EXTENDED TO MAY 16, 2016

Form	990-T	E)	OMB No. 1545-0687				
			(and proxy tax undo			T 20 201	_	0044
		For ca	lendar year 2014 or other tax year beginning JUL 1,				<u> </u>	2014
	tment of the Treasury al Revenue Service	•	► Information about Form 990-T and its instruc Do not enter SSN numbers on this form as it may	be mad	le public if your organiza			Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed		Name of organization (Check box if name of	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions.)
B Ex	kempt under section	Print	DIRECT RELIEF FOUNDATION	NC			2	0-5983698
] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	, see in	structions.			ated business activity codes nstructions.)
]408(e)220(e)	Туре	27 SOUTH LA PATERA LANI	E]	,
	408A 530(a)		City or town, state or province, country, and ZIP or	E 2 2	000			
 • Boo	529(a) ok value of all assets	F 0	GOLETA, CA 93117	523	000			
4 n	end of year		exemption number (See instructions.) corganization type	, ,	501(c) trust	401(a) trust		Other trust
			ary unrelated business activity. INVESTM				FUNI	
			poration a subsidiary in an affiliated group or a parer				Υe	
			ifying number of the parent corporation.		у сели елген уген р			
			BHUPI SINGH		Telepho	ne number 🕨 8	05-	964-4767
Pa	rt I Unrelate	d Trac	le or Business Income		(A) Income	(B) Expenses	3	(C) Net
1 a	Gross receipts or sal	es						
	Less returns and allo		c Balance	1c				
2	Cost of goods sold (Schedule	A, line 7)	2				
3	Gross profit. Subtrac			3	4 052			
4 a			h Schedule D)	4a	1,273.			
b			art II, line 17) (attach Form 4797)	4b				
			sts	4c 5	-902.			
5	Rent income (Schedi		ips and S corporations (attach statement)	6	- 902 •			
6 7	`	, .	ne (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
			on 501(c)(7), (9), or (17) organization (Schedule G)	-				
			me (Schedule I)	10				
			: J)	11				
			s; attach schedule)	12				
	Total. Combine line	s 3 throu	gh 12	13	371.			371.
Pa			ot Taken Elsewhere (See instructions for					
			utions, deductions must be directly connected			· · · · · · · · · · · · · · · · · · ·	ı	
14			rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17 18							17 18	
19							19	257.
20	Charitable contribut	ions (Sec	e instructions for limitation rules) STATEME	ENT	2 STATEMEN	т 1	20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24			mpensation plans				24	
25	Employee benefit pr	-					25	
26	Excess exempt expe	enses (So	chedule I)				26	
27			hedule J)				27	
28			redule)				28	257
29	Total deductions		•				29	257. 114.
30 21			ncome before net operating loss deduction. Subtract				30 31	114.
31 32			(limited to the amount on line 30)				31	0.
33			/ \$1,000, but see line 33 instructions for exceptions				33	1,000.
34			income . Subtract line 33 from line 32. If line 33 is				"	_,
				-			34	0.

423701 01-13-15 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2014)

