Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



Α	For the	2012 calendar year, or tax year beginning JUL 1, 2012 and e	ending ਹਾ	JN 30, 2013				
В	Check if applicable:	C Name of organization		D Employer identif	ication number			
	Address change	DIRECT RELIEF FOUNDATION						
	Name Change Doing Business As 20-5983							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er			
	Termin- ated	Z/ SOUTH DA TATENA DANE		805-90	54-4767			
	Amende	City, town, or post office, state, and ZIP code		G Gross receipts \$	6,352,795			
	Applica tion pending			H(a) Is this a group i				
	pending	F Name and address of principal officer: BHUP1 SINGH		for affiliates?	Yes X No			
		27 SOUTH LA PATERA LANE, GOLETA, CA 93117		H(b) Are all affiliates in	cluded? Yes No			
		mpt status: 🔟 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	a list. (see instructions)			
_		e: ► N/A		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·			
		organization: X Corporation Trust Association Other	L Year	of formation: 2006	M State of legal domicile: CA			
P		Summary						
e		Briefly describe the organization's mission or most significant activities:	RATE SOLE	LY AND				
ano	-	XCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF.						
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispos		1	1			
ğ		Number of voting members of the governing body (Part VI, line 1a)			17			
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		17				
ties		otal number of individuals employed in calendar year 2012 (Part V, line 2a)						
îtivi		otal number of volunteers (estimate if necessary)		0				
Ac		otal unrelated business revenue from Part VIII, column (C), line 12						
		Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year			
_	8 0	Contributions and grants (Part VIII, line 1h)						
onu		Program service revenue (Part VIII, line 2g)		0				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		897,176				
ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		897,176	-402,430			
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 0			
		Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.			
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	. 0.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.			
ę e	ЬТ	otal fundraising expenses (Part IX, column (D), line 25)	0.					
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		62,019	. 128,127			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		62,019	. 128,127.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		835,157	-530,557			
Assets or Balances				ginning of Current Year	End of Year			
sets	20 T	otal assets (Part X, line 16)		31,131,573	. 30,942,492			
Net As	2 21 T	otal liabilities (Part X, line 26)		3,558,379	1,768,157			
		let assets or fund balances. Subtract line 21 from line 20		27,573,194	. 29,174,335			
P	art II	Signature Block						

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

Sign	Signature of officer			Date
Here	BHUPI SINGH, EVP, COO & CFO Type or print name and title			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check DTIN if self-employed
Preparer	Firm's name			Firm's EIN
Use Only	Firm's address			
				Phone no.
May the I	RS discuss this return with the preparer shown a	bove? (see instructions)		Yes 🛄 No
				- 000

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2012) DIRECT RELIEF FOUNDATION	20-5983698 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question 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?	Yes X 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 service	es? Yes 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ including grants of \$) (Reference)	evenue \$
4a	(Code:) (Expenses \$including grants of \$) (Ret THE FOUNDATION IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY FOR THE	evenue \$
	BENEFIT OF, TO SUPPORT, OR TO CARRY OUT THE PURPOSES OF DIRECT RELIEF.	
	THE FOUNDATION PROVIDES FUNDING TO DIRECT RELIEF TO PAY FOR ALL OF	
	DIRECT RELIEF'S FUNDRALSING EXPENSES AND ANY PORTION OF MANAGEMENT AND	
	GENERAL EXPENSES NOT COVERED BY ANNUAL DONATIONS RECEIVED BY DIRECT	
	RELIEF. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE	
	COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING	
	PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES. THE FOUNDATION TRUSTEES	
	MAY ALSO APPROVE TRANSFERS FROM THE FOUNDATION TO DIRECT RELIEF TO PAY	
	FOR PROGRAM EXPENDITURES AS NECESSARY AND REQUIRED.	
	FOR FROGRAM EXPENDITORES AS NECESSARI AND REQUIRED.	
46		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
14	Other program services (Describe in Schedule O.)	
40	Other program services (Describe in Schedule O.)	X
4-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	Form 990 (2012
		rom 330 (2012

Form 990 (2012) DIRECT RELIEF FOUN
Part IV Checklist of Required Schedules DIRECT RELIEF FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	x	
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	X	
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		<u>x</u>
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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	~	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_

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Par	rt IV Checklist of Required Schedules (continued)
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
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? <i>If</i> "Yes," <i>complete Schedule J</i>
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
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?
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
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? <i>If "Yes," complete Schedule L, Part I</i>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>

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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N. Part II</i>

	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? <i>If "Yes," complete Schedule N, Part II</i>	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	x	
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	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	Х	

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Page 4

No

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Form 990 (2012)

