Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

Inte	rnal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the second seco	he latest	information.	Inspection			
Α	For th	e 2017 cale	ndar year, or tax year beginning JUL 1, 2017 and en	nding JU	JN 30, 2018				
	Check if applicat	C Nam	e of organization		D Employer identific	ation number			
X	Addr chan	ess DIRI	CT RELIEF FOUNDATION						
Ē	Nam chan	e .	p business as		20-59	83698			
Г	Initia returi			oom/suite	E Telephone number				
	Final	61.00	WALLACE BECKNELL ROAD		805-964				
	termi ated	n-	or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,094,879.			
	Amer returi	nded SAN	A BARBARA, CA 93117		H(a) Is this a group re	turn			
	Appli tion	F Nam	e and address of principal officer: JONATHAN STEINER		for subordinates?	? Yes X No			
	pend	^{ing} 6100	WALLACE BECKNELL ROAD, SANTA BARBARA, C		H(b) Are all subordinates ind	cluded? Yes No			
<u> </u>	Tax-e>	cempt status	:: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a l	list. (see instructions)			
J	Webs	ite: 🕨 N/A			H(c) Group exemptior	n number 🕨			
		of organization		L Year (of formation: 2006 M	State of legal domicile: CA			
Ρ	art I	Summa							
٩	1		cribe the organization's mission or most significant activities: TO OPERA	ATE SOLE	LY AND				
C u		EXCLUSIV	ELY FOR THE BENEFIT OF DIRECT RELIEF.						
Governance	2		box if the organization discontinued its operations or disposed	d of more					
Š	5 3					9			
			independent voting members of the governing body (Part VI, line 1b) $\ \ldots$			9 0			
a d	g 5		er of individuals employed in calendar year 2017 (Part V, line 2a)						
iti i	6		er of volunteers (estimate if necessary)			9			
Activities &	ັຊ 7a			3,910.					
	b	Net unrelat	ed business taxable income from Form 990-T, line 34		2,000.				
		_			Prior Year	Current Year			
٩	8		ns and grants (Part VIII, line 1h)		6,610,494.	10,525,040.			
	9	•	ervice revenue (Part VIII, line 2g)		0.	0.			
Revenue	10		income (Part VIII, column (A), lines 3, 4, and 7d)	1,641,555.	1,122,996.				
_	111		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,252,049.	11,648,036.			
	13		similar amounts paid (Part IX, column (A), lines 1-3)		12,208,510.	9,653,506.			
	14		id to or for members (Part IX, column (A), line 4)		91,670.	98,061.			
a a	g 15		her compensation, employee benefits (Part IX, column (A), lines 5-10)		91,870.	98,001.			
Exnenses	2 16a		al fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Š			aising expenses (Part IX, column (D), line 25) 99,73		263,423.	205,551.			
-	1 "		nses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,563,603.	9,957,118.			
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-4,311,554.				
		Revenue le	ss expenses. Subtract line 18 from line 12		, ,	1,690,918. End of Year			
Net Assets or	ance 20	Total accel	s (Part X, line 16)		ginning of Current Year 40,859,783.	<u>46,495,162.</u>			
Isse	गुष्टम् 20		(, , , , , , , , , , , , , , , , , , ,		2,102,450.	4,922,067.			
Vet /	21 1 22		or fund balances. Subtract line 21 from line 20		38,757,333.	41,573,095.			
	<u>⊐ 22</u> art II		ure Block			,0,0,000.			
			ry, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and helief it is			
			ate. Declaration of preparer (other than officer) is based on all information of which						

Sign		Signature of officer		Date							
Here		JONATHAN STEINER, VP OF FINANCE, Type or print name and title	CFO								
Paid		t/Type preparer's name	Preparer's signature LAUREN A. HAVERLOCK	Date 05/10/19	Check if self-employed	PTIN P00545829					
Preparer	Firm	's name 🕒 MOSS ADAMS LLP			Firm's EIN 🕨	91-0189318					
Use Only	Dnly Firm's address 🖌 10960 WILSHIRE BLVD SUITE 1100										
	Phone no.310-4'	77-0450									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2017) DIRECT RELIEF FOUNDATION	20-5983698	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE FOUNDATION IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY FOR THE		
	BENEFIT OF, TO SUPPORT, OR TO CARRY OUT THE PURPOSES OF DIRECT RELIEF.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$9,653,506. including grants of \$9,653,506.) (Revenue	*	
	THE DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING ORGANIZATION OF		
	DIRECT RELIEF AND IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY TO		
	SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF DIRECT RELIEF. THE		
	FOUNDATION MAINTAINS CUSTODY OF THE BOARD RESTRICTED INVESTMENT FUND		
	(BRIF), WHICH IS A BOARD DESIGNATED ENDOWMENT. THE PURPOSE OF THE BRIF		
	IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE OPERATIONS OF DIRECT		
	RELIEF. THE BRIF ALSO PROVIDES FUNDING TO PAY FOR ALL OF DIRECT		
	RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND GENERAL EXPENSES.		
	FOR THE YEAR ENDED JUNE 30, 2018, THE DIRECT RELIEF FOUNDATION TRUSTEES		
	APPROVED FOR THE BRIF TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER ALL OF		
	ITS FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF DIRECT RELIEF'S CEO.		
41			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 9,653,506.)	
4e	Total program service expenses 9,653,506.		

Eorm	000	(2017)	
Form	990	(2017))

DIRECT RELIEF FOUNDATION

	1990 (2017) District Ability 1990	50	P	age •
Ра	rt IV Checklist of Required Schedules		Vee	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	–		
0		8		x
~	Schedule D, Part III	•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

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Form	1990 (2017) DIRECT RELIEF FOUNDATION 20-5983	598	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

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Part U Statements Regarding Other IRS Filings and Tax Compliance Check if Schedub Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line in the Part V Image: Contains a response or note to any line of the Part V Image: Contains a response or note the Part V Image: Contains a response or note the Part V Image: Contains a response or note With the Part V Image: Contains a response or note With the Part V Image: Contains a response or note With the Part V Image: Contains a response or note With the Part V Image: Contains a response or note With the Part V Image: Contains a response or note With the Part V Image: Contains a response on note With th	Form	990 (2017) DIRECT RELIEF FOUNDATION 20-598369	8	Р	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 1a <t< th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th></t<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number of form SVB of Denibulies 1 0 0 b Enter the number of form SVB of holdade in the a Enter 4- n rate applicable 0 0 b Enter the number of form SVB of holdade in the starts. For the number of tom SVB of holdade in the starts and reportable payments to vendors and reportable gaming ignificant on the origination in summary of the starts are reported on form V3, Transmittal of Wage and Tax Statements, the for the calendar year ending with or within the year overare by this return 2 0 b If at least one is reported on in E2, did the origination fine all required idearal employment tax returns? 2 0 b If Ves, 'Inta if field a form 90D Tor this year? (<i>H Vo</i> , 'to <i>isa</i> 3b, provide an explanation in Schedule O 3a X b If Ves,' inta if field a forming requirements for FinCEN Fiorm 114, Report of Foreign Bank and Financial accounts (FBAR). 3a X b If Ves,' inta if field a forgin country. 5a X b If Ves,' in the sa or 5b, did the origin country. 5a X c B Dot the origination have an inclusion as a prime during that tax year? 5a X c B Dot the origination have an inclusion as a prime during that tax year? 5b X c B Dot the origination have an ontrail greater than \$100,000, and did the oringanzation solidid any origin tas the argonization have an inclus		Check if Schedule O contains a response or note to any line in this Part V			
b Inter the number of Forms V2S included in line 1a. Entre O in not applicable Image: Comparison on the comparison of the comparison of the comparison of the comparison on comply with backup withholding rules to reportable gaming (gaming) within comply with backup withholding rules to reportable gaming (gaming) within comply with accup within of the seq and the comparison of the comply within the comparison of the complexity of the c				Yes	No
b Enter the number of Forms W22 included in line 1a. Enter 0- if not applicable 1b <	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
gambing winnings to prize winners? 1c k 2a Enter the number of employees reported on from W-3. Transmittal of Wage and Tax Statements, is a fait least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b i b If at least one is reported on line 2a, did the organization file all required to defend employment tax returns? 2b i 3a Did the organization have unrelated business gross income of \$1.000 or more during the yaa? 3a X 41 Y-ws, in the file all Form 000 F1 rot his yaa? yaa X i 5a Did the organization have unrelated business gross income of \$1.000 or more during the yaa? 3a X 5a Dif Y-ws, in earls file all Form 000 F1 rot his yaa? yaa X i 5a If Y-ws, in earls for his file of FinOENF From 114, Paport of Foreign Bank and Financial Accounts (FBAR). Sa X 5a U any taxable paty notify the organization his the was early to a prohibited tax shelfer transaction? Sc X Sb X 6a x The organization include with wevy solicitation an express statement tha such contributions or gifts were not tax deductibles on tax deductibles contributions and partly for goods and services provided to the payo? Ta X 7 Toganization	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
2a Ener the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required formal employment tax returns? 2b 3a 3a Dad the organization have unrelated business gross income of 51,000 or more during the saftware year. (dit to organization nare anapination in Schedule 0 3b X 3b If Y+s, "has if field a form 990-T for this year? 1b X 3b X b If Y+s, "has if field a form 990-T for this year? 3a X 3b X 4a At any time the name of the torigin country (such as a bank account, securities account, or other financial account) FA 5a X 5b If Y+s, "has if field a form 990-T for this year? 5a X 5b X 5a Max the there is name of the torigin country (such as a bank account, securities account, or other financial account) FA 5a X 5a Was the organization approximation approximation approximation and yithe during the tax year? 5a X 5b If Y+s, "in the file angaization file Form 980-T 5a X 5b If Y+s, "in the organization approximation approximation approximatin as a contrinbuton organization approximation account is a pappr	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a Ener the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required formal employment tax returns? 2b 3a 3a Dad the organization have unrelated business gross income of 51,000 or more during the saftware year. (dit to organization nare anapination in Schedule 0 3b X 3b If Y+s, "has if field a form 990-T for this year? 1b X 3b X b If Y+s, "has if field a form 990-T for this year? 3a X 3b X 4a At any time the name of the torigin country (such as a bank account, securities account, or other financial account) FA 5a X 5b If Y+s, "has if field a form 990-T for this year? 5a X 5b X 5a Max the there is name of the torigin country (such as a bank account, securities account, or other financial account) FA 5a X 5a Was the organization approximation approximation approximation and yithe during the tax year? 5a X 5b If Y+s, "in the file angaization file Form 980-T 5a X 5b If Y+s, "in the organization approximation approximation approximatin as a contrinbuton organization approximation account is a pappr		(gambling) winnings to prize winners?	1c	х	
b if at least one is reported on line 2a, did the organization file all equiped tedra# employment tax returns? 20 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e_rile</i> (see instructions) 3a x a Unt the organization have unrelated business gress income of 51,000 or more during the year? 3a x b If "Yes," has It field a Form 390.1 for this year? <i>If 'No</i> , ' <i>to line 3b, provide an explanation in Schedule O</i> 3b x d At any time during the calendary year, did the organization have an interest (in, or signature or other authority over, a francial account in a forsign country (such as a bark account, securities account, or other financial account)? 4a x b If "Yes," to line 5a or 5b, did the organization have partly to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Does the cognization have any annual gross recorrects that are normally greater than 5100,000, and did the organization net any enducation in express statement that such contributions or gifts were not tax deductible or the vision of the wave of the godia cost of the organization net any engument in excess of 375 made partly as a contribution an partly for grobial any to required to the programization networks any enducible property for which it was required to the prognization networks anyment in excess of 375 made partly as a contribution of a grant action the any engument in excess of 375 made partly as a contribution of engument encess of 377 made partly as a contribution of engument encess of 377 made partly as a contribution of engument encess of 376 made partly as a contribution of	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a x 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a x 4a At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a x 51 If 'Yes,' their the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a x 54 Was the organization have areal to bright the organization that if was or is a party to a prohibited tax shelter transaction? 5a x 55 Was the organization and expression that if was or is a party to a prohibited tax shelter transaction? 5b x 56 Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5c x 50 If 'Yes,' to line faor of b, did the organization and express statement tha such contributions or gifts were not tax deductible? 5a x 7 Organization selle express of 375 made pathy as a contribution an detry for groups and services provided 1 x x 7 Organization necele a payment in		filed for the calendar year ending with or within the year covered by this return 2a			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rise (see instructions) Image: Second Seco	b		2b		
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amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b			-		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image:					
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b X			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					<u> </u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		0000	<u> </u>

