

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending	C Name of organization DIRECT RELIEF INTERNATIONAL	D Employer identification number 95-1831116
	Number and street (or P O box if mail is not delivered to street address) Room/suite 27 SOUTH LA PATERA LANE	E Telephone number (805) 964-4767
	City or town state or country, and ZIP + 4 SANTA BARBARA, CA 93117-3251	F Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶
	Please use IRS label or print or type See Specific Instructions	

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

G Web site ▶ **WWW.DIRECTRELIEF.ORG****J** Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No (If "No" attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b and 10b to line 12 ▶ **75,719,366****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

Revenue	1 Contributions, gifts, grants and similar amounts received STMT 1		
	a Direct public support	1a	75,113,652
	b Indirect public support	1b	36,372
	c Government contributions (grants)	1c	72,051
	d Total (add lines 1a through 1c) (cash \$ 2,808,199 noncash \$ 72,413,876)	1d	75,222,075
	2 Program service revenue including government fees and contracts (from Part VII line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	74,122
	6a Gross rents	6a	39,493
b Less rental expenses	6b	24,618	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	14,875	
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	478,899	8a	
	542,016	8b	
	-63,117	8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-63,117	
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a) STMT 3	9a	38,525	
b Less direct expenses other than fundraising expenses	9b	8,619	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	29,906	
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or loss from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	-133,748	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	75,144,113	
Expenses	13 Program services (from line 44, column (B))	13	83,624,918
	14 Management and general (from line 44, column (C))	14	442,610
	15 Fundraising (from line 44 column (D))	15	267,371
	16 Payments to affiliates (attach schedule)	16	
17 Total expenses (add lines 13 and 14, column (A))	17	84,334,899	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-9,190,786
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	32,775,306
	20 Other changes in net assets or fund balances (attach explanation) STMT 4	20	3,447
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	23,587,967

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

Part II Statement of Functional Expenses

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

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

Joint Costs Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)What is the organization's primary exempt purpose? **STMT 6**

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

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a PROVIDED MEDICAL SUPPLIES, EQUIPMENT AND PHARMACEUTICALS TO MEDICALLY INDIGENT AREAS IN THE US AND WORLDWIDE	(Grants and allocations \$ 82,053,361)	83,624,918
b	(Grants and allocations \$)	
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		83,624,918

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

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

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

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

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

Form 990 (2001)

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	74,122	
97 Net rental income or (loss) from real estate					
a debt-financed property			30	14,875	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	-63,117	
101 Net income or (loss) from special events			18		29,906
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b STMT 14				-133,748	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				-107,868	29,906
105 Total (add line 104 columns (B) (D), and (E))					-77,962

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

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

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

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

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

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

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

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

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.

Please Sign

Thomas Fisher

Date

August 7, 2002

Date

Check if

Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

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

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

Schedule A (Form 990 or 990-EZ) 2001

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line I or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments	STMT 15	STMT 16

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

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vii). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions - and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	80,132,506	61,164,190	35,792,842	21,863,043	198952581
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	113,584	47,261	92,730	60,612	314,187
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 17 52,616	41,263	33,040	14,752	141,671
23 Total of lines 15 through 22	80,298,706	61,252,714	35,918,612	21,938,407	199408439
24 Line 23 minus line 17	80,298,706	61,252,714	35,918,612	21,938,407	199408439
25 Enter 1% of line 23	802,987	612,527	359,186	219,384	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 3,988,169
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b 92,862,006
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 199408439
d Add Amounts from column (e) for lines 18 314,187 19 22 141,671 26b 92,862,006					26d 93317864
e Public support (line 26c minus line 26d total)					26e 106090575
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 53.2027 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				
(2000) (1999) (1998) (1997)	NOT APPLICABLE				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2000) (1999) (1998) (1997)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000 prepare a list for your records to show, for each year, the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

- Check ☐ **a** if the organization belongs to an affiliated group
- Check ☐ **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	
	☒	

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

Schedule A (Form 990 or 990-EZ) 2001

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

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

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

DIRECT RELIEF INTERNATIONAL95-1831116

Organization type (check one)

Filers of**Section**

Form 990 or 990-EZ

☒

501(c)(3) (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐

527 political organization

Form 990-PF

☐

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

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

General Rule -☒

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

Special Rules -☒

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

☐

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

☐

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

▶ \$ _____

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

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

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

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

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

Specific Instructions

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

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

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

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

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

Name of organization

Employer identification number

DIRECT RELIEF INTERNATIONAL

95-1831116

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		17,251,720	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
2		14,811,918	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
3		10,941,550	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
4		5,536,301	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
5		3,109,611	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
6		2,211,876	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

