barbara, CA 93117				
Nancy Schlosser	Secretary	0.00	0.00	0.00
27 So. La Patera Lane	40 Hrs			
Santa Barbara, CA 93117				
Krishan Singh	Director	0.00	0.00	0.00
27 So. La Patera Lane	30 Hrs			
Santa Barbara, CA 93117				
Susan Sully	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Donn Tognazzini	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				
Bruce Woodling, MD	Director	0.00	0.00	0.00
27 So. La Patera Lane	20 Hrs			
Santa Barbara, CA 93117				

Part VI Other Information (See Specific Instructions on page 27.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ________ and check whether it is ☐ exempt OR ☐ nonexempt.			
81a	Enter direct or indirect political expenditure. See line 81 instructions — 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b 332,909.			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		X
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a		X
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		X
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		X
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	31	
91	The books are in care of ▶ CHRISTIAN WHITE - DRI Telephone no. ▶ 805-964-4767			
	Located at ▶ 27 S. LA PATERA LN, S.B., CA ZIP + 4 ▶ 93117-3251			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Form **990** (2001)

JSA
1E1041 2.000

Part VII **Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	74,122.	
97 Net rental income or (loss) from real estate					
a debt-financed property			30	14,875.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	-63,117.	
101 Net income or (loss) from special events			18		29,906.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b STMT 14				-133,748.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-107,868.	29,906.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ -77,962.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	FUNDRAISING EVENTS PROVIDE FOR SHIPMENTS OF MEDICAL SUPPLIES
	TO MEDICALLY INDIGENT AREAS.

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer COPY Date

▶ Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) P00071142
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	LARSON & RIDGE LLP	EIN ▶	77-0476103
	P.O. BOX 92021		
	SANTA BARBARA, CA 93190-2021	Phone no. ▶	805-899-1170

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2001

Name of the organization: DIRECT RELIEF INTERNATIONAL

Employer identification number: 95-1831116

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THOMAS TIGHE 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	PRESIDENT/CEO 50 HRS	143,800.	7,050.	
SUSAN FOWLER 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93177	DIR OF PROGRAMS 40 HRS	56,035.	4,884.	
ANTHOULA RANDOPOULOS 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	DIR OF FDTN RELATION 40 HRS	54,296.	5,735.	
DAN SMITH 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	SR. PROGRAM MGR 40 HRS	52,811.	5,117.	
LYNN SPICER 27 SOUTH LA PATERA LANE SANTA BARBARA, CA 93117	CONTROLLER 40 HRS	51,688.	4,145.	
Total number of other employees paid over $50,000 . . . . ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services . . . . ▶ NONE		

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ **(Must equal amount on line 38,** Part VI-A, or line **i** or Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	STMT 15 Furnishing of goods, services, or facilities?	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See **Note** below.)	3	X	
4	Do you have a section 403(b) annuity plan for your employees?	4	X	

Note: *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.* STMT 16

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	80,132,506	61,164,190	35,792,842.	21,863,043.	198952581.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	113,584	47,261	92,730.	60,612.	314,187.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 17 52,616	41,263	33,040.	14,752.	141,671.
23 Total of lines 15 through 22	80,298,706	61,252,714	35,918,612.	21,938,407.	199408439.
24 Line 23 minus line 17	80,298,706	61,252,714	35,918,612.	21,938,407.	199408439.
25 Enter 1% of line 23	802,987	612,527	359,186.	219,384.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 3,988,169.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 92,862,006.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 199408439.

d Add: Amounts from column (e) for lines: 18 314,187. 19 ______ 22 141,671. 26b 92,862,006. ▶ 26d 93317864.

e Public support (line 26c minus line 26d total) ▶ 26e 106090575.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 53.2027 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2000) ______ (1999) ______ (1998) NOT APPLICABLE (1997) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2000) ______ (1999) ______ (1998) ______ (1997) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a [ ] if the organization belongs to an affiliated group.
Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines **c** through **h**.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule. (Note:** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions.)*

General Rule -

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ▶ $ ____________

Caution: *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than $1,000 during the year that were for a religious, charitable, etc., purpose. To determine the $1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: *You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.*

Part I. In column **(a),** identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column **(a),** show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than $1,000 during the year. Show also, in the heading of Part III, total gifts that were $1,000 or less and were for a religious, charitable, etc., purpose. *Complete this information only on the first Part III page.*

If an amount is set aside for a religious, charitable, etc., purpose, show in column **(d)** how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column **(e)** and explain the relationship between the two organizations.