Form	990	(2017)
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732005 11-28-17

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	X
Sec	tion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	5	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-		0		
7a		7-	х	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		
a		76	x	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
		80	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	40		
9	organization's mailing address? If "Yes, " provide the names and addresses in Schedule O	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the Internal Nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	х	
а	Other officers or key employees of the organization	15b	Х	
a b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X
b		16a		
b 16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u>16a</u>		
b 16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<u>16a</u>		
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b 16a b Sec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
ь 16а ь <u>Sec</u> 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	e	
b 16a b <u>Sec</u> 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	16b	9	
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)	16b available		
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	16b available		
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	16b available		
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Extended C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other <i>(explain in Schedule O)</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	16b available		
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	16b available		

Form 990 (2	017) DIRECT RELIEF FOUNDATION	20-5983698	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is bot officer and a director/trus		n an	compensation	compensation	amount of		
	week				irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations	ial tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK SCHWARTZ	3.00	Ц	=	đ	₽¥ ₽	글 글	9			
CHAIR	5.00	x		x				0.	0.	0.
(2) LINDA GLUCK	1.00								.	<u>.</u>
VICE CHAIR	5.00	x		x				0.	0.	0.
(3) STEVE WEINTRAUB	1.00							 	·	
TREASURER	2.00	x		x				0.	Ο.	0.
(4) BITSY BECTON BACON	1.00									
SECRETARY	2.00	х		x				0.	0.	0.
(5) THOMAS CUSACK	1.00									
TRUSTEE		х						0.	0.	Ο.
(6) LAWRENCE DAM	1.00									
TRUSTEE		х						0.	0.	0.
(7) ANGEL ISCOVICH, M.D.	1.00									
TRUSTEE	10.00	Х						0.	0.	0.
(8) DOROTHY LARGAY, PHD	1.00									
TRUSTEE		Х						0.	0.	0.
(9) JOHN ROMO	1.00									
TRUSTEE		Х						0.	0.	0.
(10) THOMAS E. TIGHE	5.00									
PRESIDENT & CEO	40.00			х				0.	416,309.	50,049.
(11) BHUPI SINGH	5.00									
EXECUTIVE VP, COO & CFO	40.00			X	<u> </u>			0.	342,956.	27,475.
				-	-	-				
799007 11 99 17										Form 990 (2017)

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Form **990** (2017)

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2017.05060 DIRECT RELIEF FOUNDATION 629423F1

	990 (2017) DIRECT RELIEF	FOUNDATIO	N							20-59	83698	3	Р	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c , unle:	Pos heck	C) itior more rson i		ne an	(D) Reportable compensation from	(E) Reportable compensatic from related	on		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	ie tion ted
			-											
	Sub total		•						0.	759,	265		77	524.
с	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A					I		0.	759,	0.			0. 524.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	9		Vee	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,		·					0	, ,		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth J f	ner compensation from t	he organization		4	X	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		x
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	oensati			
	(A) Name and business INVESTMENTS	address							(B) Description of s	ervices	Co) ompe	C) nsatio	n
	EEDOM VALLEY DRIVE, OAKS, PA 194	56							INVESTMENT MANAGEM	ENT FEES			176,	406.
								_						
	Total number of independent contractors (ir		ot lir	nitor	4 + 0 -	thee			above) who received	are than				
2	\$100,000 of compensation from the organiz	•	JUII	me	10		se lisi 1	eu	above, who received mo					

732008 11-28-17

		(2011)	RELIEF FOUND	ATION			20-598369	Page 9
Par	t VII	Statement of Reven	nue					
		Check if Schedule O cont	ains a response o	or note to any line			(C)	X
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
An G	с	Fundraising events	1c					
ar /	d	Related organizations	1d	6,721,828.				
s, (imil	е	Government grants (contributi	ions) 1e					
rsi	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abov	ve 1f	3,803,212.				
dor	g	Noncash contributions included in lines	1a-1f: \$	100,000.				
ano	h	Total. Add lines 1a-1f		►	10,525,040.			
				Business Code				
e	2 a							
Program Service Revenue	b							
enu Se	С							
gram Ser	d							
<u>во</u>	е							
۲.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		▶				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		►	718,334.		3,910.	714,424
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С	(/						
		Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,851,505.					
	b	Less: cost or other basis						
		and sales expenses	5,446,843.					
		Gain or (loss)						
		Net gain or (loss)		····· •	404,662.			404,662.
Other Revenue	8 a	Gross income from fundraising including						
sev.		contributions reported on line						
ег		Part IV, line 18						
Gt		Less: direct expenses		L				
		Net income or (loss) from fund	-	····· ►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale						
ŀ	4.4	Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c					+ +		
	d							
	е 12	Total. Add lines 11a-11d			11,648,036.	0.	3,910.	1,119,086.
	1/	Total revenue. See instructions.		🔽 📘	±±,0±0,000.	· ·	5,510.	Form 990 (2017

732009 11-28-17

DIRECT RELIEF FOUNDATION

Part IX Statement of Functional Expenses

20-5983698 Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<u>~,</u> 1	Grants and other assistance to domestic organizations		ехрензез	general expenses	expenses
•	and domestic governments. Cas Dart IV, line 01	9,653,506.	9,653,506.		
2	Grants and other assistance to domestic	5,000,0001	2,000,000		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
1	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
+ 5	Compensation of current officers, directors,				
,	trustees, and key employees				
6	Compensation not included above, to disgualified				
,	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	82,359.			82,35
3	Pension plan accruals and contributions (include				,
,	section 401(k) and 403(b) employer contributions	9,376.			9,37
9	Other employee benefits	794.			79
9 D		5,532.			5,53
	Payroll taxes	5,552.			5,55
1	Fees for services (non-employees):				
a	Management				
b		16,582.		16,398.	18
-	Accounting	10,302.		10,550.	10
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	176,608.		176,608.	
f	Investment management fees	170,000.		170,000.	
g					
_	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	1 4 4 1			1 11
3	Office expenses	1,441.			1,44
4	Information technology				
5	Royalties				
6					
7					
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10 101		10 101	
3		10,121.		10,121.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	E 40			
a	OTHER TAXES	748.		748.	
b	BANK FEES	51.			5
С	-				
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	9,957,118.	9,653,506.	203,875.	99,73
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

12 2017.05060 DIRECT RELIEF FOUNDATION 629423F1

17160510 146892 629423FN

32

33

34

38,757,333.

40,859,783.

32

33

34

41,573,095.

46,495,162.