DIRECT RELIEF INTERNATIONAL

95-1831116

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		12,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
8		2,007,223	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
9		1,983,423	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
10		1,645,961	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
11	OTHER CONTRIBUTORS	12,914,293	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
12	OTHER CONTRIBUTORS	2,687,776	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

DIRECT RELIEF INTERNATIONAL

95-1831116

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	OTHER CONTRIBUTORS _____ _____ _____	36,372	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
14	OTHER CONTRIBUTORS _____ _____ _____	72,051	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____		Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____		Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____		Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____		Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
	_____ _____ _____		Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

DIRECT RELIEF INTERNATIONAL

95-1831116

Part II Noncash Property (See Specific Instructions)

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

Name of organization DIRECT RELIEF INTERNATIONAL	Employer identification number 95-1831116
--	---

Part II Noncash Property (See Specific Instructions)

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

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	VAR	17,251,720		
	VAR	14,811,918.		
	VAR	10,941,550.		
	VAR	5,536,301.		
	VAR	3,109,611.		
	VAR	2,211,876.		
	VAR	12,000.		
	VAR	2,007,223.		

DIRECT RELIEF INTERNATIONAL

95-1831116

FORM 990, PART I - LIST OF CONTRIBUTORS
(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
	VAR	1,983,423.		
	VAR	1,645,961.		
OTHER CONTRIBUTORS	VAR	12,914,293.		
OTHER CONTRIBUTORS	VAR	2,687,776.		
OTHER CONTRIBUTORS	VAR		36,372.	
OTHER CONTRIBUTORS	VAR			72,051.
TOTAL CONTRIBUTION AMOUNTS		75,113,652.	36,372.	72,051.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
INDIAN DANCE	19,268.	7,151.	12,117.
ARTWALK	14,257.	1,468.	12,789.
HARVEST MOON WINE AUCTION	5,000.		5,000.
TOTALS	38,525.	8,619.	29,906.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT
-----PRIOR PERIOD ADJUSTMENT - PRIOR YEAR
BOOK DEPRECIATION ADJUSTMENT3,447.

TOTAL

3,447.
=====

FORM 990, PART II - OTHER EXPENSES

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

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

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

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

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

FORM 990, PART IV - INVESTMENTS - OTHER
=====

DESCRIPTION -----	ENDING BOOK VALUE -----7-----
INVESTMENT IN UNITRUST	47,880.
INVESTMENT IN GIFT ANNUITY TST	30,413.
FUTURE INTEREST IN REAL PROP.	125,000.
INVESTMENT IN REAL ESTATE	530,000.

TOTALS	733,293.
	=====

FORM 990, PART IV - OTHER ASSETS
=====

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

TOTALS	834,108.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: SANTA BARBARA BANK & TRUST

ORIGINAL AMOUNT: 1,800,000.

INTEREST RATE: 8.000000

DATE OF NOTE: 10/01/1997

MATURITY DATE: 10/01/2007

REPAYMENT TERMS: MONTHLY

SECURITY PROVIDED: LAND & BUILDING

PURPOSE OF LOAN: PURCHASE LAND & BUILDING

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

LENDER: HUTTON FOUNDATION

ORIGINAL AMOUNT: 500,000.

INTEREST RATE: 6.000000

DATE OF NOTE: 11/01/2000

MATURITY DATE: 11/01/2007

REPAYMENT TERMS: MONTHLY

SECURITY PROVIDED: LAND & BUILDING

PURPOSE OF LOAN: REFINANCE PART OF ORIGINAL LAND & BUILDING LOAN

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

LENDER: SBB&T - LINE OF CREDIT

INTEREST RATE: 4.750000

DATE OF NOTE: 01/01/2001

MATURITY DATE: 05/01/2003

REPAYMENT TERMS: MONTHLY

SECURITY PROVIDED: UNSECURED

PURPOSE OF LOAN: WORKING CAPITAL LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	13.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,719,378.
---	------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,694,171.
--	------------

FORM 990, PART IV - OTHER LIABILITIES
=====

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

TOTALS	110,182.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT
-----FUNDRAISING EXP
RENTAL EXPENSES8,619.
24,618.

TOTAL

33,237
=====

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

FUNDRAISING EXP

8,619.

RENTAL EXPENSES

24,618.