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Form	990 (2012) DIRECT RELIEF FOUNDATION		20-5983698		Pa	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	'				
	Did the organization have unrelated business gross income of $1,000$ or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		w
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to be a static directly and the superior time for the static directly and the superior time for tim			7f		Δ
g L	If the organization received a contribution of qualified intellectual property, did the organization file Full			7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds and section 500(a)(2) supporting organizations.			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			0		
0	Sponsoring organizations maintaining donor advised funds.	any un	ie uuring the year?	8		
y y				0-		
a L	Did the organization make any taxable distributions under section 4966?			9a 0h		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.					
h	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				
	Did the event instance we are a superstantian device a service of wind the tax user?		· · · · · · · · · · · · · · · · · · ·	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

Form 990 (2	
Part VI	Go

rt VI	Governance, N	<i>l</i> lanagement, a	nd Disclosure Fo	or each "Yes'	' response to lir	nes 2 through 7b b	elow, and for a "No	" response
	to line 8a, 8b, or 10	b below, describe th	he circumstances, pr	rocesses, or c	hanges in Sche	edule O. See instru	ctions.	

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<u></u>	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
		ι.	1	1 -		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	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	Enter the number of voting members included in line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p wit	h any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne dir	ect supervis	sion			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	vas filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	?		5		х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoir	nt one or				
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by	the following:				
а	The governing body?				8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	acheo	d at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	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 boo	ly be	fore filing the	e form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	onflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es, "	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 approv	al by	independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	s participatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizat	ion's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (Se	ction 501(c)	(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website I Another's website I Upon request I Other (explained)	in S	chedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflic	t of interest	policy, an	d finar	ncial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	ecords of the	e organiza [.]	tion: 🕨	•	
	DIRECT RELIEF, BHUPI SINGH, EVP, COO & CFO - 805-964-4767						
	27 SOUTH LA PATERA LANE GOLETA CA 93117						

Form 990 (2		20-5983698	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		Х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the org	ganization'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)			(0	C)			(D)	(E)	(F)
Name and Title	Average		not c	Position t check more than one			Reportable	Reportable	Estimated	
	hours per		, unle cer ar					compensation	compensation	amount of
	week (list any	to.						. from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	e e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOMAS J. CUSACK	line)	Ĕ	ŝ	£	Ξ.	e Hi	요			
CHAIR	10.00	x		x				0.	0.	0.
(2) RITA MOYA	10.00						-	0.	0.	<u> </u>
VICE CHAIR	5.00	x		x				0.	0.	0.
(3) JOHN ROMO	1.00			~				· · ·	· ·	
TREASURER	5.00	x		x				0.	0.	0.
(4) LAWRENCE DAM	1.00									
SECRETARY	5.00	x		x				0.	0.	0.
(5) PATTY DEDOMINIC	1.00									
TRUSTEE	2.00	x						0.	0.	٥.
(6) PATRICK ENTHOVEN	1.00									
TRUSTEE	5.00	x						0.	٥.	Ο.
(7) HON. PAUL G. FLYNN	1.00									
TRUSTEE	2.00	x						0.	0.	٥.
(8) DOROTHY GARDNER	1.00									
TRUSTEE	2.00	х						٥.	٥.	٥.
(9) RICHARD GODFREY	1.00									
TRUSTEE		Х						0.	0.	0.
(10) STANLEY C. HATCH	1.00									
TRUSTEE		х						0.	0.	0.
(11) W. SCOTT HEDRICK	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(12) ANGEL ISCOVICH, M.D.	1.00									
TRUSTEE	5.00	X						0.	0.	0.
(13) NANCY KOPPELMAN	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(14) DOROTHY LARGAY, PH.D.	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(15) MARI MITCHEL TRUSTEE	1.00	4						0.	0.	^
(16) MARY-LOUISE SCULLY, M.D.	1.00						-	· ·	· ·	0.
TRUSTEE	2.00							0.	0.	0.
(17) GEORGE SHORT	1.00	_	-					· · ·	· · ·	<u> </u>
TRUSTEE	5.00							0.	0.	0.
	1 2,50			I	I	I	L	· ·		<u>Гакт 990 (2012)</u>

Page **8**

Form 990 (2012) DIRECT RELIE									20-598369	98		Pa	ge 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos check ess pe	c) ition more erson		one th an	(D) Reportable	(E) Reportable compensation from related		Estin amoi		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompe fron organ and r rgani	n the izatic elate	on ed
(18) THOMAS E. TIGHE	5.00												
CEO/PRESIDENT	40.00			х				0.	350,00	7.		30,1	L60.
(19) BHUPI SINGH EXECUTIVE VP, COO & CFO	5.00			x				0.	290,54	1.		22,7	732
										_			
 1b Sub-total								0.	640,54	8		52,8	892
c Total from continuation sheets to Part V	II, Section A							0.		0.		52,8	0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization ► 						e) wl	ho r			<u> </u>		<u> </u>	(
											Y	es	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				-	•	-		highest compensated e		3			x
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from				7	
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for services	. 4		~	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	for s	uch	pers	son				5			Х
 Complete this table for your five highest co the organization. Report compensation for 	-									ensatio	n fro	m	
(A) Name and business		NO						(B) Description of s		Com	(C) pens	ation	1
2 Total number of independent contractors (\$100.000 of compensation from the organ		not li	mite	d to		se li: 0	steo	d above) who received n	nore than				