Form 990 (2017)

(A) Beginning of year End of year 839,491. 6,766,976. 1 1 Cash - non-interest-bearing 1,135,475. 305,510. 2 2 Savings and temporary cash investments 8,020,396. 6,475,951. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation _____ 10b 10c 11,914,501. 9,410,070. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 18,694,053. 23,249,000. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 255,867. 287,655. 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 40,859,783. 46,495,162. 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,102,450. 4,922,067. Schedule D 25 4,922,067. 2,102,450. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and complete lines 27 through 29, and lines 33 and 34. 28,521,747. 27,758,883. 27 27 Unrestricted net assets 10,235,586. 13,814,212. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

DIRECT RELIEF FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

20-5983698 Page **11**

(B)

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Form 990 (2017) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2017) DIRECT RELIEF FOUNDATION	20-598369	98	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,	648,	036.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	957,	118.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	690,	918.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,	757,	333.
5	Net unrealized gains (losses) on investments	5	1,	141,	254.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-16,	410.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	41,	573,	095.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	0			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Гокто	ggn .	(2017)

Form **990** (2017)

SCI	IED	ULE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the	organization
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Name	of the organization	RELIEF FOUNDAT	TON					20-5983698
Part				molete th	e nart) Se	o instructions		20-5985898
	anization is not a private found					()(A)(;)		
1	A church, convention of ch					I)(A)(I).		
2	A school described in sect		-					
3	A hospital or a cooperative						(:::) Entar	the beenitel's name
4 🗌	A medical research organiz	ation operated in col	njunction with a hospital	described	iii sectio	A)(1)(a)(1)(A	(III). Enter	the hospital's hame,
	city, and state:						- :+ - : :	. al :.a
5 🗌	An organization operated fo		liege or university owned	or operate	ed by a go	overnmental u	nit describe	ain
• □	section 170(b)(1)(A)(iv). (0							
6	A federal, state, or local go	-						
7 🗋	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from tr	ie general p	Dublic described in
• □	section 170(b)(1)(A)(vi). (C							
8	A community trust describe			-				
9 🗌	An agricultural research org	-			-		-	-
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
	university:							
10 🗌	An organization that norma							
	activities related to its exen							
	income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Co							
11	An organization organized a	-	•	•				_
12 X			•	•		-		
	more publicly supported or	-						Check the box in
ſ	lines 12a through 12d that	• •					-	
a	X Type I. A supporting orga	-	-	•	-			
	the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
. [organization. You must o	-						
b	Type II. A supporting org	-				-		-
	control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	oorted
ſ	organization(s). You mus							
C	Type III functionally inte		•••				ly integrate	d with,
. [its supported organizatio		-					
d	Type III non-functionally						-	
	that is not functionally int			•		-	an attentiv	eness
ſ	x Check this box if the ora	,	• •					
e						Type I, Type	II, Type III	
	functionally integrated, or	•••	nally integrated supportil	ng organiz	ation.			1
	nter the number of supported o	-	-1					<u>+</u>
<u>g</u> P	rovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
			above (see instructions))	103	110			
DIRECT	r RELIEF	95-1831116	7	x		9	653,506.	
		55 1051110	1			,		
Total						9	653,506.	0.
	Designed Designed Action		unting for Form 000 or	000 57		, /	, ·	000 - 000 53) 0017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

2017.05060 DIRECT RELIEF FOUNDATION 629423F1

Schedule A (Form 990 or 990-EZ) 2017 DIRECT RELIEF FOUNDATION

20-5983698

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or flocal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership feas received. (Do not include any 'unusual grants.')	Sec	ction A. Public Support						
membership fees received. (Do not include any Unusual grants.)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 2 2 Tax revenues levied for the organization is benefit and either pad to or expended on its behalf	1	Gifts, grants, contributions, and						
2 Tar versues levid for the organization is behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 4 Tatal. Add lines 1 through 3 5 The portion of total contributions by each person (offer than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsective store in 4. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (c) 2015 (d) 2016 (c) 2015 (d) 2016 (c) 2015 (d) 2016 (c) 2017 (f) Total 3 (f) cost income from interest, organization (f) 6 (c) acons, rents, revalues, and income from interest, and income from interest aconstated business activities, whether or not the business is regularly carried on interest aconstated business activities, whether or not the business is (Explain in Part VI). 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support test: 2017. (The 6, column (f) divided by line 11, column (f)		membership fees received. (Do not						
ication's benefit and atther paid to or expended on its behalf		include any "unusual grants.")						
or expended on its behaf The value of services or facilities Threadure of threadure or facilities Threadure or facilities Threadure or facilities Threadure of threadure or facilities Threadure or	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 1 Total. Add lines 1 through 3 4 Total. Add lines 1 through 3 5 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 6 Public support. Submachine 5 rom line 4 6 8 Certion B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6 6 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from line 4, and the subsiness activities, whether or not the business is regularly carried on thouse and income from similar sources 1		ization's benefit and either paid to						
function without charge i 4 Total. Add lines 1 through 3 i 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) i 6 Public support 1, steract line 3 tron line 4 i 7 Amounts from line 4 i 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, sequence from inteterest, diff and sequence from on the business is a tr		or expended on its behalf						
the organization without charge Image: state of the organization includes and organization includes an	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support, Subscripting in (b) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Section B. Total Support Section B. Total Support Image: Column (f) I		the organization without charge						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subject we show the 4 Section B. Total Support Subject by the shown the 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments received on securities loans, rents, royaties, and income from interest, dividends, payments and the set of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sate of capital assets (Explain files 7 through 10 12 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as a section 5010(3) organization, check this box and stop here. 12 13 14 14 14 15 16 19 10 11 10 11 10 11 10 11 11	4	Total. Add lines 1 through 3						
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) i 6 Public support. Subtractine show has 4. i 2 Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4. i 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources attivities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) i 11 Total support. Add lines 7 through 10 12 2 Gross necority from related activities, etc. (see instructions) 12 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. i 4 Public support percentage from 2016 Schedule A, Part II, line 14 15 4 Public support percentage from 2016 Schedule A, Part II, line 14 13 173% or more, check this box and stop here. The organization did not check to box on line 13, and line 14 is 31 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. 701.7. If the organization did not check a box on line 13, of a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Th	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subtractiles & ten line 4. Image: Column (f) 6 Public support. Subtractiles & ten line 4. Image: Column (f) 7 Amounts from line 4 Image: Column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). Image: Column (f) 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) 11 Total support. Additines 7 through 10 Image: Column (f) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) Image: Column (f) 14 Public support, Add lines 7 through 10 Image: Column (f) Image: Column (f) Image: Column (f) 15 First free years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 511c)(3) organization, check this box and stop here. Image: Column (f) Image: Co		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: the shown on line 11, column (f) 6 Public support. Subject the Show here 1 Image: the show here 1 Section B. Total Support Image: the show here 1 Calendar year (of fiscal year beginning in) Image: the show here 1 7 Amounts from line 4 Image: the show here 1 8 Gross income from interest, dividends, payments received on securities loans, enerts, royalties, and income from similar sources Image: the show here 1 9 Net income from unelated business activities, whether or not the business is regularly carried on Image: the show here 1 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Image: the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Image: the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage from 2016 Schedule A, Part II, line 14 Image: the organization 15 Jir3 Jir3/8 support test - 2017. If the organization did not check a box on line 13, and line 14 is 31 /3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 31 /3% or more, check this box and stop here. The organization did not check a box on line 13, and line 14 is 10% or more, and if the organization meets the "facts and-circumstan		governmental unit or publicly						
amount shown on line 11, column (f) Amount shown on line 11, column (f) Public support: store the show he 4. Section B. Total Support Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4		supported organization) included						
column (i) 6 Public support. Subtract line 3 from line 4. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. (a) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on increase. (a) 2013 (b) 2014 (c) 2015 (c) 2015 (c) 2017 (c) 7 (c)		on line 1 that exceeds 2% of the						
6 Public support. Subtractive is from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from interest, dividends, payments received on securites loans, rents, royatiles, and income from similar sources a		amount shown on line 11,						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4		column (f)						
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Comparison of Compariso	6	Public support. Subtract line 5 from line 4.						
7 Amounts from line 4	Sec	ction B. Total Support				-	-	
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 24 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	7	Amounts from line 4						
securities loans, rents, royalties, and income from similar sources	8	Gross income from interest,						
and income from similar sources		dividends, payments received on						
 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 9 4 14 Public support test - 2017. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here.		securities loans, rents, royalties,						
activities, whether or not the business is regularly carried on		and income from similar sources \dots						
business is regularly carried on	9	Net income from unrelated business						
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Schedule A (Form 990 or 990-E7) 2017	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 DIRECT RELIEF FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

20-5983698 Page **3**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	-			
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	anization,
check this box and stop here)
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r				33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2016. If the						%, and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organizat	ion ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
732023 10-06-17						990 or 990-EZ) 2017
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Yes No

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x

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x

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		x
h	A family member of a person described in (a) above?	11b		x
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		x
	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	х	
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of the trian the supported organization of			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		x
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Vee	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017
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Schedule A (Form 990 or 990 EZ) 2017 DIRECT RELIEF FOUNDATION		- 12	20-5983698 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting ora	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	tion D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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<u>ichedul</u> e A	(Form 990 or 990-EZ) 2017 DIRECT RELIEF FOUNDATION	20-5983698	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Section art V, Section B, line 1e; F	on C,
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Schedule B

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

Name of the organization

Organization type (check one):

DIRECT RELIEF FOUNDATION

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{xclusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $e_{xclusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $e_{xclusively} = 1000 \text{ more} \text{ more}$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
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Employer identification number	r
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DIRECT RELIEF FOUNDATION

Name of organization

20-5983698

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$19,755.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$236,221	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$818,522.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Fo	orm 990, 990	D-EZ, or 990-	PF) (2017)
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DIRECT RELIEF FOUNDATION

Name of organization

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20-5983698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	\$9,548.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$5,209.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$10,083.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$18,617 	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11		\$13,796.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B	(Form 990,	990-EZ, o	or 990-PF)	(2017)
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DIRECT RELIEF FOUNDATION