Part I	Tax Computation	LI IOOND	2111011				20 3	<u> </u>			
35	Organizations Taxable as Corporat	ione Con instruc	tions for tay com	nutation							
33	Controlled group members (section			·—	ione and:						
	Enter your share of the \$50,000, \$2	•									
ä			,000 taxable ilic		it order).	ı					
		(2) \$		(3) [\$							
D	Enter organization's share of: (1) A										
	(2) Additional 3% tax (not more that										Λ
C	Income tax on the amount on line 3	4						► 35c			<u>0.</u>
36	Trusts Taxable at Trust Rates See		•								
	Tax rate schedule or							36			
37	Proxy tax. See instructions							37			
38	Alternative minimum tax							38			0.
39 Part I	Total. Add lines 37 and 38 to line 3. Tax and Payments	oc or 36, wnicheve	er applies					39			<u> </u>
	Foreign tax credit (corporations atta	ob Form 1110: tru	uata attaah Farm	1116)	40	10					
								_			
	Other credits (see instructions) General business credit. Attach Form							_			
•								_			
	Credit for prior year minimum tax (a					•		400			
41	Total credits. Add lines 40a throug										0.
42	Subtract line 40e from line 39 Other taxes. Check if from: Fo	rm 4255	orm 8611	Eorm 8607	orm 8866 [Othor	(attach achadu	ie) 42			•
43											0.
	Payments: A 2013 overpayment cr					1		40			-•
	2014 estimated tax payments										
	Tax deposited with Form 8868										
	Foreign organizations: Tax paid or v										
	Backup withholding (see instruction										
	Credit for small employer health ins										
	Other credits and payments: Form 4136 Total payments. Add lines 44a three	Othe	er	Tota	al 🕨 44	ia					
45	Total payments. Add lines 44a thro	uah 44a						45			
46	Estimated tax penalty (see instruction	ons). Check if Forr	n 2220 is attach	ed ▶				46			
47	Tax due. If line 45 is less than the t										0.
48	Overpayment. If line 45 is larger th							48			0.
49	Enter the amount of line 48 you war	nt: Credited to 20	15 estimated tax	< ▶		Re	funded	49			
Part \	Statements Regarding	ng Certain A	ctivities an	d Other Inforn	nation	(see instru	ctions)				
1 At a	ny time during the 2014 calendar ye	ar, did the organiz	ation have an int	erest in or a signatu	re or other a	authority ove	er a financial	account (bank,	Yes	No
seci	urities, or other) in a foreign country	? If YES, the organ	nization may hav	e to file Form FinCEI	N Form 114,	Report of F	oreign Bank	and Finan	cial		
Acc	ounts. If YES, enter the name of the ng the tax year, did the organization receive	foreign country he	re >								_X_
2 Durii If YE	ng the tax year, did the organization receive S, see instructions for other forms the orgar	a distribution from, on nization may have to f	was it the grantor of the	of, or transferor to, a fore							_X_
	er the amount of tax-exempt interest										
Sched	ule A - Cost of Goods So	old. Enter meth	nod of inventor	y valuation	N/A						
1 Inve	ntory at beginning of year	1		6 Inventory at en	d of year			6			
2 Pur	chases	2		7 Cost of goods	sold. Subtra	act line 6					
3 Cos	t of labor	3		from line 5. Ent	ter here and	in Part I, lin	ie 2	7			
4a Addi	tional section 263A costs (att. schedule)	4a		8 Do the rules of	section 263	SA (with resp	ect to			Yes	No
b Oth	er costs (attach schedule)	4b		property produ	ced or acqu	ired for resa	ile) apply to				
5 Tota	I. Add lines 1 through 4b	5		the organizatio							
Sian	Under penalties of perjury, I declare the correct, and complete. Declaration of p	at I have examined thi preparer (other than ta	s return, including a xpayer) is based on	ccompanying schedules all information of which	s and statemer preparer has a	nts, and to the any knowledge	best of my kno	owledge and	belief, it is tru	e,	
Sign Here			- ·					May the IF	RS discuss this	s return w	ith
Here	Signature of officer		Data	EVP,		& CFO			er shown belo		, I
			Date						ns)? X Y	es	No
	Print/Type preparer's name		Preparer's signat	ture	Date		Check	」if │PT	IN		
Paid	mp 2 637 6 53 63	_ _	D 3 C 17 C	D36173	02.41		self- employ	, I	.00266	004	
Prepa	-:		RACY S.	PAGLIA	U3/1	.1/16	I		00366		
Use C	only Firm's name ► MOSS			mm 200			Firm's EIN	> 9	1-018	93 <u>T</u> 8	<u> </u>
		1 W MARC						200	OFF C	100	
	Firm's address ► STO	CKTON, C	A 33419	-230/			Phone no.	∠ ∪9-	955-6		(001.1)
423711 01	·13-15								Form 9	JU-I (∠∪14)

FORM 990-T	CURRENT	YEAR	CASH	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION					AMOUNT
PASSTHROUGH FROM PA					2,430,341
TOTAL CURRENT YEAR	CASH CONTR	EBUTIC	ONS		2,430,382