Name of organization: DIRECT RELIEF INTERNATIONAL

Employer identification number: 95-1831116

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICAL SUPPLIES & PHARMACEUTICALS	17,251,720.	VAR
2	MEDICAL SUPPLIES & PHARMACEUTICALS	14,811,918.	VAR
3	MEDICAL SUPPLIES & PHARMACEUTICALS	10,941,550.	VAR
4	MEDICAL SUPPLIES & PHARMACEUTICALS	5,536,301.	VAR
5	MEDICAL SUPPLIES & PHARMACEUTICALS	3,109,611.	VAR
6	MEDICAL SUPPLIES & PHARMACEUTICALS	2,211,876.	VAR

Name of organization: DIRECT RELIEF INTERNATIONAL

Employer identification number: 95-1831116

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	MEDICAL SUPPLIES & PHARMACEUTICALS	2,007,223.	VAR
9	MEDICAL SUPPLIES & PHARMACEUTICALS	1,983,423.	VAR
10	MEDICAL SUPPLIES & PHARMACEUTICALS	1,645,961.	VAR
11	MEDICAL SUPPLIES, EQUIPMENT & PHARMACEUTICALS	12,914,293.	VAR

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
PRIOR PERIOD ADJUSTMENT - PRIOR YEAR BOOK DEPRECIATION ADJUSTMENT		3,447.
	TOTAL	3,447.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
GRANTS AND STIPENDS				
CONTRACT SERVICES	116,577.	50,740.	55,840.	9,997.
INSURANCE	20,077.	19,316.	419.	342.
BLDG EXPENSES	648.	623.	14.	11.
PUBLIC RELATIONS	6,253.	113.	1,744.	4,396.
IN-KIND/CONTR SOLICITATION	6,103.	6,103.		
PROGRAM EVALUATION	13,175.	13,175.		
DUES & SUBSCRIPTIONS	12,411.	7,269.	5,142.	
UTILITIES & TELEPHONE	30,465.	25,602.	3,286.	1,577.
DEVELOPMENT EDUCATION	19,938.	13,505.		6,433.
TAXES, LICENSES AND FEES	12,661.	1,203.	11,458.	
BANK CHARGES	17,666.		17,666.	
REPAIRS & MAINTENANCE	16,286.	7,925.	7,169.	1,192.
ADVERTISING	4,614.	400.	2,399.	1,815.
FREIGHT AND PROCESSING CHARGES	219,274.	219,274.		
WAREHOUSE OPERATIONS	4,283.	4,283.		
PACKING SUPPLIES	3,120.	3,120.		
EQUIPMENT PARTS & REFURBISHMEN	13,736.	13,736.		
MISCELLANEOUS	2,685.	2,561.	-53.	177.
TOTALS	519,972.	388,948.	105,084.	25,940.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
==

THE MISSION OF DIRECT RELIEF INTERNATIONAL IS TO PROVIDE APPROPRIATE ASSISTANCE TO HEALTH INSTITUTIONS AND PROJECTS WHICH SERVE THE POOR AND VICTIMS OF NATURAL AND CIVIL DISASTERS WITHOUT REGARD TO POLITICAL AFFILIATIONS, RELIGIOUS BELIEFS, ETHNIC IDENTITY, OR ABILITY TO PAY.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
MARKETABLE SECURITIES	1,531,508.
TOTALS	1,531,508.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
INVESTMENT IN UNITRUST	47,880.
INVESTMENT IN GIFT ANNUITY TST	30,413.
FUTURE INTEREST IN REAL PROP.	125,000.
INVESTMENT IN REAL ESTATE	530,000.
TOTALS	733,293.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
DEFERRED LOAN COSTS - NET	12,276.
CONTRIBUTIONS RECEIVABLE	777,016.
DEPOSITS	779.
DUE FROM OTHER FUNDS	34,037.
GRANTS RECEIVABLE	NONE
NOTES RECEIVABLE	10,000.
TOTALS	834,108.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: SANTA BARBARA BANK & TRUST
ORIGINAL AMOUNT: 1,800,000.
INTEREST RATE: 8.000000
DATE OF NOTE: 10/01/1997
MATURITY DATE: 10/01/2007
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: LAND & BUILDING
PURPOSE OF LOAN: PURCHASE LAND & BUILDING

BEGINNING BALANCE DUE	1,220,826.
ENDING BALANCE DUE	1,204,595.

LENDER: HUTTON FOUNDATION
ORIGINAL AMOUNT: 500,000.
INTEREST RATE: 6.000000
DATE OF NOTE: 11/01/2000
MATURITY DATE: 11/01/2007
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: LAND & BUILDING
PURPOSE OF LOAN: REFINANCE PART OF ORIGINAL LAND & BUILDING LOAN

BEGINNING BALANCE DUE	498,552.
ENDING BALANCE DUE	489,563.