Name of organization

20-5983698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- \$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		- \$\$140,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		- _ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u> 723452 11-01		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Fo	orm 990, 990	D-EZ, or 990-	PF) (2017)
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DIRECT RELIEF FOUNDATION

Name of organization

20-5983698

Part	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$25,000.	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
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Name of organization

DIRECT RELIEF FOUNDATION

Employer identification number

20-5983698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$6,721,828.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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2017.05060 DIRECT RELIEF FOUNDATION 629423F1

17160510 146892 629423FN

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
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Name of organization

Page 3

Employer identification number

20-5983698

DIRECT RELIEF FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CAMPAIGN PLEDGE RECEIVABLE		
		\$19,755.	08/23/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	CAMPAIGN PLEDGE RECEIVABLE		
		\$\$	10/03/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	CAMPAIGN PLEDGE RECEIVABLE		
		\$818,522.	11/04/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CAMPAIGN PLEDGE RECEIVABLE		
		\$\$,548.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	CAMPAIGN PLEDGE RECEIVABLE		
		\$5,209.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	CAMPAIGN PLEDGE RECEIVABLE		
		\$ 10,083.	12/31/17

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Schedule B (Form 9	90, 990-EZ,	or 990-PF)	(2017)
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Name of organization

Page 3

DIRECT RELIEF FOUNDATION

20-5983698

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	CAMPAIGN PLEDGE RECEIVABLE		
		\$18,617.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	CAMPAIGN PLEDGE RECEIVABLE		
		\$13,796.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	CAMPAIGN PLEDGE RECEIVABLE		
		\$39,979.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	944 SHARES ISHARES RUSSELL 1,000 GROWTH (IWF)		
		\$	12/14/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-01		\$	90, 990-EZ, or 990-PF) (

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completing part is used of actuality adjusts, contractions of 1:000 lass of theyare. Entriftent not, P.F.S	Part III	Exclusively religious, charitable, etc., contri	butions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000		
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Part I	-					
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
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31 2017.05060 DIRECT RELIEF FOUNDATION 629423F1

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization					Employer identification number
Der	DIRECT RELIEF FOUNDATION	J Funda av	Otha			20-5983698
Par			Othe	r Similar Fund	s or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			de e el france de		
		(a) D0	onor au	vised funds	, (L	b) Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	0				
_	are the organization's property, subject to the organization's e					
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					·
Par	impermissible private benefit?	<u></u> .	<u></u>			Yes No
), Part IV, I	ine /.
1	Purpose(s) of conservation easements held by the organizatio		<u> </u>			
	Preservation of land for public use (e.g., recreation or ed	ducation)				important land area
	Protection of natural habitat		└ F	Preservation of a c	ertified his	toric structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservati	ion con	ribution in the form	n of a con	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements					2a
					F	2b
С	Number of conservation easements on a certified historic stru	icture include	d in (a)			2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, a	and not	on a historic struc	ture	
	listed in the National Register				L	2d
3	Number of conservation easements modified, transferred, rele	eased, extingu	uished,	or terminated by t	ne organiz	ation during the tax
	year ►					
4	Number of states where property subject to conservation ease	ement is locat	ted 🕨		_	
5	Does the organization have a written policy regarding the peri	odic monitorir	ng, insp	ection, handling o	f	
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of vio	olations	, and enforcing co	nservatior	easements during the year
	▶					
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violatio	ons, and	enforcing conserv	ation eas	ements during the year
	▶\$					
8	Does each conservation easement reported on line 2(d) above	-	-			
	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation	on easements	in its re	venue and expension	se stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial	statem	ents that describe	s the orga	nization's accounting for
Der	conservation easements.	Aut Illata	de al T		<u></u>	
Par	t III Organizations Maintaining Collections of	-		reasures, or C	other Si	milar Assets.
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (ASC	,,	•			,
	historical treasures, or other similar assets held for public exh	ibition, educa	ition, or	research in furthe	rance of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ					
b	If the organization elected, as permitted under SFAS 116 (ASC					
	treasures, or other similar assets held for public exhibition, ed	lucation, or re	search	in furtherance of p	ublic serv	ice, provide the following amounts
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					► \$
	(ii) Assets included in Form 990, Part X					\$
2	If the organization received or held works of art, historical trea	asures, or othe	er simila	ar assets for financ	ial gain, p	
	the following amounts required to be reported under SFAS 11		-			
	Revenue included on Form 990, Part VIII, line 1					▶ \$
	Assets included in Form 990, Part X					▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	0.			Schedule D (Form 990) 2017
732051	10-09-17	20				

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Sche		EF FOUNDATION				20-598		P	_{age} 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Sim	ilar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a s	ignifica	nt use of its c	ollection	items	i
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	b Scholarly research e Other								
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simila	r asset	s	_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" or	n Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	•							
1a	Is the organization an agent, trustee, custodia						-		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
							Amount		
	Beginning balance				··· –	C			
	Additions during the year					ld			
e	Distributions during the year					le			
T	Ending balance				··· –	1f	Vee		
	Did the organization include an amount on Fo				-	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in								<u></u>
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four	Veare	hack
19	Beginning of year balance	28,521,747.	29,086,980.	34,758,148.		4,001,482.		<u>566,</u>	
b								452,180.	
c	Net investment earnings, gains, and losses	2,233,294.	2,202,566.			1,435,924.		4,597,850.	
b b	Grants or scholarships	3,177,271.	3,397,144.			895,187.		1,430,993.	
e	Other expenditures for facilities	, , -	, , .	, , .		, .	/	,	
Ū	and programs								
f	Administrative expenses	203,875.	200,467.	222,839.		196,841.		184,	155.
g	End of year balance	27,758,883.	28,521,747.						482.
2	Provide the estimated percentage of the curre	ent vear end balance							
а	Board designated or quasi-endowment	100.00	%						
b	Permanent endowment	%	_						
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	d administered for t	he orga	nization	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		x
	(ii) related organizations						3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		/ment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S						
	Description of property	(a) Cost or ot basis (investm	• • •		Accumi eprecia		(d) Bool	k valu	е
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	d Equipment								
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line 10	0c <u>.</u>)		🕨			0.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) OTHER INVESTMENTS	2,475,959.	END-OF-YEAR MARKET VALUE		
(B) SEI WORLD EQUITY EX-US	3,980,434.	END-OF-YEAR MARKET VALUE		
(C) SEI CORE PROPERTY FUND	3,570,383.	END-OF-YEAR MARKET VALUE		
(D) SEI INST INV S&P 500 INDEX A	3,018,343.	END-OF-YEAR MARKET VALUE		
(E) SEI OPPORTUNISTIC INCOME FD-A	2,730,755.	END-OF-YEAR MARKET VALUE		
(F) SEI LIMITED DURATION BOND	4,660,488.	END-OF-YEAR MARKET VALUE		
(G) SEI CORE FIXED INCOME	2,812,638.	END-OF-YEAR MARKET VALUE		
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	23,249,000.			

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X. col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE TO DIRECT RELIEF (SEE SCH D, PART XIII)	3,518,407.
(3)	PAYABLE TO DIRECT RELIEF - CAMPAIGN (SEE SCH D,	
(4)	PART XIII)	1,403,660.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,922,067.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 DIRECT RELIEF FOUNDATION		20-5983698 Pa	_{ade} 4
	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	-	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	t XII Reconciliation of Expenses per Audited Financial S	atements With Expen	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>18.)</u>		
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PARI	V, LINE 4:			
BOAR	D DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAN	NS CUSTODY OF		
THE	BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOAF	D DESIGNATED		
ENDC	WMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTI	NG		
ORGA	NIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED T	O OPERATE		
ac				
SOLE	LY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE	FURPOSES OF		

DIRECT RELIEF.

THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE

OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO PAY FOR ALL

OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND GENERAL

EXPENSES. FOR THE YEAR ENDED JUNE 30, 2018, THE DIRECT RELIEF FOUNDATION

732054 10-09-17

Schedule D (Form 990) 2017

17160510 146892 629423FN

Part XIII Supplemental Information (continued)

TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER

ALL OF ITS FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE

CEO.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D.

THEREFORE, NO AMOUNTS FOR INCOME TAXES ARE REFLECTED IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD INCONSEQUENTIAL

UNRELATED BUSINESS INCOME TAX DURING THE YEAR ENDED JUNE 30, 2018 AND 2017

AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS.

THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO

UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2018 AND 2017.

PART X, LINE 1:

DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE TO DIRECT RELIEF ON

(2,304,592)

357,654

AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2018 CONSISTS OF THE

FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) (1,571,469)

CURRENT YEAR APPROVED TRANSFERS

ACTUAL TRANSFERS TAKEN

TOTAL AMOUNT PAYABLE AS OF JUNE 30, 2018 \$(3,518,407)

(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH YEAR ARE

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

Schedule D (Form 990) 2017

732055 10-09-17

DIRECT RELIEF FOUNDATION ALSO ACCRUES THE AMOUNTS PAYABLE TO DIRECT RELIEF

FOR EXPENSES RELATED TO THE BUILDING CAMPAIGN. THE TOTAL AMOUNT PAYABLE

FOR BUILDING CAMPAIGN EXPENSES AS OF JUNE 30, 2018 WAS \$1,403,660.