232008 12-10-12

Form 990 (20		DIRECT	
Part VIII	Statement	of Reve	nue

DIRECT RELIEF FOUNDATION

Page 9

		Check if Schedule O cont	<u>ains a res</u> ponse	to any question i	n this Part VIII		<u></u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events						
Sift lar		Related organizations						
imil		Government grants (contribut						
tion sr S	f	All other contributions, gifts, gran	ts, and					
ibu [.]		similar amounts not included abo	ve 1f					
d O	g	Noncash contributions included in lines	1a-1f: \$					
an Co	h	Total. Add lines 1a-1f						
				Business Code				
e	2 a	۱						
ervi	b							
Program Service Revenue	c	;						
ran ?ev	d	1						
rog	е							
đ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		🕨	558,218.			558,218.
	4	Income from investment of tax		r				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,794,577.	,				
	b	Less: cost or other basis						
		and sales expenses	6,755,225	,				
	C	Gain or (loss)	-960,648.		000 040			0.00 0.40
		Net gain or (loss)		····· •	-960,648.			-960,648.
ne	8 a	Gross income from fundraising						
ven		including \$						
Other Reven		contributions reported on line	,					
her		Part IV, line 18		1 1				
đ		Less: direct expenses						
		 Net income or (loss) from function Gross income from gaming action 		····· •				
	94							
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 0	and allowances						
	h	Less: cost of goods sold		1 1				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a		-					
	b							
	c							
		All other revenue						
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			-402,430.	0.	0.	-402,430.

	Check if Schedule O contains a response	(Å)	s Part IX (B) Program service	(C) Management and	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal	40.		40.	
с	Accounting	10,250.		10,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	117,837.		117,837.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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.)				
a					
b					
C					
d					
	All other expenses			400	
25	Total functional expenses. Add lines 1 through 24e	128,127.	0.	128,127.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

orm	n 990 (j	2012) DIRECT RELIEF FOUNDATION		20-59	83698
	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			<u></u>
			(A) Beginning of year		(B End of
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	10,116,940.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	60,060.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	890,442.	11	8
	12	Investments - other securities. See Part IV, line 11	19,398,041.	12	22
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	666,090.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,131,573.	16	30
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Lia		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	2 559 270	0.5	-
		Schedule D	3,558,379. 3,558,379.	25	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	5,550,575.	26	-
ß		Organizations that follow SFAS 117 (ASC 958), check here ► ⊥ and complete lines 27 through 29, and lines 33 and 34.			
nces	27		21,526,304.	27	27
5	21	Unrestricted net assets	==,===,===,===	21	

	-			-	
	2	Savings and temporary cash investments	10,116,940.	2	12,299.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	60,060.	4	82,692.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ts	-			7	
Assets	7	Notes and loans receivable, net		-	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		10c	0.000.454
	11	Investments - publicly traded securities	890,442.	11	8,686,454.
	12	Investments - other securities. See Part IV, line 11	19,398,041.	12	22,019,649.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	666,090.	15	141,398.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,131,573.	16	30,942,492.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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			
		Schedule D	3,558,379.	25	1,768,157.
	26	Total liabilities. Add lines 17 through 25	3,558,379.	26	1,768,157.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	, , -	20	, , -
Ś		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	21,526,304.	27	27,133,340.
alar	28	Temporarily restricted net assets	6,021,854.	28	2,015,959.
Ä	29		25,036.	20	25,036.
ŭ	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ►	20,000.	23	20,000,
Ē					
0	0	and complete lines 30 through 34.		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	27 572 104	32	20 174 225
-	33	Total net assets or fund balances	27,573,194.	33	29,174,335.
	34	Total liabilities and net assets/fund balances	31,131,573.	34	30,942,492.