LENDER: SBB&T - LINE OF CREDIT
INTEREST RATE: 4.750000
DATE OF NOTE: 01/01/2001
MATURITY DATE: 05/01/2003
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: WORKING CAPITAL LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	13.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,719,378.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,694,171.

STATEMENT 10

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
ACCRUED COMPENSATION ABSENCES	34,960.
DIST PAYABLE - UNITRUST	23,124.
DIST PAYABLE - GIFT ANNUITY TR	16,653.
DUE TO OTHER FUNDS	34,037.
OTHER LIABILITIES	NONE
CAPITAL LEASE OBLIGATION	1,408.
TOTALS	110,182.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
FUNDRAISING EXP		8,619.
RENTAL EXPENSES		24,618.
	TOTAL	33,237.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
FUNDRAISING EXP		8,619.
RENTAL EXPENSES		24,618.
	TOTAL	33,237.

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
OTHER INCOME			18	42,406.	
UNREAL LOSS ON INV			18	-130,374.	
UNREAL GAIN ON GIFT ANNUITIES			18	12,760.	
CHANGE IN VALUE OF ESTATES RECEIVABLE			18	-58,540.	
TOTALS				-133,748.	

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

THE ORGANIZATION CURRENTLY MAINTAINS A PARTIAL EQUITY INTEREST IN THE PRESIDENT'S HOME.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

THE COMPANY AWARDS GRANTS TO OTHER ORGANIZATIONS ON A DISCRETIONARY BASIS. THE MOST SIGNIFICANT CRITERIA USED TO DETERMINE AN AWARD IS WHETHER THE AWARD WILL FURTHER THE MISSION OF DIRECT RELIEF INTERNATIONAL AS FOLLOWS:
THE MISSION OF DIRECT RELIEF INTERNATIONAL IS TO PROVIDE APPROPRIATE ASSISTANCE TO HEALTH INSTITUTIONS AND PROJECTS WHICH SERVE THE POOR AND VICTIMS OF NATURAL AND CIVIL DISASTERS WITHOUT REGARD TO POLITICAL AFFILIATIONS, RELIGIOUS BELIEFS, ETHNIC IDENTITY, OR ABILITY TO PAY.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
MISC. OPERATING INCOME	52,616.	41,263.	33,040.	14,752.	141,671.
TOTALS	52,616.	41,263.	33,040.	14,752.	141,671.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041 (or Form 5227). See the separate instructions for Form 1041 (or Form 5227).

OMB No. 1545-0092

2001

Name of estate or trust	Employer identification number
DIRECT RELIEF INTERNATIONAL	95-1831116

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 29)	(f) Gain or (Loss) (col. (d) less col. (e))
1						
	SEE STATEMENT 1			478,899.	542,016.	-63,117.

2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2000 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1 through 4 in column (f). Enter here and on line 14 below ▶	5	-63,117.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 29)	(f) Gain or (Loss) (col. (d) less col. (e))	(g) 28% Rate Gain or (Loss) *(see instr. below)
6							

			(f)	(g)
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7		
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8		
9	Capital gain distributions	9		
10	Gain from Form 4797, Part I	10		
11	Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 14, of the 2000 Capital Loss Carryover Worksheet	11	( )	( )
12	Combine lines 6 through 11 in column (g).	12		
13	**Net long-term gain or (loss).** Combine lines 6 through 11 in column (f). Enter here and on line 15 below ▶	13		

***28% rate gain or loss** includes **all** "collectibles gains and losses" (as defined on page 30 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page 28 of the instructions).

Part III Summary of Parts I and II

			(1) Beneficiaries' (see page 30)	(2) Estate's or trust's	(3) Total
14	**Net short-term gain or (loss)** (from line 5 above)	14			-63,117.
15	**Net long-term gain or (loss):**				
a	28% rate gain or (loss) (from line 12 above)	15a			
b	Unrecaptured section 1250 gain (see line 17 of the worksheet on page 31)	15b			
c	Total for year (from line 13 above)	15c			
16	**Total net gain or (loss).** Combine lines 14 and 15c ▶	16			-63,117.

Note: *If line 16, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 15c and 16, column (2), are net gains, go to Part V, and do not complete Part IV. If line 16, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.*

Part IV Capital Loss Limitation

17	Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:		
	a The loss on line 16, column (3) **or**		
	b $3,000	17	(3,000)

If the loss on line 16, column (3), is more than $3,000, **or** *if Form 1041, page 1, line 22, is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 32 of the instructions to determine your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part **only** if both lines 15c and 16 in column (2) are gains, and Form 1041, line 22 is more than zero.)