Schedule D (Form 990) 2017

732055 10-09-17

Part I General I	nformation on A	ctivities Out	side the United States. Comple	te if the organization answered '	Yes" on			
	art IV, line 14b.			-				
1 For grantmakers.	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,							
the grantees' eligibi	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No							
2 For grantmakers.	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the							
United States.	United States.							
3 Activities per Region	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)							
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total			
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service, describe specific type	expenditures for and			
	in the region	contractors	gram services, investments, grants to recipients located in the region)	of service(s) in the region	investments			
		in the region			in the region			
CENTRAL AMERICA AND								
THE CARIBBEAN -			FAIR MARKET OF FOREIGN					
ANTIGUA & BARBUDA,			INVESTMENTS HELD AS OF					
ARUBA, BAHAMAS,	0	0	6/30/18		1,177,974.			
					1 185 05/			
3 a Sub-total		0			1,177,974.			
b Total from continuation								
sheets to Part I		0			0.			
c Totals (add lines 3a					1 175 054			
and 3b)		0		.	1,177,974.			
LHA For Paperwork Re	duction Act Notice,	see the Instruct	tions for Form 990.	Schedule F	(Form 990) 2017			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DIRECT RELIEF FOUNDATION

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

732071 10-06-17

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

20-5983698

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

DIRECT RELIEF FOUNDATION

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			I ecognized as charities by the 1				1	1
by the IRS, or for whic 3 Enter total number of			ion 501(c)(3) equivalency lette					

Schedule F (Form 990) 2017

20-5983698

Schedule F (Form 990) 2017 DIRECT RELIEF FOUNDATION

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

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

Schedule F (Form 990) 2017

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitor	ring of funds); Part I, line 3, column (f) (accounting	method; amounts of
	investments vs. expenditures per region); Part II, line 1 (a		
	(estimated number of recipients), as applicable. Also con		
	· · · · · ·	· · · · · ·	
700075 15 5	17		Sobodulo E (Forme 000) 0017
732075 10-06-	17	42	Schedule F (Form 990) 2017

20-5983698

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17160510 146892 629423FN

SCHEDULE I (Form 990)	Go	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		ation.		Open to Public Inspection
Name of the organization DIRECT RELIEF	FOUNDATION						Employer identification number 20-5983698
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis		-			-		
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD							TO SUPPORT THE OPERATIONS
SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	9,653,506.	0.			OF DIRECT RELIEF
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice, 	s listed in the line 1	table	e line 1 table				1. ▶

Schedule I (Form 990) (2017) DIREC

DIRECT RELIEF FOUNDATION

20-5983698

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DIRECT RELIEF FOUNDATION OPERATES SOLELY AND EXCLUSIVELY AS A SUPPORT

ORGANIZATION FOR THE BENEFIT OF DIRECT RELIEF. DIRECT RELIEF PROVIDES

MONTHLY ACCOUNTING REPORTS TO DIRECT RELIEF FOUNDATION THAT REPORT ON THE

USE OF FUNDS TOWARDS ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSE AND THE

CEO'S COMPENSATION.

SCHEDULE	Compensation Information	OMB N	o. 1545-00	47	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	017	7	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
Department of the Tro	► Attach to Form 990.	-	to Pub		
Internal Revenue Ser			pection		
Name of the ore		Employer identifica	tion nu	mber	
Part I Qu	DIRECT RELIEF FOUNDATION	20-5983698			
			Vee		
to Chook the	ppropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	00	Yes	No	
	propriate box(es) if the organization provided any of the following to or for a person listed on Form as tion A, line 1a. Complete Part III to provide any relevant information regarding these items.	90,			
	ass or charter travel Housing allowance or residence for persona				
	for companions Payments for business use of personal residence for p				
	lemnification and gross-up payments Health or social club dues or initiation fees				
	ionary spending account Personal services (such as, maid, chauffeur	r. chef)			
b If any of th	boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
-		16	,		
	inization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		,		
	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3 Indicate w	ch, if any, of the following the filing organization used to establish the compensation of the organizatio	on's			
	tive Director. Check all that apply. Do not check any boxes for methods used by a related organization				
establish c	mpensation of the CEO/Executive Director, but explain in Part III.				
	ensation committee				
	ndent compensation consultant Compensation survey or study				
	90 of other organizations Approval by the board or compensation cor	mmittee			
4 During the	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organizatio	or a related organization:				
a Receive a	everance payment or change-of-control payment?	4a	<u>ا</u>	X	
b Participate	n, or receive payment from, a supplemental nonqualified retirement plan?	4b	,	X	
c Participate	n, or receive payment from, an equity-based compensation arrangement?	4c	;	X	
If "Yes" to	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persor	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
0	on the revenues of:				
a The organi	ation?	5a		X	
	organization?	5b	·	X	
	ine 5a or 5b, describe in Part III.				
	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
0	on the net earnings of:				
a The organi	ation?	6a		X	
	organization?	6b	·	X	
	ine 6a or 6b, describe in Part III.				
	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v	
	ed on lines 5 and 6? If "Yes," describe in Part III		+	X	
	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v	
				X	
	ine 8, did the organization also follow the rebuttable presumption procedure described in				
	section 53.4958-6(c)?			0017	
спа гог маре	work Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	a in 990	12011	

732111 10-17-17

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

20-5983698

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) THOMAS E. TIGHE	(i) _	0.	0.	0.	0.	0.	0.	0.	
	ii)	416,309.	0.	0.	13,500.	36,549.	466,358.	0.	
	(i) _	0.	0.	0.	0.	0.	0.	0.	
	ii)	342,956.	0.	0.	13,500.	13,975.	370,431.	0.	
	(i) _								
	ii)								
	(i)								
	ii)								
	(i) _								
	ii)								
	(i) _								
	ii)								
	(i) _								
	ii)								
	(i) _								
	ii)								
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	ii)								
	(i) 								
	ii)								
	(i) ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								

Page **2**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

DIRECT RELIEF FOUNDATION DOES NOT HAVE ANY PAID EMPLOYEES, AND, THEREFORE,

DOES NOT HAVE A REQUIREMENT TO HAVE A COMPENSATION POLICY.

THE CEO & COO/CFO ARE OFFICERS, BUT ARE NOT COMPENSATED BY DIRECT RELIEF

FOUNDATION. THEY ARE COMPENSATED BY DIRECT RELIEF, A RELATED ORGANIZATION,

WHICH HAS IN PLACE A COMPENSATION POLICY THAT INCLUDES A REVIEW AND

APPROVAL BY INDEPENDENT PERSONS, ANALYSIS OF COMPARABILITY DATA, AND

DOCUMENTATION OF THE DECISION-MAKING PROCESS.

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

ſ 2017 **Open To Public** Inspection

Employer identification number

Name of the organization

	DIRECT RELIEF FOUN	IDATION				20-598	33698	3	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of dete noncash contributi		•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	100,000.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \dots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organized								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement 29				0	
						-		Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28,	that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed fo	r 🛛			
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?	·····	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is chec	ked,				
	describe in Part II.								
ιца	For Paperwork Reduction Act Notice see	the Instruct	tions for Earm 000	1		Schodulo M (Earm	0001	2017

erwork Reduction Act Notice, see the Instructions for Form 990. Pap

hedule M (Form 990) 2017

732141 09-07-17

Schedule M (Form 990) 2017	DIRECT	RELIEF	FOUNDATION
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Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN B REPRESENT THE TOTAL NUMBER OF

CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED

JUNE 30, 2018.

Part II

Schedule M (Form 990) 2017

20-5983698

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 20-5983698

DIRECT RELIEF FOUNDATION

FORM 990, PART VI, SECTION A, LINE 7A:

ARTICLE V, SECTION 2.5 B OF THE DIRECT RELIEF FOUNDATION BYLAWS STATES THAT

THE DIRECT RELIEF BOARD HAS THE POWER TO APPOINT THE TRUSTEES OF DIRECT

RELIEF FOUNDATION. SINCE SOME TRUSTEES OF THE DIRECT RELIEF FOUNDATION ARE

ALSO MEMBERS OF THE DIRECT RELIEF BOARD, THE ORGANIZATION DOES HAVE SOME

MEMBERS WHO HAVE THE POWER TO APPOINT ONE OR MORE MEMBERS OF THE GOVERNING

BODY

FORM 990, PART VI, SECTION A, LINE 7B:

ARTICLE XI OF THE DIRECT RELIEF FOUNDATION BYLAWS STATES THAT THE BYLAWS

MAY ONLY BE ALTERED, AMENDED OR REPEALED, AND NEW BYLAWS MAY ONLY BE

ADOPTED, BY A MAJORITY OF THE DIRECT RELIEF BOARD PRESENT AT ANY MEETING OF

THE DIRECT RELIEF BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

DIRECT RELIEF FOUNDATION'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF

THE FINAL VERSION OF THE 990 TO ALL CURRENT TRUSTEES, REQUESTING THEY

REVIEW THE 990 PRIOR TO FILING. THE TRUSTEES ARE ASKED TO REVIEW AND ARE

GIVEN AN OPPORTUNITY TO RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY.

ONCE THIS PROCESS IS COMPLETE AND TRUSTEE APPROVAL IS OBTAINED, THE 990 IS

FILED. DOCUMENTATION OF THE DISTRIBUTION TO THE TRUSTEES, AS WELL AS THEIR

RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE CHIEF FINANCIAL

OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR, ALL TRUSTEES,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schodulo O (Form 990 or 990 E7) (2017)	Dago 2
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization DIRECT RELIEF FOUNDATION	Page 2 Employer identification number 20-5983698
OFFICERS AND TRUSTEE COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE FORM	
REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED OF A	
TRUSTEE, OFFICER, EMPLOYEE AND TRUSTEE COMMITTEE MEMBER AT ANY TIME WHEN	
THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD AFFECT	
THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF DIRECT RELIEF, OR	
INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED IN	
DIRECT RELIEF'S CONFLICT OF INTEREST POLICY IN THE BYLAWS.	
WHEN A TRUSTEE, OFFICER, OR TRUSTEE COMMITTEE MEMBER HAS A CONFLICT OF	
INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION, THAT	
INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND	
SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR	
THE VOTE. IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE	
CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE	
VOTE OF THE OTHER TRUSTEES IS REFLECTED IN THE MINUTES OF THE MEETING OF	
THE TRUSTEES OR APPLICABLE TRUSTEE COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 15:	
DIRECT RELIEF FOUNDATION DOES NOT HAVE ANY PAID EMPLOYEES, AND, THEREFORE,	
DOES NOT HAVE A REQUIREMENT TO HAVE A COMPENSATION POLICY.	
THE CEO & COO/CFO ARE OFFICERS, BUT ARE NOT COMPENSATED BY DIRECT RELIEF	

FOUNDATION. THEY ARE COMPENSATED BY DIRECT RELIEF, A RELATED ORGANIZATION,

WHICH HAS IN PLACE A COMPENSATION POLICY THAT INCLUDES A REVIEW AND

APPROVAL BY INDEPENDENT PERSONS, ANALYSIS OF COMPARABILITY DATA, AND

DOCUMENTATION OF THE DECISION-MAKING PROCESS.