Form **990** (2012)

(B) End of year

11

Form	n 990 (2012) DIRECT RELIEF FOUNDATION	20-598369	8	Pa	ge 12
	art XI Reconciliation of Net Assets				9
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-402	,430.
2	Total expenses (must equal Part IX, column (A), line 25)			128	,127.
3	Revenue less expenses. Subtract line 2 from line 1			-530	<u>,557.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $_{\dots}$,194.
5	Net unrealized gains (losses) on investments		4	1,119	,276.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)		-1	L,987	,578.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, li	ine 33,			
	column (B))	10	29	9,174	,335.
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Oth				
	If the organization changed its method of accounting from a prior year or checked "Other,"	•			
2a	Were the organization's financial statements compiled or reviewed by an independent acco		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were c	ompiled or reviewed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separ				
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 a	udited on a separate basis,			
	consolidated basis, or both:				
	Separate basis				
с	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit				
	review, or compilation of its financial statements and selection of an independent accountain		2c	X	
	If the organization changed either its oversight process or selection process during the tax				
3a	As a result of a federal award, was the organization required to undergo an audit or audits a	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did no	•			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form 990 (2012)

DIRECT	RELIEF

city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 x An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated a X Type I **b** Type II c Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No (i) х the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? Х 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aoverning document? above or IRC section (i) of your support? U.S.? (see instructions)) Yes No Yes No Yes No

х

х

х

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

DIRECT RELIEF FOUNDATION

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

Complete if the organization is a section 501(c)(3) organization or a section

232021 12-04-12

Total

1

95-1831116

Schedule A (Form 990 or 990-EZ) 2012

OMB NO. 1545-0047
2012
ZU IZ
Open to Public
Inspection

х

3,808,626.

3,808,626.

Employer identification number

20-5983698

SCHEDULE A	
(Form 990 or 990-EZ)	

Department of the Treasury
Internal Revenue Service

Part I

1

2 3

4

Name of the organization

Schedule A (Form 990 or 990-EZ) 2012

Schedule	
Part II	Sup

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Sec	tion A. Public Support		-				
membership fees received. (Dr not inclue any "unusual grants.") 2 2 Tax reverues levied for the organ- ization's benefit and either paid to or expended on its behalt 2 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 4 Total. Add lines 1 through 3 2 5 The portion of total contributions by each person (ofter than a government) unit to publicly supported organization included on line 1 threaceeds 2% of the amount shown on line 11, column (i) 4 5 Public support. Solved two 8 how hevit 4 6 Gross income from interest, dividends, payments received on securities loars, rents, royaties and income from similar sources. 4 9 Net income from interest, dividends, payments received on securities loars, rents, royaties and income from similar sources. 12 10 Other income from interest, dividends, payments received on securities loars, rents, royaties and income from similar sources. 12 11 Total support. Add lines 7 through 10 12 12 Gross necepts from related activities, etc. (see instructions) 12 13 First twe years. If the Form Sources test, royaties and income and stop here. The organization qualifies as a publicly supported organization or toss from the sale of capital 14 14 Public support percentage for 2012 (line 4, column (f) divided by line 11, column (fi) 14 14 13 Hist twe yeapport test - 201	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test - 2012. 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 16 b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16		organization, check this box and stop	here					
 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. 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 b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 	Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
 16a 33 1/3% support test - 2012. 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 b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization 	14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 	15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 	16a	33 1/3% support test - 2012. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
and stop here. The organization qualifies as a publicly supported organization		stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
 17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2011. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	nis box
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
 b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization	-	▶□
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b		-	-				
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
		· •						▶□
	18							s ►

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			-		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
b	3 received from disqualified persons 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			•		
	check this box and stop here						▶∟
	ction C. Computation of Publi					11	
	Public support percentage for 2012 (li					15	%
	Public support percentage from 2011 ction D. Computation of Invest					16	%
	•					17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2 33 1/3% support tests - 2012. If the						
	more than 33 1/3% , check this box ar 33 1/3% support tests - 2012. If the	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-04-12			, , ,		nedule A (Form 99	

SCH	IEDU	ILE D

(Form 990)

Dort

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

DIRECT RELIEF FOUNDATION

► Attach to Form 990. ► See separate instructions.

	OMB No. 1545-0047			
	2012			
	Open to Public Inspection			
Employer	identification number			
20-5983698				
ccounts.Complete if the				

Pa	rt I Organizations	s Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts.Complete if the
	organization answ	vered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of y	ear		
2		to (during year)		
3	Aggregate grants from (d	luring year)		
4	Aggregate value at end o	of year		
5		-	writing that the assets held in donor advis	sed funds
	are the organization's pro	operty, subject to the organization's	exclusive legal control?	Yes No
6			dvisors in writing that grant funds can be	
			or donor advisor, or for any other purpose	
			· · · ·	
Pa			anization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation	on easements held by the organizati	on (check all that apply).	
	Preservation of lan	d for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natur	al habitat	Preservation of a cert	tified historic structure
	Preservation of ope	en space		
2	Complete lines 2a throug	h 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conserva	ation easements		2a
b	Total acreage restricted I	by conservation easements		2b
с	Number of conservation	easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation	easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Reg	ister		2d
3			leased, extinguished, or terminated by the	
	year 🕨	_		
4	Number of states where	property subject to conservation ea	sement is located	
5	Does the organization ha	ve a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforceme	ent of the conservation easements i	t holds?	
6	Staff and volunteer hours	s devoted to monitoring, inspecting,	and enforcing conservation easements c	luring the year 🕨
7	Amount of expenses incl	urred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation	easement reported on line 2(d) abov	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(i	i)?		
9	In Part XIII, describe how	the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the	text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements			
Pa	rt III Organizations	Maintaining Collections or	f Art, Historical Treasures, or O	other Similar Assets.
	Complete if the or	ganization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization electe	d, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or ot	her similar assets held for public ext	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to	o its financial statements that descri	bes these items.	
b	If the organization electe	d, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other simila	r assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:			
2	If the organization receive	ed or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
			16 (ASC 958) relating to these items:	
а	Revenues included in Fo	rm 990, Part VIII, line 1		• •
b	Assets included in Form	990, Part X		• •