Note: *If line 15a, column (2) or line 15b, column (2) is more than zero, complete the worksheet on page 34 to figure the instructions to figure the amount to enter on lines 20, 27, and 38 below and skip all other lines below. Otherwise, go to line 18.*

18	Enter taxable income from Form 1041, line 22			18			
19	Enter the **smaller** of line 15c or 16 in column (2)	19					
20	If the estate or trust is filing Form 4952, enter the amount from line 4e; otherwise, enter -0- ▶	20					
21	Subtract line 20 from line 19. If zero or less, enter -0-			21			
22	Subtract line 21 from line 18. If zero or less, enter -0-			22			
23	Figure the tax on the amount on line 22. Use the 2001 Tax Rate Schedule on page 20 of the instructions					23	
24	Enter the **smaller** of the amount on line 18 or $1,800			24			
	If line 24 is greater than line 22, go to line 25. Otherwise, skip lines 25 through 31 and go to line 32.						
25	Enter the amount from line 22			25			
26	Subtract line 25 from line 24. If zero or less, enter -0- and go to line 32			26			
27	Enter the estate's or trust's allocable portion of qualified 5-year gain, if any, from line 7c of the worksheet on page 33	27					
28	Enter the **smaller** of line 26 or line 27			28			
29	Multiply line 28 by 8% (.08)					29	
30	Subtract line 28 from line 26			30			
31	Multiply line 30 by 10% (.10)					31	
	If the amounts on lines 21 and 26 are the same, skip lines 32 through 35 and go to line 36.						
32	Enter the **smaller** of line 18 or line 21			32			
33	Enter the amount, if any, from line 26			33			
34	Subtract line 33 from line 32			34			
35	Multiply line 34 by 20% (.20)					35	
36	Add lines 23, 29, 31, and 35					36	
37	Figure the tax on the amount on line 18. Use the 2001 Tax Rate Schedule on page 20 of the instructions					37	
38	**Tax on all taxable income (including capital gains).** Enter the **smaller** of line 36 or line 37 here and on line 1a of Schedule G, Form 1041					38	

Schedule D (Form 1041) 2001

DIRECT RELIEF INTERNATIONAL 95-1831116

Schedule D Detail of Short-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
SALE OF DONATED SECURITIES-SEE ATTACHED LIST	VAR	VAR 01	38,191.	38,533.	-342.
SALE OF PURCHASED SECURITIES-SEE ATTACHED LIST	VAR	VAR 01	440,708.	503,483.	-62,775.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			478,899.	542,016.	-63,117.
Totals			478,899.	542,016.	-63,117.

DIRECT RELIEF INTERNATIONAL
SCHEDULE OF REALIZED GAINS AND LOSSES FROM SECURITIES TRANSACTIONS
ALL SHORT TERM GAINS & LOSSES

Description	Date of Donation	Date of Sale	Value @ Donation	Sales Proceeds	Realized Gain/(Loss)
Donated Securities					
Oracle	12/31/00	1/4/01	$ 1,584	$ 1,519	$ (66)
Societe General	07/20/01	7/25/01	$ 11,120	$ 10,910	$ (209)
Beckman Coulter	09/21/01	9/21/01	$ 4,245	$ 4,245	$ -
Nokia	10/26/01	11/8/01	$ 2,590	$ 2,678	$ 89
Merck	11/21/01	11/27/01	$ 14,752	$ 14,764	$ 11
Amgen	12/03/01	12/6/01	$ 982	$ 979	$ (3)
Microsoft	12/04/01	12/7/01	$ 2,746	$ 2,573	$ (173)
Walt Disney	12/19/01	12/24/01	$ 514	$ 523	$ 9
Subtotal			$ 38,533	$ 38,191	$ (342)

Description	Date of Purchase	Date of Sale	Cost	Sales Proceeds	Realized Gain/(Loss)
Purchased Securites					
MCData Corporation	Various	Various	$ 698	$ 442	$ (256)
Ericsson	Various	5/31/01	$ 29,121	$ 11,376	$ (17,746)
PMC Sierra	Various	7/26/01	$ 31,798	$ 9,353	$ (22,444)
Beneficial Corp 7.64%	12/29/00	8/3/01	$ 102,463	$ 104,072	$ 1,609
Morgan Stanley Dean Witter 8.1%	11/7/00	8/3/01	$ 101,850	$ 103,483	$ 1,633
Bear Stearns 6.75%	9/19/00	8/20/01	$ 99,137	$ 103,388	$ 4,251
Ford Motor Credit 7.5%	9/19/00	9/19/01	$ 100,547	$ 105,066	$ 4,519
Nortel Networks	Various	Various	$ 37,869	$ 3,528	$ (34,341)
Subtotal			$ 503,483	$ 440,708	$ (62,775)
Totals			$ 542,015	$ 478,899	$ (63,117)