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

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
DIRECT RELIEF FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	
INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE TO THE PUBLIC	
THROUGH ITS RELATED ORGANIZATION'S WEBSITE, DIRECT RELIEF, AT	
WWW.DIRECTRELIEF.ORG.	
FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II:	
THE COMPENSATION REPORTED HERE IS THAT PAID BY DIRECT RELIEF, A RELATED	
TAX-EXEMPT ORGANIZATION, FOR THE CALENDAR YEAR 2017, IN LINE WITH THE	
FORM 990 REQUIREMENTS.	
THE COMPENSATION OF THE CEO AND COO/CFO IS DETERMINED SOLELY BY THE	
BOARD OF DIRECTORS OF DIRECT RELIEF. FUNDS COVERING 100% OF THE	
COMPENSATION OF DIRECT RELIEF'S PRESIDENT & CEO WAS PROVIDED BY DIRECT	
RELIEF FOUNDATION THROUGH REGULAR BOARD-APPROVED TRANSFERS OF FUNDS TO	
DIRECT RELIEF.	
FORM 990, PART VIII, LINE 1(H), AND FORM 990, PART IX, LINE 1:	
DURING THE FISCAL YEAR ENDING JUNE 30, 2015, THE DIRECT RELIEF	
FOUNDATION LAUNCHED A \$40 MILLION FUNDRAISING CAMPAIGN, "THE CAMPAIGN	
FOR DIRECT RELIEF", TO FUND THE CONSTRUCTION OF DIRECT RELIEF'S NEW	
HEADQUARTERS AND PHARMACEUTICAL DISTRIBUTION CENTER. DURING THE YEAR	
ENDED JUNE 30, 2018, THE FOUNDATION RECEIVED PLEDGES OF \$2.2 MILLION	
AND CASH CONTRIBUTIONS OF \$1.6 MILLION FOR THE CAMPAIGN FROM DONORS.	
AS OF JUNE 30, 2018, THE FOUNDATION HAS RECEIVED CONTRIBUTIONS AND	
PLEDGES TOTALING \$23 MILLION TO THE CAMPAIGN. THE TOTAL PROJECT COST,	
	dule O (Form 990 or 990-EZ) (2017)
J 4	

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	T TON	Employer identification number
DIRECT RELIEF FOUNDA	T'LON	20-5983698
INCLUDING THE COST OF THE LAND, IS BUDGET	ED AT \$38.8 MILLION. DURING	
THE YEAR ENDED JUNE 30, 2018, THE FOUNDAT	ION GRANTED \$7.3 MILLION TO	
DIRECT RELIEF TO COVER THE COSTS OF CONST	RUCTION. AS OF JUNE 30, 2018,	
THE FOUNDATION HAS GRANTED A TOTAL OF \$17	.4 MILLION TO DIRECT RELIEF	
TOWARDS THE COST OF CONSTRUCTION FOR THE	NEW BUILDING.	
FORM 990, PART IX, LINES 7, 8, 9, 10, 11(C,F & G), 13, 17, 19, 24(A-D):	
AS THE FOUNDATION DOES NOT HAVE ANY EMPLO	YEES, DIRECT RELIEF'S STAFF	
SUPPORT THE FOUNDATION TO CARRY OUT FUNDR	AISING ACTIVITIES FOR THE	
CAMPAIGN. FOR THE YEAR ENDED JUNE 30, 201	8 THESE EXPENSES TOTALED	
\$99,737. ANOTHER \$27,267 OF EXPENSE RELAT	ED TO ACCOUNTING, BANK AND	
SUBSCRIPTION FEES WAS ALSO PAID BY DIRECT	RELIEF FOR THE FOUNDATION AND	
IS REPORTED ON PART IX IN COLUMN C. THESE	AMOUNTS PAYABLE TO DIRECT	
RELIEF ARE ACCRUED ON THE FOUNDATION'S BO	OKS AND THE TOTAL AMOUNT	
PAYABLE TO DIRECT RELIEF FOR BUILDING CAM	PAIGN EXPENSES AND OTHER	
EXPENSES AS OF JUNE 30, 2018 WAS \$1,403,6	60.	
FORM 990, PART X, LINE 25, OTHER LIABILIT	IES:	
DIRECT RELIEF FOUNDATION ACCRUES THE AMOU	NTS PAYABLE TO DIRECT RELIEF	
ON AN ANNUAL BASIS. THE BALANCE DUE AS OF	JUNE 30, 2018 CONSISTS OF THE	
FOLLOWING:		
PRIOR YEAR APPROVED TRANSFERS (A)	(1,571,469)	
CURRENT YEAR APPROVED TRANSFERS	(2,304,592)	
ACTUAL TRANSFERS TAKEN	357,654	
732212 09-07-17	53	Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2018 \$(3,518,407)	
(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY DIRECT RELIEF AT THE END	
OF EACH FISCAL YEAR ARE CARRIED FORWARD TO BE AVAILABLE IN FUTURE	
YEARS.	
DIRECT RELIEF FOUNDATION ALSO ACCRUES THE AMOUNTS PAYABLE TO DIRECT	
RELIEF FOR EXPENSES RELATED TO THE BUILDING CAMPAIGN. THE TOTAL AMOUNT	
PAYABLE TO DIRECT RELIEF FOR BUILDING CAMPAIGN EXPENSES AS OF JUNE 30,	
2018 WAS \$1,403,660.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNRELATED BUSINESS REVENUE - PASSTHROUGH ENTITIES -3,910.	
BAD DEBT EXPENSE -12,500.	
TOTAL TO FORM 990, PART XI, LINE 9 -16,410.	

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732161 09-11-17 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

(Form 990)

DIRECT RELIEF FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	address, and EIN (if applicable) Primary activity			(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DIRECT RELIEF - 95-1831116	PROVIDES MEDICINES,						
27 SOUTH LA PATERA LANE	EQUIPMENT AND SUPPLIES TO						
GOLETA, CA 93117	UNDERSERVED POPULATIONS	CALIFORNIA	501(C)(3)	LINE 1	N/A		х
DIRECT RELIEF INTERNATIONAL SOUTH AFRICA	COORDINATION OF MEDICAL						
NO.22 OXFORD ROAD	SUPPORT TO AFRICAN DOCTORS						
PARKTOWN, JOHANNESBURG, SOUTH AFRICA 2193	AND MEDICAL CLINICS	SOUTH AFRICA			DIRECT RELIEF		х
DIRECT RELIEF MEXICO	COORDINATION OF MEDICAL						
AV. PASEO DE LA REFORMA 300 - PISO 9	SUPPORT TO MEXICAN DOCTORS						
CUAUHTEMOC, DISTRITO FEDERAL, MEXICO 06600	AND MEDICAL CLINICS	MEXICO			DIRECT RELIEF		х

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

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2017

20-5983698

OMB No. 1545-0047

17 20

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ^{ing} ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
	1											
	1											
	-											
	-											
										+	<u> </u>	
	-											
	1											
	1											
	1		1	1		1	I	L	1			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2017 DIRECT RELIEF FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partnei 501(o org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or Pe jing er? 01	(k) ercentage wnership

Schedule R (Form 990) 2017

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V:

DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF THE BOARD RESTRICTED

INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED ENDOWMENT. DIRECT

RELIEF FOUNDATION WAS FORMED AS A SUPPORTING ORGANIZATION OF DIRECT

RELIEF. THE FOUNDATION IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY

TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF DIRECT RELIEF.

THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE

OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO PAY FOR

ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND

GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2018, THE TRUSTEES OF

DIRECT RELIEF FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO

COVER ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF

THE COMPENSATION OF DIRECT RELIEF'S PRESIDENT & CEO.

SCHEDULE R, PART V:

100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES, ANNUITIES,

ETC. RECEIVED BY DIRECT RELIEF ARE TRANSFERRED TO DIRECT RELIEF

FOUNDATION, UNLESS OTHERWISE SPECIFIED BY THE DONOR.