TOTAL

33,237.
=====

FORM 990, PART VII - OTHER REVENUE

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

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

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

=====

THE COMPANY AWARDS GRANTS TO OTHER ORGANIZATIONS ON A DISCRETIONARY BASIS. THE MOST SIGNIFICANT CRITERIA USED TO DETERMINE AN AWARD IS WHETHER THE AWARD WILL FURTHER THE MISSION OF DIRECT RELIEF INTERNATIONAL AS FOLLOWS:

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

SCHEDULE A, PART IV-A - OTHER INCOME

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

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0092

2001

Name of estate or trust

Employer identification number

DIRECT RELIEF INTERNATIONAL

95-1831116

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

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

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo day yr)	(c) Date sold (mo day yr)	(d) Sales price	(e) Cost or other basis (see page 29)	(f) Gain or (Loss) (col (d) less col (e))
1					
SEE STATEMENT 1			478,899	542,016	-63,117
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2000 Capital Loss Carryover Worksheet				4 ()
5	Net short-term gain or (loss) Combine lines 1 through 4 in column (f) Enter here and on line 14 below				5 -63,117

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

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo day yr)	(c) Date sold (mo day yr)	(d) Sales price	(e) Cost or other basis (see page 29)	(f) Gain or (Loss) (col (d) less col (e))	(g) 28% Rate Gain or (Loss) *(see instr below)
6						
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8	
9	Capital gain distributions				9	
10	Gain from Form 4797, Part I				10	
11	Long-term capital loss carryover Enter in both columns (f) and (g) the amount, if any, from line 14, of the 2000 Capital Loss Carryover Worksheet				11 () ()	
12	Combine lines 6 through 11 in column (g)				12	
13	Net long-term gain or (loss) Combine lines 6 through 11 in column (f) Enter here and on line 15 below				13	

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

Part III Summary of Parts I and II

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2001

Part IV Capital Loss Limitation**17** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of

- a The loss on line 16, column (3) or
b \$3,000 .

17 (3,000)

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

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

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

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

Schedule D (Form 1041) 2001

[illegible]

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

Description	Date of Donation	Date of Sale	Value @ Donation	Sales Proceeds	Realized Gain/(Loss)
Donated Securities					
Oracle	12/31/00	1/4/01	\$ 1,584	\$ 1,519	\$ (66)
Societe General	07/20/01	7/25/01	\$ 11,120	\$ 10,910	\$ (209)
Beckman Coulter	09/21/01	9/21/01	\$ 4,245	\$ 4,245	\$ -
Nokia	10/26/01	11/8/01	\$ 2,590	\$ 2,678	\$ 88
Merck	11/21/01	11/27/01	\$ 14,752	\$ 14,764	\$ 11
Amgen	12/03/01	12/6/01	\$ 982	\$ 979	\$ (3)
Microsoft	12/04/01	12/7/01	\$ 2,746	\$ 2,573	\$ (173)
Walt Disney	12/19/01	12/24/01	\$ 514	\$ 523	\$ 9
Subtotal			\$ 38,533	\$ 38,191	\$ (342)

Description	Date of Purchase	Date of Sale	Cost	Sales Proceeds	Realized Gain/(Loss)
Purchased Securities					
MCDATA Corporation	Various	Various	\$ 698	\$ 442	\$ (256)
Ericsson	Various	5/31/01	\$ 29,121	\$ 11,376	\$ (17,746)
PMC Sierra	Various	7/26/01	\$ 31,798	\$ 9,353	\$ (22,444)
Beneficial Corp 7 64%	12/29/00	8/3/01	\$ 102,463	\$ 104,072	\$ 1,609
Morgan Stanley Dean Witter 8 1%	11/7/00	8/3/01	\$ 101,850	\$ 103,483	\$ 1,633
Bear Stearns 6 75%	9/19/00	8/20/01	\$ 99,137	\$ 103,388	\$ 4,251
Ford Motor Credit 7 5%	9/19/00	9/19/01	\$ 100,547	\$ 105,066	\$ 4,519
Nortel Networks	Various	Various	\$ 37,869	\$ 3,528	\$ (34,341)
Subtotal			\$ 503,483	\$ 440,708	\$ (62,775)
Totals			\$ 542,015	\$ 478,899	\$ (63,117)

RENT AND ROYALTY INCOME

Taxpayer's Name DIRECT RELIEF INTERNATIONAL		Identifying Number 95-1831116	
DESCRIPTION OF PROPERTY WAREHOUSE RENTAL			
☐ Yes	☐ No	Did you actively participate in the operation of the activity during the tax year?	
RENTAL INCOME		39,493.	
OTHER INCOME			
TOTAL GROSS INCOME			39,493.
OTHER EXPENSES			
OTHER INTEREST		13,016	
TAXES		3,584.	
UTILITIES		1,719.	
OTHER EXPENSES		6,299.	
DEPRECIATION (SHOWN BELOW)			
LESS Beneficiary's Portion			
AMORTIZATION			
LESS Beneficiary's Portion			
DEPLETION			
LESS Beneficiary's Portion			
TOTAL EXPENSES			24,618.
TOTAL RENT OR ROYALTY INCOME (LOSS)			14,875.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			14,875.