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
DIRECT RELIEF INTERNATIONAL	95-1831116

DESCRIPTION OF PROPERTY

WARHOUSE RENTAL

Yes / No — Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME		39,493.	
OTHER INCOME			
TOTAL GROSS INCOME			39,493.
OTHER EXPENSES:			
OTHER INTEREST		13,016.	
TAXES		3,584.	
UTILITIES		1,719.	
OTHER EXPENSES		6,299.	
DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			24,618.
TOTAL RENT OR ROYALTY INCOME (LOSS)			14,875.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			14,875.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

DEPRECIATION - RENTAL PORTION OF BLDG-10.13%	3,896.
DEPRECIATION - RENTAL PORTION OF IMPR-80.00%	2,403.
	6,299.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
WAREHOUSE RENTAL	39,493.		24,618.	14,875.
TOTALS	39,493.		24,618.	14,875.

Form **4562** (Rev. March 2002) Department of the Treasury Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2001

Attachment Sequence No. 67

Name(s) shown on return: DIRECT RELIEF INTERNATIONAL

Identifying number: 95-1831116

Business or activity to which this form relates: GENERAL DEPRECIATION

Part I Election To Expense Certain Tangible Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	76,114.

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See page 6 of the instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	76,114.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

JSA **For Paperwork Reduction Act Notice, see separate instructions.**
1F0931 4.000

Form **4562** (2001) (Rev. 3-2002)

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See page 8 of the instructions for limits for passenger automobiles.)*

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 7 of the instructions):								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 7 of the instructions):								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles - see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 8 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year (see page 9 of the instructions):					
43 Amortization of costs that began before your 2001 tax year				43	
44 **Total.** Add amounts in column (f). See page 9 of the instructions for where to report				44	

DIRECT RELIEF INTERNATIONAL 95-1831116

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
DONATED FURNITURE	10/01/1991	40,000.	100.000			40,000.	37,000.	40,000.	SL		10.000				3,000.
DONATED FURNITURE	11/01/1991	3,500.	100.000			3,500.	3,208.	3,500.	SL		10.000				292.
DONATED FURNITURE	11/01/1991	3,000.	100.000			3,000.	2,750.	3,000.	SL		10.000				250.
FURNITURE	11/01/1991	500.	100.000			500.	458.	500.	SL		10.000				42.
FURNITURE	10/01/1991	531.	100.000			531.	490.	531.	SL		10.000				41.
FURNITURE	11/01/1991	128.	100.000			128.	119.	128.	SL		10.000				9.
FURNITURE	12/01/1991	321.	100.000			321.	291.	321.	SL		10.000				30.
OFFICE FURNITURE	12/01/1991	1,592.	100.000			1,592.	1,445.	1,592.	SL		10.000				147.
TELEPHONE	03/01/1992	12,000.	100.000			12,000.	10,600.	11,800.	SL		10.000				1,200.
SHELVES	10/01/1991	2,726.	100.000			2,726.	2,524.	2,726.	SL		10.000				202.
SHELVING	10/01/1991	3,028.	100.000			3,028.	2,802.	3,028.	SL		10.000				226.
PHARMACY SHELVING	01/01/1992	984.	100.000			984.	883.	984.	SL		10.000				101.
CHEVY VAN	07/01/1991	18,435.	100.000			18,435.	18,435.	18,435.	SL		5.000				
PLUMBING	12/01/1991	163.	100.000			163.	73.	81.	SL		20.000				8.
ALARM SYSTEM	12/01/1991	2,765.	100.000			2,765.	1,254.	1,392.	SL		20.000				138.
LSHLD IMPROV	10/01/1991	645.	100.000			645.	297.	329.	SL		20.000				32.
CARPETING	10/01/1991	7,644.	100.000			7,644.	3,534.	3,916.	SL		20.000				382.
TELEPHONE WIRING	11/01/1991	2,000.	100.000			2,000.	917.	1,017.	SL		20.000				100.
PLUMBING	10/01/1991	200.	100.000			200.	93.	103.	SL		20.000				10.
Less: Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
1X9024 5.000