		EF FOUNDATION				20-59836	598	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant	use of its	collectior	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets	_	-		
	to be sold to raise funds rather than to be ma					L	Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" to	o Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi						-		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1 f		1		
	Did the organization include an amount on Fo						Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it								
Fai	Lidowinent Funds. Complete h			1	i	vooro book	(-) Four	vooro	book
4.	De sinair a eferencia la la ser	(a) Current year 30,256,901.	(b) Prior year	(c) Two years back 28,429,715.	(d) Three y				
1a	Beginning of year balance	863,913.	29,274,496. 1,992,728.			06,636. 79,402.		480, 578,	
D	Contributions	3,682,539.	-497,517.			99,402.		335,	
C c	Net investment earnings, gains, and losses	4,108,626.	450,787.	2,969,313.		95,531.	-	<u>350,</u>	
a	Grants or scholarships	4,100,020.	430,707.	2,505,515.	±,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>т,</u>	550,	005.
е	Other expenditures for facilities								
4	and programs	128,127.	62,019.	69,904.		60,142.		66	863.
1	Administrative expenses	30,566,600.	30,256,901.			29,715.	31	306,	
y A	End of year balance [Provide the estimated percentage of the curr				20,1	29,713.	51,	500,	050.
2	Board designated or guasi-endowment	99.92	%	a)) heid as.					
a h	Permanent endowment .08	%	_70						
U O	Temporarily restricted endowment	%							
C	The percentages in 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								
39	Are there endowment funds not in the posse		tion that are held a	nd administered for	the oragni [.]	zation			
ou	by:	ssion of the organiza	alon that are now a		the organiz	Lation	Г	Yes	No
	(i) unrelated organizations						3a(i)		x
	(ii) related organizations								х
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) A		ed	(d) Book	k value)
	· · · · · · · · · · · · · · · · · · ·	basis (investm		• •	preciation		., .,		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0(c).)					0.
						Schedule	D (Form	n 990)	2012

Schedule D (Form 990) 2012 DIRECT RELIEF FOU			20-	5983698	Page 3
Part VII Investments - Other Securities. See					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) ALTERNATIVE INVESTMENTS	5,535,3	14. END-OF-YEAR	MARKET VALUE		
(B) SEI LARGE CAP FUND	3,816,8	59. END-OF-YEAR	MARKET VALUE		
(C) SEI WORLD EQUITY EX-US	4,253,6	03. END-OF-YEAR	MARKET VALUE		
(D) SEI CORE FIXED INCOME	1,874,7	93. END-OF-YEAR	MARKET VALUE		
(E) SEI CORE PROPERTY FUND	2,732,8	08. END-OF-YEAR	MARKET VALUE		
(F) SEI LARGE CAP INDEX FUND	3,806,2	72. END-OF-YEAR	MARKET VALUE		
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	22,019,6	49.			
Part VIII Investments - Program Related. Se					
(a) Description of investment type	(b) Book value		aluation: Cost or en	d-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. See Form 990, Part X, line				(b) Deeks	
	Description			(b) Book v	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>		
Part X Other Liabilities. See Form 990, Part X, li	ne 25.				
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) PAYABLE TO DIRECT RELIEF (SEE SCH D, P.	ART XIII)	1,768,157.			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	1,768,157.			