732165 09-11-17

Form 990-T	E	kempt Orgai	nization Bus			ax Return	╸┝	OMB No. 1545-0687			
	Eor calen	العار Idar year 2017 or other tax yea	• •		· · · ·	30 2018		2017			
Department of the Treasury Internal Revenue Service			.irs.gov/Form990T for in	structio	ns and the latest inform	ation.	·	Dpen to Public Inspectio 501(c)(3) Organizations C	n for		
A X Check box if address changed		Name of organization (D Emplo (Emplo	D Employer identification number (Employees' trust, see instructions.)			
B Exempt under section	Print	DIRECT RELIEF FOU	INDATION					20-5983698			
X = 501(c)(3)		Number, street, and room		c see in	structions		E Unrelated business activity codes				
408(e) 220(e)		5100 WALLACE BECK		., eee			(See In	structions.)			
408A 530(a)		City or town, state or prov SANTA BARBARA, CA		r foreigi	n postal code		523000				
C Book value of all assets at end of year											
46,495,	,162. (G Check organization type	e 🕨 🗴 501(c) corp	oration	501(c) trust	401(a)) trust	Other true	st		
H Describe the organization	n's primary	y unrelated business activ	ity. 🕨 INVESTMENTS	S IN 3	PRIVATE EQUITY FU	JNDS					
I During the tax year, was	the corpor	ration a subsidiary in an a	Iffiliated group or a parer	nt-subsi	diary controlled group?	► [Ye	s X No			
If "Yes," enter the name a	-		t corporation. 🕨								
J The books are in care of						one number 🕨 8					
		e or Business Inc	ome	_	(A) Income	(B) Expenses	S	(C) Net			
1a Gross receipts or sale	-										
b Less returns and allow	-		c Balance ►	10							
		, line 7)		2							
		m line 1c		3	4 020			4.00			
4a Capital gain net incom				4a	4,029.			4,02	29.		
		t II, line 17) (attach Form		4b							
		and Coorporations (att		4c 5	-119.				19.		
	-	s and S corporations (atta	,	5 6				1.	<u> </u>		
		(Schedule E)		0 7							
		d rents from controlled or		8							
		501(c)(7), (9), or (17) or	- ,								
		e (Schedule I)		10							
)		11							
		attach schedule)		12							
		n 12		13	3,910.			3,93	10.		
Part II Deductio	ons Not	Taken Elsewhere	e (See instructions for								
(Except for o	contributi	ons, deductions must	be directly connected	l with t	he unrelated business	income.)					
14 Compensation of off	ficers, dire	ctors, and trustees (Sche	dule K)				14				
15 Salaries and wages							15				
							16				
							17				
							18				
19 Taxes and licenses				3		rm 1	19		88.		
		nstructions for limitation					20		<u> </u>		
		2) Schedule A and elsewhere					22b				
							220				
		pensation plans					24				
							25				
		edule I)					26				
27 Excess readership co	osts (Sche	dule J)					27				
28 Other deductions (at	ttach sched	dule)			SEE STATEMEN	IT 2	28	60	00.		
		4 through 28					29	91	10.		
		ome before net operating					30	3,00	00.		
		limited to the amount on					31				
32 Unrelated business t	taxable inc	ome before specific dedu	ction. Subtract line 31 fr	om line	30		32	3,00			
		\$1,000, but see line 33 in					33	1,00	00.		
	taxable in	come. Subtract line 33 f	rom line 32. If line 33 is	greater	than line 32, enter the sm	naller of zero or					
							34	2,00			
723701 01-22-18 LHA FO	or Paperw	ork Reduction Act Notice	, see instructions.					Form 990-T (2	.017)		

Form 990-T	(2017)	DIRECT RELIEF FOUNDATION			20-598	3698	Page 2
Part I	-	Tax Computation					
35	Orga	nizations Taxable as Corporations. See instru	uctions for tax computation.				
	Contr	olled group members (sections 1561 and 156	3) check here 🕨 🔲 See instructions	and:			
а		your share of the \$50,000, \$25,000, and \$9,9	•				
-		ſ · · · · ·	(3) \$		1		
h	• •	organization's share of: (1) Additional 5% tax					
5		dditional 3% tax (not more than \$100,000)					
•		ne tax on the amount on line 34		MENT 6	⊾	- 35c	359.
					from	300	
36		s Taxable at Trust Rates. See instructions for					
		Tax rate schedule or Schedule D (For				36	
37		tax. See instructions				37	
38	Alterr	native minimum tax				38	
39	Tax o	on Non-Compliant Facility Income. See instru	ctions			39	
40	Total	. Add lines 37, 38 and 39 to line 35c or 36, wh	ichever applies			40	359.
		Tax and Payments					
41a	Forei	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			
b	Other	credits (see instructions)		41b			
C	Gene	ral business credit. Attach Form 3800		41c			
d		t for prior year minimum tax (attach Form 880					
e		credits. Add lines 41a through 41d				41e	
42		act line 41e from line 40				42	359.
43	Other	taxes. Check if from: 🔄 Form 4255 📃	Form 8611 Form 8697 Form	8866	Other (attach schedule)		
44		tax. Add lines 42 and 43 SEE S			,	44	361.
		nents: A 2016 overpayment credited to 2017					
		estimated tax payments				-	
						-	
		eposited with Form 8868				-	
		gn organizations: Tax paid or withheld at sourc				-	
		up withholding (see instructions)				-	
		t for small employer health insurance premiun		45f		_	
g		credits and payments:	orm 2439				
		Form 4136 0 ⁻	ther Total	► 45g			
46		payments. Add lines 45a through 45g					
47	Estim	nated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🛄			47	
48		lue. If line 46 is less than the total of lines 44 a				48	361.
49	Over	payment. If line 46 is larger than the total of li	nes 44 and 47, enter amount overpaid \dots		►	49	
50		the amount of line 49 you want: Credited to 2			Refunded 🕨 🕨	50	
Part V	/ (Statements Regarding Certain	Activities and Other Information	tion (see i	instructions)		
51	At an	y time during the 2017 calendar year, did the o	organization have an interest in or a signati	ure or other a	uthority		Yes No
	over	a financial account (bank, securities, or other)	in a foreign country? If YES, the organizat	ion may have	to file		
	FinCE	N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If YES, enter the name of th	he foreign cou	untry		
	here			Ū	5		x
52	Durin	g the tax year, did the organization receive a d	istribution from, or was it the grantor of, o	r transferor to	o, a foreign trust?		x
01		S, see instructions for other forms the organization					
53		the amount of tax-exempt interest received or	-				
		nder penalties of perjury, I declare that I have examined		d statements, and	d to the best of my knowl	ledge and belief, it is	true,
Sign		rrect, and complete. Declaration of preparer (other than					
Here			זים סע סע	NANCE, CE		May the IRS discuss	
		Signature of officer	Date Title	MANCE, CI		the preparer shown b instructions)?	
				Data			Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid					self- employed		2.0
Prepa		LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	05/10/19		P005458	
Use C	nly	Firm's name MOSS ADAMS LLP			Firm's EIN	91-018	39318
			BLVD SUITE 1100				
		Firm's address 🕨 LOS ANGELES, CA	90024		Phone no.	310-477-0450	
						Form	990-T (2017)

723711 01-22-18

17160510 146892 629423FN

Total dividends-received deductions included in column 8

3	3 Cost of labor from lin					from line 5. Enter here and in Part I,				
4 a	Additional section 263A costs				line 2		7			
	(attach schedule)	4a		8	Do the rules of section				Yes	No
b	Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5	Total. Add lines 1 through 4b	5			the organization?					
Sc	hedule C - Rent Income (From Real	Property and	d Pers	sonal Property L	ease	d With Real Prope	rty)		
(s	ee instructions)									
1 . ¤	escription of property									
(1)										
(2)										
(3)										
(4)										
		2. Rent receive	ed or accrued							
	(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	directly connected with the income in 2(a) and 2(b) (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Tota	1	0.	Total			Ο.				
	otal income. Add totals of columns		ter				(b) Total deductions.			
	and on page 1, Part I, line 6, column		►			0.	Enter here and on page 1, Part I, line 6, column (B)			0.
Sc	hedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)					
				2	0		3. Deductions directly conne to debt-finance		allocable	
	1. Description of debt-fir	enced messeub.		2	Gross income from or allocable to debt-	(a) Straight line depreciation		(b) Other deductions (attach schedule)		IS
	1. Description of debt-fir	lanced property			financed property		(attach schedule)			e)
(1)								<u> </u>		
(2)								<u> </u>		
(3)								<u> </u>		
(4)		1						<u> </u>		
	 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis Illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(columr	ocable deducti a 6 x total of co 3(a) and 3(b))	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
							inter here and on page 1, Part I, line 7, column (A).		ere and on page line 7, column (
Tot	als				►		0.	.		Ο.
			•					1		

Inventory at beginning of year

Purchases

1

2

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1

2

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6

Form 990-T (2017)

Ο.

N/A

7 Cost of goods sold. Subtract line 6

Form 990-T (2017) DIRECT RE									20-598	3698	Page
Schedule F - Interest, A	Annuities	s, Royal ⁻	ties, an	d Rents	From Cor	ntrolle	d Organiza	tions	S (see ins	struction	s)
				Exempt C	Controlled Or	ganizati	ons				
1. Name of controlled organization		2. Em identifi num	cation	3. Net unre	elated income instructions)	4. Tot	 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)											
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incom ee instructions		9. Total o	of specified payn made	nents	10. Part of column in the controlling gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)											
_(2)											
(3)											
(4)											
							Add colun Enter here and line 8, o		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals									٥.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7), (9), or (1	17) Ord	anization				
(see instr					// · // ··· (,	,				
1. Desc	ription of incor	ne			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
(+)					Enter here and c Part I, line 9, col				I		Enter here and on page 1 Part I, line 9, column (B).
Totale						0.					0
Totals Schedule I - Exploited (see instru	Exempt	Activity	Income	e, Other	Than Adv		ig Income				°.
									1		
1. Description of exploited activity	2. G unrelated income trade or b	business from	directly o with pro of uni	penses connected oduction related s income	 Net incom from unrelated business (co minus column gain, compute through 	trade or lumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat ed	attribut	censes table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
(+)	Enter here	and on	Enter he	re and on							Enter here and
b	page 1, line 10, o	Part I, col. (A).	page 1	1, Part I, , col. (B).							on page 1, Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertisi						D ' -					
Part I Income From I	Periodica	als Rep	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, comput	e 5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(2) (3)											
(4)			_								
Totals (carry to Part II, line (5))	►		0.	0							0

0. Form **990-T** (2017)

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Form 990-T (2017) DIRECT RELIEF FOUNDATION

Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

7. Excess readership costs (column 6 minus 4. Advertising gain or (loss) (col. 2 minus 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical col. 3). If a gain, compute cols. 5 through 7. advertising costs income costs column 5, but not more income than column 4). (1) (2) (3) (4) 0. 0 0 Totals from Part I ► Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part II, line 27. Totals, Part II (lines 1-5) 0 0 Ο. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to Compensation attributable to unrelated business 2. Title 1. Name business (1) % (2) % (3) % (4) %

> 0. Form **990-T** (2017)

Page 5

20-5983698

►

64 2017.05060 DIRECT RELIEF FOUNDATION 629423F1

DIRECT RELIEF FOUNDATION		20-5983698
FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTION TO DIRECT RELIEF	N/A	9,653,506.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	9,653,506.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX RETURN REVIEW FEE		600.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

600.