DIRECT RELIEF INTERNATIONAL 95-1831116

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
PLUMBING	12/01/1991	200.	100.000			200.	90.	100.	SL		20.000				10.
WINDOWS	12/01/1991	240.	100.000			240.	109.	121.	SL		20.000				12.
FIRE ALARM	12/01/1991	178.	100.000			178.	81.	90.	SL		20.000				9.
TEMPERATURE SENSOR	12/01/1991	506.	100.000			506.	228.	253.	SL		20.000				25.
LSHLD IMPROVEMENTS	12/01/1991	1,786.	100.000			1,786.	809.	898.	SL		20.000				89.
DESKS/CHRS/SOFA	04/15/1993	2,100.	100.000			2,100.	1,610.	1,820.	SL		10.000				210.
DESKS/CHRS/FILE CA	09/15/1993	400.	100.000			400.	400.	400.	SL		10.000				
LAB STOOLS	12/15/1993	275.	100.000			275.	198.	226.	SL		10.000				28.
CHAIRS	08/15/1994	1,638.	100.000			1,638.	1,039.	1,203.	SL		10.000				164.
REFRIGERATOR	08/15/1994	3,800.	100.000			3,800.	2,407.	2,787.	SL		10.000				380.
HARDDRIVE	03/15/1994	1,374.	100.000			1,374.	1,374.	1,374.	SL		5.000				
COMPAQ DESKPRO	01/15/1994	2,442.	100.000			2,442.	2,442.	2,442.	SL		5.000				
COMPAQ CONTURA POR	06/15/1994	2,181.	100.000			2,181.	2,181.	2,181.	SL		5.000				
IBM UP DESKTOP	07/15/1994	2,217.	100.000			2,217.	2,217.	2,217.	SL		5.000				
EPSON PRINTER	11/15/1994	300.	100.000			300.	300.	300.	SL		5.000				
WORKBENCHES	06/15/1994	700.	100.000			700.	455.	525.	SL		10.000				70.
SLIDINGS-LHI	02/15/1994	6,030.	100.000			6,030.	2,063.	2,365.	SL		20.000				302.
CONSULTING FEES-LH	12/15/1994	7,115.	100.000			7,115.	2,165.	2,521.	SL		20.000				356.
BUILDING PERMIT-LH	12/15/1994	1,230.	100.000			1,230.	377.	439.	SL		20.000				62.
Less: Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
1X9024 5.000

2001

DIRECT RELIEF INTERNATIONAL 95-1831116

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
RADIO/SCANNER	12/01/1995	450.	100.000			450.	450.	450.	SL		5.000				
BIOMED/EXP	03/01/1995	24,167.	100.000			24,167.	24,167.	24,167.	SL		5.000				
BIOMED/EXP	03/01/1995	2,000.	100.000			2,000.	2,000.	2,000.	SL		5.000				
BIOMED/EXP	03/01/1995	3,750.	100.000			3,750.	3,750.	3,750.	SL		5.000				
FAXWARE	09/01/1995	936.	100.000			936.	936.	936.	SL		5.000				
CLASS EQUIP	03/01/1995	2,995.	100.000			2,995.	2,995.	2,995.	SL		5.000				
STEEL CONTAINER	08/01/1995	2,832.	100.000			2,832.	1,557.	1,840.	SL		10.000				283.
PALLET RACKS	02/01/1995	2,300.	100.000			2,300.	2,300.	2,300.	SL		5.000				
GENERATOR	12/01/1995	2,500.	100.000			2,500.	2,500.	2,500.	SL		5.000				
BIOMED EXP	02/01/1995	49,661.	100.000			49,661.	13,656.	16,139.	SL		20.000				2,483.
BIOMED INKIND	02/01/1995	2,705.	100.000			2,705.	742.	877.	SL		20.000				135.
TAPE BACKUP	08/01/1996	1,270.	100.000			1,270.	1,168.	1,270.	SL		5.000				102.
LAPTOP COMPUTER	02/01/1997	2,104.	100.000			2,104.	1,684.	2,104.	SL		5.000				420.
FORKLIFT	04/01/1997	22,485.	100.000			22,485.	8,996.	11,245.	SL		10.000				2,249.
LAND	09/01/1997	1,363,950.	100.000												
BLDG	09/01/1997	1,538,072.	100.000			1,538,072.	128,173.	166,625.	SL		40.000				38,452.
HEATING UNIT	12/31/1997	31,699.	100.000			31,699.	2,376.	3,168.	SL		40.000				792.
BLDG IMPROVEMENTS	04/01/1998	88,430.	100.000			88,430.	6,080.	8,291.	SL		40.000				2,211.
ECTO A PROJECTOR	06/01/1998	533.	100.000			533.	267.	374.	SL		5.000				107.
Less: Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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DIRECT RELIEF INTERNATIONAL