FORM 990-T	CONTRIBUTIONS S	SUMMARY	STATEMENT 2	2
QUALIFIED COM	NTRIBUTIONS SUBJECT TO 100% L	LIMIT		
CARRYOVER OF FOR TAX YEA	AR 2010 AR 2011 AR 2012	FIONS		
TOTAL CARRYOV	VER F YEAR 10% CONTRIBUTIONS	62 2,430,382		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	2,430,444	_	
	ONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	2,430,444 0 2,430,444		
ALLOWABLE COM	NTRIBUTIONS DEDUCTION		_	0
TOTAL CONTRIE	BUTION DEDUCTION			0

FORM 990-T	NET	OPERATING	G LOSS D	EDUCTI	ON	STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	JSLY		OSS AINING	AVAILABLE THIS YEAR	
06/30/14	1,250.		0.		1,250.	1,250.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		1,250.		1,250.	
							
FORM 990-T	INCOM	ME (LOSS)	FROM PA	RTNERS	HIPS	STATEMENT 4	
FORM 990-T PARTNERSHIP		ME (LOSS)	FROM PAR		DEDUCTIONS	NET INCOME OR (LOSS)	
PARTNERSHIP COMMONFUND INVESTORS COMMONFUND COMMONFUND PARTNERS		RTNERS	GROSS II			NET INCOME	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Name

Employer identification number

DIRECT RELIEF FOUNDATION

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

20-5983698

See instructions for how to figure the amounts of enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	19,	(h) Gain or (loss). Subtract column (e) from column (d) and
his form may be easier to complete if you ound off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	a) 	combine the result with column (g
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					19.
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	19.
Part II Long-Term Capital Gain	ns and Losses - Ass	ets Held More Thar	n One Year		
ee instructions for how to figure the amounts enter on the lines below.	(d)	(e)	(a) Adjustments to gai	in	(h) Gain or (loss). Subtract
his form may be easier to complete if you bound off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	19, g)	column (e) from column (d) and combine the result with column (g
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have					
no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked					1,254
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked					1,254
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked					1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked					1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked				11	1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		11 12	1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked Tenter gain from Form 4797, line 7 or 9	from Form 6252, line 26 or 3	7			1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	from Form 6252, line 26 or 3	7		12	
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	7		12 13	
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum	7 nh		12 13 14	1,254.
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum l II	n h		12 13 14	1,254
if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine	from Form 6252, line 26 or 3 d exchanges from Form 8824 lines 8a through 14 in colum l II	n h		12 13 14 15	1,254. 1,254. 1,254. 1,254. 1,273.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) (2014)

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

20-5983698

DIRECT RELIEF FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need [X] (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) loss. If you enter an amount Proceeds Description of property Cost or other Gain or (loss). Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see *Column (*e) in combine the result Code(s) with column (g) the instructions adjustment COMMONFUND GLOBAL DISTRESSED INVESTORS COMMONFUND PRIVATE **EOUITY PARTNERS** STRATEGIC PARTNERS Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note, If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

423011 12-04-14 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or **line 3** (if **Box C** above is checked)

Form 8949 (2014) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DIRECT RELIEF FOUNDATION

20-5983698

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transact Note. You may aggregate all codes are required. Enter the	l long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. Of fryou have more long-term transactions than will X (D) Long-term transactions reg	fit on this page for one	or more of the boxes	, complete as many form	s with the same box chec	ked as you ne	ed.	each applicable box.
(E) Long-term transactions rep	•	,		,	Note and	ove)	
(F) Long-term transactions not	` '		•	eported to the INS			
1 (a)	(b)	(c)	(d)	(e)	Adiustmer	nt, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the Note below and see <i>Column</i> (e) in	loss. If you	ou enter an amount (g), enter a code in . See instructions. (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
				the instructions	0000(3)	adjustment	with column (g)
COMMONFUND GLOBAL							
DISTRESSED							115
INVESTORS							116.
COMMONFUND PRIVATE							100
EQUITY PARTNERS							130.
STRATEGIC PARTNERS							1,008.
2 Totals, Add the amounts in colunegative amounts). Enter each to Schedule D. line 8h (if Boy D and	otal here and inc	lude on your					

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

423012 12-04-14 Form **8949** (2014)

above is checked), or line 10 (if Box F above is checked)