2. FIN 48 (ASC 740) Footnote. 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

Sche	edule D (Form 990) 2012 DIRECT RELIEF FOUNDATION		20-5983698	Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ements With Rev	enue per Return	r ugo -
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
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		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exp	enses per Return	
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			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
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		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 3, and 9; Part II, lines 3, and 9; Part II, lines 3, and 9; Part II, l	art III, lines 1a and 4; I	Part IV, lines 1b and 2b; Part V,	line 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	irt to provide any addi	tional information.	
	T V, LINE 4: BOARD DESIGNATED ENDOWMENT: THE PURPOSE OF THE			
RELI	IEF BOARD RESTRICTED INVESTMENT FUND (BRIF) IS TO PROVIDE A 1	RESERVE FOR		
CURF	RENT AND FUTURE OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO	PROVIDES		
FUNI	DING TO PAY FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES 2	AND ANY		
PORT	FION OF MANAGEMENT AND GENERAL EXPENSES NOT COVERED BY ANNUA	L DONATIONS		
RECE	EIVED BY DIRECT RELIEF. FOR THE YEAR ENDED JUNE 30, 2013, T	HE		
FOUN	NDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVE	RING JUST		
UNDE	ER 30% OF DIRECT RELIEF'S MANAGEMENT AND GENERAL EXPENSES.	THIS		
			Schedule D (For	m 990) 2012

Part XIII Supplemental Information (continued)

includes the full compensation of the ceo, 75% of the compensation of the

COO/CFO, FULL COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL

EXPENDITURES.

THE FOUNDATION TRUSTEES MAY ALSO APPROVE TRANSFERS FROM THE BRIF TO COVER

PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED A GENEROUS GIFT

FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE ORGANIZATION'S

MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION MAINTAINS THE FUNDS,

AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF \$300,000 TO DIRECT

RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE 30, 2017.

PART X, LINE 2: THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS,

WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS

CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2013, THE

ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL

JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL,

STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

PART X, LINE 1: DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE FROM

THE BRIF TO DIRECT RELIEF ON A MONTHLY BASIS. THE BALANCE DUE AS OF JUNE

30, 2013 CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 3,558,380

CURRENT YEAR APPROVED TRANSFERS 2,018,403

ACTUAL TRANSFERS TAKEN

TOTAL AMOUNT DUE AS OF JUNE 30, 2013 \$ 1,768,157

Schedule D (Form 990) 2012

(3,808,626)

 Schedule D (Form 990) 2012
 DIRECT RELIEF F

 Part XIII
 Supplemental Information (continued)

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

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

SCH	EDULE J	Compensation Information	OMB No	. 1545-00)47		
(Forr	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2012			
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		, 12	•		
	nent of the Treasury	Part IV, line 23.		Open to Public Inspection			
_	Revenue Service	Attach to Form 990. See separate instructions.					
INAILIE	of the organization	DIRECT RELIEF FOUNDATION	Employer identificat 20-5983698	lon nu	mber		
Parl	t I Question	s Regarding Compensation	20 3903090				
I un	ducotion.			Yes	No		
1 a (beck the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990.	103			
		line 1a. Complete Part III to provide any relevant information regarding these items.	,				
	First-class or c		naluse				
	Travel for com						
	Tax indemnific	ation and gross-up payments	S				
	Discretionary s	spending account Personal services (e.g., maid, chauffeur, c	hef)				
		on line 1a are checked, did the organization follow a written policy regarding payment or					
		provision of all of the expenses described above? If "No," complete Part III to explain		—	 		
		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire					
tı	rustees, and the C	EO/Executive Director, regarding the items checked in line 1a?	2	-			
0 I	adiaata wabiah ifar	a state following the filling experimetion wood to estate lieb the second state of the second					
		ny, of the following the filing organization used to establish the compensation of the organization of the					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati ation of the CEO/Executive Director, but explain in Part III.					
с Г	Compensation						
Г		compensation consultant Compensation survey or study					
Γ		ther organizations Approval by the board or compensation c	ommittee				
4 D	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
		lated organization:					
a F	Receive a severance	e payment or change-of-control payment?	4a		Х		
b P	Participate in, or rec	ceive payment from, a supplemental nonqualified retirement plan?			X		
c P	Participate in, or rec	ceive payment from, an equity-based compensation arrangement?	4c		X		
lf	f "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3) and 501(c)(4) organizations must complete lines 5-9.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r		_		v		
				+	x		
		ation?	<u>5b</u>				
		r 5b, describe in Part III.	-				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	ontingent on the n	-	6a		x		
a hΔ	ny related organiz	ation?		+	x		
		ation?					
		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	3				
		es 5 and 6? If "Yes," describe in Part III			x		
		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		1			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			х		
		d the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?					
		eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990) 2012		

Schedule J (Form 990) 2012

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in prior Form 990
(1) THOMAS E. TIGHE	(i)	0.	0.	0.	0.	0.	0.	0
CEO/PRESIDENT	(ii)	350,007.	0.	0.	12,500.	17,660.	380,167.	0
(2) BHUPI SINGH	(i)	Ο.	0.	0.	0.	٥.	0.	0
EXECUTIVE VP, COO & CFO	(ii)	290,541.	0.	0.	12,500.	10,232.	313,273.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Page 3

Part III Supplemental Information

Complete this part to 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 O (Form 990 or 990-EZ)