FORM 990-T CONTRIBUTIONS SUMMAR	Υ	STATEMENT	3
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014			
FOR TAX YEAR 2015960,126FOR TAX YEAR 201612,208,199			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	- 13,168,325 9,653,506		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	22,821,831 222		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	22,821,609 0 22,821,609		
ALLOWABLE CONTRIBUTIONS DEDUCTION		_	222
TOTAL CONTRIBUTION DEDUCTION			222

FORM 990-T INCOME (LOSS)	FROM PARTNERS	SHIPS	STATEMENT 4	
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP		911.	80.	
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP	-3.	3.	-6.	
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP	62.	14.	48.	
STRATEGIC PARTNERS FUND III, LP	-90.	151.	-241.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5	960.	1,079.	-119.	

FORM 990-T	OTHER TAXES	STATEMENT 5
DESCRIPTION		AMOUNT
TOTAL OF LINES 42 + 43 SECTION 965 TAX		359. 2.
TOTAL TAX ON FORM 990-T, PAGE	2, PART IV, LINE 44	361.

20-5983698

FORM	990-T LINE 35C TAX COMPUTATION	STATEMENT 6
1.	TAXABLE INCOME	2,000
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	2,000
3.	LINE 1 LESS LINE 2	0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	0
5.	LINE 3 LESS LINE 4	0
6.	INCOME SUBJECT TO 34% TAX RATE	0
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	300
9.	25 PERCENT OF LINE 4	0
10.	34 PERCENT OF LINE 6	0
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX	0
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL INCOME TAX	300

15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31	1/2017 420
		DAYS
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 20 TAX PRORATED FOR NUMBER OF DAYS IN 20	
18.	TOTAL TAX PRORATED	365 359

Name

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.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

l Employer identification number

DIRECT RELIEF FOUNDATION	5983698				
Part I Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e)	(g) Adjustments to gair	ı	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8949 Part I, line 2, column (g)	9,	column (e) from column (d) and 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					-3.
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	(7			
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	· · · · · · · · · · · · · · · · · · ·
6 Unused capital loss carryover (attach computa				6	-3.
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain				7	-3.
See instructions for how to figure the amounts	115 dilu 205565 - A55				
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 8949 Part II, line 2, column (g	9.	(h) Gain or (loss). Subtract 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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					4,032.
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	4,032.				
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	I loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	ı capital gain (line 15) over net	short-term capital loss (line	7)	17	4,029.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns. If	the corporation		
has qualified timber gain, also complete Part	IV			18	4,029.
Note: If losses exceed gains, see Capital loss					

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2017

721051 03-01-18

Schedule D (Form 1120) 2017 DIRECT RELIEF FOUNDATION 20-598369	8 Page 2
Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation ha	s
qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2)) 19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	
of your tax return 20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or	
(c) the amount on Part III, line 17	
22 Multiply line 21 by 23.8% (0.238)	
23 Subtract line 17 from line 20. If zero or less, enter -0-	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for	
the return with which Schedule D (Form 1120) is being filed	
25 Add lines 21 and 23	
26 Subtract line 25 from line 20. If zero or less, enter -0-	
27 Multiply line 26 by 35% (0.35) 27	
28 Add lines 22, 24, and 27 28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the	
return with which Schedule D (Form 1120) is being filed	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the	
applicable line of your tax return	

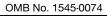
Schedule D (Form 1120) 2017



Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



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 will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check **Part I** Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2

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 totals directly on Schedule D, line 1a; you aren't 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.

(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 wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	loss. If ye in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of acjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
COMMONFUND CAPITAL PRIVATE						, , , , , , , , , , , , , , , , , , ,	
EQUITY PARTNERS VII, LP							5.
STRATEGIC PARTNERS FUND							
III, LP							<8.>
2 Totals. Add the amounts in colu	ı ımns (d), (e). (a) a	nd (h) (subtract					
negative amounts). Enter each te Schedule D, line 1b (if Box A ab	otal here and inc	lude on your					
above is checked), or line 3 (if I		•					<3.>
Note: If you checked Box A above b			was incorrect, ente	er in column (e) the	basis as r	eported 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

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Form 8949 (2017)				Attachn	nent Sequer	nce No. 12A	Page 2	
Jame(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no.						ity number or		
DIRECT RELIEF FOUNDAT	ION						983698	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which t	w, see whether y ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was i	vour broker. A su	bstitute	
Part II Long-Term. Transact Note: You may aggregate all	ions involving ca long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS a	nd for which no adj	ustments or	
codes are required. Enter the		,		•				
You must check Box D, E, or F below. C If you have more long-term transactions than will (D) Long-term transactions rep (E) Long-term transactions rep (F) Long-term transactions not	fit on this page for one ported on Form(s ported on Form(s)	e or more of the boxes,) 1099-B showing) 1099-B showing	, complete as many form g basis was repor g basis wasn't re	ns with the same box chee ted to the IRS (see	ked as you nee Note abov	d. /e)	ach applicable box.	
1 (a)	(b)	(c)	(d)	(e)	Adjustment	djustment, if any, to gain or oss. If you enter an amount		
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column (g), enter a code in See instructions .	Gain or (loss). Subtract column (e)	
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of	from column (d) & combine the result with column (g)	
COMMONFUND CAPITAL PRIVATE						adjustment	(0)	
EQUITY PARTNERS VII, LP							3,793.	
COMMONFUND CAPITAL							, ,	
INTERNATIONAL PARTNERS VI,								
LP							157.	
STRATEGIC PARTNERS FUND								
III, LP							82.	
2 Totals. Add the amounts in colu negative amounts). Enter each to								
Schedule D, line 8b (if Box D ab		-						
above is checked), or line 10 (if							4,032.	
Note: If you checked Box D above b adjustment in column (g) to correct t	ut the basis repo	orted to the IRS						
		oluli (g) in the s						

(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifying number			
Type or	Name of exempt organization or other filer, see instructions.				mployer identification number (EIN) or		
print	DIRECT RELIEF FOUNDATION				20-5983698		
File by the due date for					Social security number (SSN)		
filing your return. See	6100 WALLACE BECKNELL ROAD				,	, , ,	
instructions	City, town or post office, state, and ZIP code. For a for SANTA BARBARA, CA 93117	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	D-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)	09			
Form 990)-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				
Form 990	Form 990-T (trust other than above) 06 Form 8870					12	
	JONATHAN STEINER						
	ooks are in the care of F 6100 WALLACE BECKNELL	ROAD -	SANTA BARBARA, CA 93117				
	hone No. 805-964-4767		Fax No. 🕨				
	organization does not have an office or place of business						
 If this 	is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN)	If this is fo	r the whole	e group, check this	
box 🕨			ch a list with the names and EINs o				
1 Ire	equest an automatic 6-month extension of time until	MAY 1	5, 2019 , to fi	e the exem	npt organiz	ation return	
for	the organization named above. The extension is for the	organizatic	n's return for:				
	calendar year or						
	X tax year beginning JUL 1, 2017	an	d ending JUN 30, 2018				
	he tax year entered in line 1 is for less than 12 months, c		°	Final retur	· n		
-	Change in accounting period	neok reuse		i indi rotai			
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069	enter the tentative tax less any				
	nonrefundable credits. See instructions.				\$	0.	
				<u>3a</u>	Ť		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
					· ·		
by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.	
	If you are going to make an electronic funds withdrawal			453-EO an	d Form 88	79-EO for payment	
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	ו 8868 (Rev. 1-2017)	

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

723841 04-01-17

(Rev. January 2017)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifying number			
Type or print	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
	DIRECT RELIEF FOUNDATION				20-5983698		
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, see instructions. Set 6100 WALLACE BECKNELL ROAD Set			Social se	Social security number (SSN)		
return. See instruction							
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 4720 (individual)			Form 4720 (other than individual)	09			
Form 99	90-PF	04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11			
Form 99	Form 990-T (trust other than above) 06 Form 8870					12	
	JONATHAN STEINER						
	books are in the care of 🕨 6100 WALLACE BECKNELL	ROAD -	SANTA BARBARA, CA 93117				
Tele	ohone No. ▶ <u>805-964-4767</u>		Fax No. 🕨				
• If the	e organization does not have an office or place of business	s in the Uni	ted States, check this box				
• If thi	s is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	f this is fo	r the whole	group, check this	
box 🕨	\square . If it is for part of the group, check this box \blacktriangleright		ch a list with the names and EINs of				
1 I	request an automatic 6-month extension of time until	MAY 1	5, 2019 , to file	e the exem	npt organiza	ation return	
fc	or the organization named above. The extension is for the						
►	▶ calendar year or						
	► X tax year beginningJUL 1, 2017	, an	d ending		_ ·		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reaso	on: 🗌 Initial return	Final retur	n		
[Change in accounting period						
3a lf	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any				
<u>n</u>	onrefundable credits. See instructions.			3a	\$	0.	
b lf	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	٥.	
сB	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
b	by using EFTPS (Electronic Federal Tax Payment System). See instructions.				\$	٥.	
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	'9-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2017)	

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

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