2001

95-1831116

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SEANIX CS PRICE233	05/01/1998	1,259.	100.000			1,259.	672.	924.	SL		5.000				252.
SAG SERVER	05/01/1998	3,983.	100.000			3,983.	2,125.	2,922.	SL		5.000				797.
SURGE PROTECTORS	05/01/1998	607.	100.000			607.	323.	444.	SL		5.000				121.
MISC COMPUTER PRTS	05/01/1998	336.	100.000			336.	179.	246.	SL		5.000				67.
12 COMPUTERS	05/01/1998	14,082.	100.000			14,082.	7,510.	10,326.	SL		5.000				2,816.
MISC COMPUTER PRTS	06/01/1998	179.	100.000			179.	93.	129.	SL		5.000				36.
UPS BATTERIES	06/01/1998	180.	100.000			180.	93.	129.	SL		5.000				36.
MEMORY MODULE	07/01/1998	88.	100.000			88.	45.	63.	SL		5.000				18.
OFFICE 97 LICENSES	05/01/1998	1,140.	100.000			1,140.	608.	836.	SL		5.000				228.
GROUPWISE UPGRADE	05/01/1998	3,549.	100.000			3,549.	1,893.	2,603.	SL		5.000				710.
MS OFFICE 97	03/01/1999	290.	100.000			290.	106.	164.	SL		5.000				58.
INTRANETWARE LIC	06/01/1999	1,432.	100.000			1,432.	453.	739.	SL		5.000				286.
VIRTUAL PC WIN 95	06/01/1999	149.	100.000			149.	47.	77.	SL		5.000				30.
HP SCANJET 6250CSE	02/01/1999	536.	100.000			536.	205.	312.	SL		5.000				107.
HP DESK JET 895CSE	02/01/1999	429.	100.000			429.	165.	251.	SL		5.000				86.
CLIENTPRO 333 MINI	05/01/1999	1,328.	100.000			1,328.	443.	709.	SL		5.000				266.
CLIENTPRO 333 MINI	05/01/1999	1,328.	100.000			1,328.	443.	709.	SL		5.000				266.
CLIENTPRO 333 MINI	05/01/1999	1,328.	100.000			1,328.	443.	709.	SL		5.000				266.
CLIENTPRO 333 MINI	05/01/1999	1,328.	100.000			1,328.	443.	709.	SL		5.000				266.
Less: Retired Assets															
Subtotals															
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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DIRECT RELIEF INTERNATIONAL 95-1831116

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
12 32MB SDRAM DIMM	05/01/1999	916.	100.000			916.	305.	488.	SL		5.000				183.
2 32MB EDO DIMM	06/01/1999	135.	100.000			135.	43.	70.	SL		5.000				27.
SEAGATE BARR 7200	06/01/1999	209.	100.000			209.	66.	108.	SL		5.000				42.
POWERMAC G3-300	06/01/1999	1,508.	100.000			1,508.	478.	780.	SL		5.000				302.
PANASONIC WC7502	06/01/1999	213.	100.000			213.	68.	111.	SL		5.000				43.
17IN/16V DISPLAY	06/01/1999	535.	100.000			535.	169.	276.	SL		5.000				107.
MISC COMPUTER PART	06/01/1999	269.	100.000			269.	85.	139.	SL		5.000				54.
SUPRAEXPRESS 56K U	07/01/1999	169.	100.000			169.	51.	85.	SL		5.000				34.
SOLO 2500 LS	10/01/1999	2,303.	100.000			2,303.	576.	1,037.	SL		5.000				461.
DIRECTPC DISH, MOD	10/01/1999	293.	100.000			293.	74.	133.	SL		5.000				59.
MICRON PENTIUM	06/01/1999	250.	100.000			250.	79.	129.	SL		5.000				50.
SONNY DCR-PC-1	02/01/1999	1,857.	100.000			1,857.	356.	542.	SL		10.000				186.
FOLDING CHAIRS (GR	02/01/1999	246.	100.000			246.	48.	73.	SL		10.000				25.
FOLDING CHAIRS (GR	03/01/1999	368.	100.000			368.	68.	105.	SL		10.000				37.
VCR JVC HRVP6730	04/01/1999	164.	100.000			164.	28.	44.	SL		10.000				16.
VIDEO PROJ SYSTEM	06/01/1999	10,000.	100.000			10,000.	1,583.	2,583.	SL		10.000				1,000.
RICOH MULT COPIER	06/01/1999	750.	100.000			750.	119.	194.	SL		10.000				75.
12 PCS FURN/18 CHA	08/01/1999	3,500.	100.000			3,500.	496.	846.	SL		10.000				350.
USED MITA DC-6090	08/01/1999	1,000.	100.000			1,000.	142.	242.	SL		10.000				100.
Less: Retired Assets															
Subtotals															