- - - - -

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Name of the organization DIRECT RELIEF FOUNDATION Employer identification number 20-5983698

FORM 990, PART VI, SECTION B, LINE 11: DIRECT RELIEF FOUNDATION'S CHIEF

FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE 990 TO ALL

CURRENT TRUSTEES, REQUESTING THEY REVIEW THE 990 PRIOR TO FILING. THE

TRUSTEES ARE ASKED TO REVIEW AND ARE GIVEN AN OPPORTUNITY TO RAISE ISSUES

AND REQUEST CLARIFICATIONS, IF ANY. ONCE THIS PROCESS IS COMPLETE AND

TRUSTEE APPROVAL IS OBTAINED, THE 990 IS FILED. DOCUMENTATION OF THE

DISTRIBUTION TO THE TRUSTEES, AS WELL AS THEIR RESPONSES AND QUESTIONS, IF

ANY, ARE MAINTAINED BY THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C: WITHIN THIRTY (30) DAYS OF THE

BEGINNING OF EACH FISCAL YEAR, ALL TRUSTEES, OFFICERS AND TRUSTEE COMMITTEE

MEMBERS MUST COMPLETE A DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF

INTEREST. DISCLOSURE IS ALSO REQUIRED OF A TRUSTEE, OFFICER, EMPLOYEE AND

TRUSTEE COMMITTEE MEMBER AT ANY TIME WHEN THE INTEREST OF SUCH PERSON (OR

MEMBER OF HIS OR HER FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY,

EMPLOYEES, OR SERVICES OF DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT

OF INTEREST AS MORE SPECIFICALLY DEFINED IN DIRECT RELIEF'S CONFLICT OF

INTEREST POLICY IN THE BYLAWS.

232211 01-04-13

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

 ${\tt CONFLICT}$ of interest disclosed, the interested person's recusal, and the

VOTE OF THE OTHER TRUSTEES IS REFLECTED IN THE MINUTES OF THE MEETING OF

Name of the organization DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
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: DIRECT RELIEF FOUNDATION'S	
GOVERNING DOCUMENTS ARE AVAILABLE 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 2012, 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. 100% OF THE CEO'S COMPENSATION AND

75% OF THE COO/CFO'S COMPENSATION WAS PROVIDED BY THE DIRECT RELIEF

FOUNDATION THROUGH REGULAR BOARD-APPROVED TRANSFERS OF FUNDS TO DIRECT

RELIEF.

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization DIRECT RELIEF FOUNDATION	Employer identification number 20-5983698
FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS:	
THE AMOUNT REPORTED REPRESENTS THE NET TRANSFERS FROM DIRECT RELIEF	
FOUNDATION TO DIRECT RELIEF (DR), WHICH INCLUDES:	
CURRENT YEAR APPROVED TRANSFERS TO DR (A) (2,018,403)	
OTHER CURRENT YEAR APPROVED TRANSFERS TO DR (B) (300,000)	
BEQUESTS/OTHER ASSETS TRANSFERRED TO FOUNDATION (C) 863,913	
ACCRUED BEQUESTS/OTHER ASSETS RECEIVABLE (C) (533,088)	
\$ (1,987,578)	
(A) THE PURPOSE OF THE DIRECT RELIEF FOUNDATION IS TO PROVIDE A RESERVE	
FOR CURRENT AND FUTURE OPERATIONS OF DIRECT RELIEF. THE FOUNDATION	
ALSO HAS AGREED TO PROVIDE FUNDS FOR ALL OF DIRECT RELIEF'S FUNDRAISING	
EXPENSES AND ANY PORTION OF ITS MANAGEMENT AND GENERAL EXPENSES NOT	
COVERED BY ANNUAL DONATIONS RECEIVED BY DIRECT RELIEF. FOR THE YEAR	
ENDED JUNE 30, 2013, THE FOUNDATION TRUSTEES APPROVED TO PROVIDE FUNDS	
COVERING JUST UNDER 30% OF DIRECT RELIEF'S MANAGEMENT AND GENERAL	
EXPENSES. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE	
COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING	
PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES. DIRECT RELIEF FOUNDATION	
ACCRUES THE AMOUNTS PAYABLE TO DIRECT RELIEF TO PAY FOR THESE EXPENSES	
ON A MONTHLY BASIS.	
(B) THE FOUNDATION TRUSTEES MAY ALSO APPROVE TO PROVIDE FUNDS TO DIRECT	
RELIEF TO COVER PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED	
A GENEROUS GIFT FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE	
ORGANIZATION'S MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION	

MAINTAINS THE FUNDS, AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Pag Employer identification numb
DIRECT RELIEF FOUNDATION	20-5983698
300,000 TO DIRECT RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE	
30, 2017.	
(C) 100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES,	
ANNUITIES, ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION,	
JNLESS OTHERWISE SPECIFIED BY THE DONOR.	