Listed Property

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Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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FLOOR SCALE 48X48	01/01/1999	2,144.	100.000			2,144.	428.	642.	SL		10.000				214.
27' VAN TRAILER BR	06/01/1999	1,575.	100.000			1,575.	250.	408.	SL		10.000				158.
27' VAN TRAILER FR	06/01/1999	1,575.	100.000			1,575.	250.	408.	SL		10.000				158.
45 FT STOR TRAILER	06/01/1999	2,500.	100.000			2,500.	396.	646.	SL		10.000				250.
3-12X8 STEEL STRUC	11/01/1999	1,500.	100.000			1,500.	175.	325.	SL		10.000				150.
MIG WELDER	11/01/1999	650.	100.000			650.	76.	141.	SL		10.000				65.
PALLET JACK	10/01/1999	500.	100.000			500.	63.	113.	SL		10.000				50.
STEAM CLEANER	11/01/1999	2,200.	100.000			2,200.	257.	477.	SL		10.000				220.
DOCK LEVELER W/INS	11/01/1999	10,690.	100.000			10,690.	1,247.	2,316.	SL		10.000				1,069.
LHI - LIGHTING	08/01/2000	5,190.	100.000			5,190.	54.	184.	SL		40.000				130.
RCA TV	01/01/2000	539.	100.000			539.	54.	108.	SL		10.000				54.
KYOCERA FAX	06/01/2000	557.	100.000			557.	65.	176.	SL		5.000				111.
PHONE SYSTEM	07/01/2000	37,400.	100.000			37,400.	1,870.	5,610.	SL		10.000				3,740.
ETHERNET CONVERTER	06/01/2000	1,703.	100.000			1,703.	199.	540.	SL		5.000				341.
CABLE METER/TESTER	03/27/2000	595.	100.000			595.	45.	105.	SL		10.000				60.
TEST EQUIPMENT	03/09/2000	7,711.	100.000			7,711.	643.	1,414.	SL		10.000				771.
SANDBLASTER	03/16/2000	815.	100.000			815.	61.	143.	SL		10.000				82.
DIGITAL CAMERA	01/31/2001	709.	100.000			709.		65.	SL		10.000				65.
CHAIR-SUE FOWLER	04/10/2001	740.	100.000			740.		49.	SL		10.000				49.
Less: Retired Assets															
Subtotals															

Listed Property

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Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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CHAIRS-8	03/30/2001	2,800.	100.000			2,800.		210.	SL		10.000				210.
CISCO ROUTER	02/28/2001	800.	100.000			800.		133.	SL		5.000				133.
INSTALL CTS-CISCO	02/27/2001	330.	100.000			330.		55.	SL		5.000				55.
30 MICRON PC'S	12/31/2001	9,600.	100.000			9,600.			SL		5.000				
2 DELL SERVERS	12/31/2001	5,000.	100.000			5,000.			SL		5.000				
2 LEVEL RACK SYS	01/17/2001	30,000.	100.000			30,000.		2,750.	SL		10.000				2,750.
ELECTRIC FORKLIFT	01/17/2001	1,000.	100.000			1,000.		92.	SL		10.000				92.
FREIGHT TRAILER	09/10/2001	4,500.	100.000			4,500.		113.	SL		10.000				113.
NOVELL SMALL BSNS	12/31/2001	13,676.	100.000			13,676.			SL		5.000				
Less: Retired Assets															
Subtotals		3,482,948.				2,118,998.	338,771.	414,885.							76,114.

Listed Property

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
Subtotals															
TOTALS		3,482,948.				2,118,998.	338,771.	414,885.							76,114.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

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Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ X
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

Part I **Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: *Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only* . . . . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization DIRECT RELIEF INTERNATIONAL	**Employer identification number** 95-1831116
	Number, street, and room or suite no. If a P.O. box, see instructions. 27 SOUTH LA PATERA LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93117-3251	

Check type of return to be filed (file a separate application for each return)

X Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T(sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ________ If this is for the **whole group**, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until ____________, ______ , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ X calendar year 2001 or

▶ ☐ tax year beginning ____________ ______, and ending ____________ , ______

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . $

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [redacted] Title ▶ CPA P00071142 Date ▶ 05/07/2002

For Paperwork Reduction Act Notice, see Instruction. Form **8868** (12-2000)