SCH	EDI	JLE	R
0011			

(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

DIRECT RELIEF FOUNDATION

Employer identification number 20-5983698

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt 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		9) 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	THE UNDERSERVED POPULATION	CALIFORNIA	501(C)(3)	LINE 7	N/A		х
	-						

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

Page 2

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

(a)	(b)	(c)	(d)	(e)		(f)		(g)	(1	h)	(i)	(j	()	k)								
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		Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, xcluded from tax under	Predominant income (related, unrelated, cluded from tax under	(related, unrelated, cluded from tax under	related, unrelated, luded from tax under	Share of total income			Dispro ate allo		Code V-UBI amount in box 20 of Schedule	mana partr	er?	enta: ersh
		country)		sections 51	12-514)			400010	Yes	No	K-1 (Form 1065)	Yes	No									
	_																					
	_																					
	-																					
													_									
	-																					
	-																					
	-																					
]																					
	_																					
	_																					
	-																					
IV Identification of Related Or organizations treated as a co	I rganizations Taxable prporation or trust duri	as a Corpo ng the tax	l pration or Trust (Co year.)	I omplete if the	organizat	ion answered	l "Yes"	' to Form 990, P	l art IV, I	l line 34	because it had c	ne or	more rela	ite								
(a)			(b)	(c)	(d)		(e)	(1	·)		(g)	(h)	(i	i)								

(a)	(b)	(c)	(d) Direct controlling	(e)	(f) Share of total	(g) Share of	(h)	(i Sect) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity	Type of entity (C corp, S corp, or trust)	income	end-of-year assets	Percentage ownership	(i Sect 512(b contro enti	olled ity?
		country)		01 (1031)		233013		Yes	
									í – – –
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	i No
1 During the tax year, did the organization engage in any of the following transact		-				4
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled enti						Х
b Gift, grant, or capital contribution to related organization(s)				1 b		X
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		x
g Sale of assets to related organization(s)						х
h Purchase of assets from related organization(s)				1 h		х
i Exchange of assets with related organization(s)				1 i		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		x
I Performance of services or membership or fundraising solicitations for related of						Х
m Performance of services or membership or fundraising solicitations by related of						Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
o Sharing of paid employees with related organization(s)					X	\square
p 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	x	
s Other transfer of cash or property from related organization(s)				1s	x	
2 If the answer to any of the above is "Yes," see the instructions for information of						
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount	involved		
(1) DIRECT RELIEF	P	325.	CASH VALUE			
(2) DIRECT RELIEF - SEE PART VII	R	3,808,626.	CASH VALUE			
(3) DIRECT RELIEF - SEE PART VII	s	863,913.	CASH VALUE			
(4)						
(5)						

(6)

Schedule R (Form 990) 2012 DIRECT RELIEF FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e Are a partners 501 (c orgs) all s sec.)(3) 5.?	(f) Share of total income	enu-or-year	(I Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging ler?	(k) Percentage ownership
				Yes	<u>No</u>			Yes	No		Yes	NO	

Schedule R (Form 990) 2012

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART V, LINE 2A(2):

FUNDING PROVIDED TO DIRECT RELIEF TO PAY FOR ALL OF DIRECT RELIEF'S

FUNDRAISING EXPENSES AND JUST UNDER 30% OF MANAGEMENT AND GENERAL

EXPENSES. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE

COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING

PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES.

THE FOUNDATION TRUSTEES MAY ALSO APPROVE TO PROVIDE FUNDS TO DIRECT

RELIEF TO COVER PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED

A GENEROUS GIFT FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE

ORGANIZATION'S MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION

MAINTAINS THE FUNDS, AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF

\$300,000 TO DIRECT RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE

30, 2017.

DIRECT RELIEF FOUNDATION ACCRUES THE AMOUNTS PAYABLE FROM THE BRIF TO

DIRECT RELIEF ON A MONTHLY BASIS. THE BALANCE DUE AS OF JUNE 30, 2013

CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 3,558,380

CURRENT YEAR APPROVED TRANSFERS

ACTUAL TRANSFERS TAKEN

TOTAL AMOUNT DUE AS OF JUNE 30, 2013 \$ 1,768,157

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

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

2,018,403

(3,808,626)

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART V, LINE 2A(3):

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

ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE

SPECIFIED BY THE DONOR. ADDITIONALLY, AT THE END OF EACH FISCAL YEAR,

DIRECT RELIEF MAY ALSO TRANSFER TO THE DIRECT RELIEF FOUNDATION ANY

SURPLUS THAT MAY RESULT FROM OPERATIONS OF THAT FISCAL YEAR.