SCHEDULE FOR DEPRECIATION CLAIMED[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

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

	6,299.
	=====

RENT AND ROYALTY SUMMARY

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

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions

► Attach to your tax return

OMB No 1545-0172

2001

Attachment
Sequence No **67**

Identifying number

95-1831116

DIRECT RELIEF INTERNATIONAL

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Tangible Property Under Section 179

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

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (See page 6 of the instructions)

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

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only**

24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?	Yes	No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/Investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)							25	
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

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

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

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

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

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

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

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

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

[illegible]

Listed Property

[illegible]

Less Retired Assets

Subtotals

TOTAL

AMORTIZATION

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

Assets Retired

ISA

1X9024 5 000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year expense	Current-year depreciation
CHAIRS-8	03/30/2001	2,800	100 000			2,800		210	SL		10 000				210
CISCO ROUTER	02/28/2001	800	100 000			800		133	SL		5 000				133
INSTALL CTS-CISCO	02/27/2001	330	100 000			330		55	SL		5 000				55
30 MICRON PC'S	12/31/2001	9,600	100 000			9,600			SL		5 000				
2 DELL SERVERS	12/31/2001	5,000	100 000			5,000			SL		5 000				
2 LEVEL RACK SYS	01/17/2001	30,000	100 000			30,000		2,750	SL		10 000				2,750
ELECTRIC FORKLIFT	01/17/2001	1,000	100 000			1,000		92	SL		10 000				92
FREIGHT TRAILER	09/10/2001	4,500	100 000			4,500		113	SL		10 000				113
NOVELL SMALL BNS	12/31/2001	13,676	100 000			13,676			SL		5 000				
Less Retired Assets															
Subtotals		3,482,948				2,118,998	338,771	414,885							76,114

Listed Property

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AMORTIZATION

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

*Assets Retired
JSA
1X0024 5 000

Direct Relief International					
2001					
Form 990, Part V - List of Board Officers and members					
	Title and Time devoted to position (per month)			Contributions to Employee Benefit Plans	Expense Acct & Other Allowances
Name and Address			Compensation		
Dorothy Adams	Director		\$0 00	\$0 00	\$0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
Gilbert Ashor, MD	Director		0 00	0 00	0 00
27 So La Patera Lane	30 Hrs				
Santa Barbara, CA 93117					
Jayne Brechwald, MPH	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
William Burtness	Treasurer		0 00	0 00	0 00
27 So La Patera Lane	40 Hrs				
Santa Barbara, CA 93117					
Andrea Capachetti	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
Morgan Clendenen	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
Wilton Doane, MD	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
James Eiting	Director		0 00	0 00	0 00
27 So La Patera Lane	10 Hrs				
Santa Barbara, CA 93117					
Catherine Firestone	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
Richard D Godfrey	Chair		0 00	0 00	0 00
27 So La Patera Lane	40 Hrs				
Santa Barbara, CA 93117					
Patricia Halloran	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
Melville Haskell, M.D.	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					
Jean Hay	Director		0 00	0 00	0 00
27 So La Patera Lane	15 Hrs				
Santa Barbara, CA 93117					
James H. Jackson	Director		0 00	0 00	0 00
27 So La Patera Lane	30 Hrs				
Santa Barbara, CA 93117					
Peter O. Johnson, Sr.	Director		0 00	0 00	0 00
27 So La Patera Lane	15 Hrs				
Santa Barbara, CA 93117					
Richard Johnson	Director		0 00	0 00	0 00
27 So La Patera Lane	30 Hrs				
Santa Barbara, CA 93117					
Nancy M. Lessner	Director		0 00	0 00	0 00
27 So La Patera Lane	30 Hrs				
Santa Barbara, CA 93117					
Don Lewis, M.D	Director		0 00	0 00	0 00
27 So La Patera Lane	20 Hrs				
Santa Barbara, CA 93117					

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

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

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

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

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

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

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

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until _____ to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 2001 or ☐ tax year beginning _____, and ending _____

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

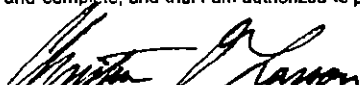
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

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

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

Signature and Verification

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

Signature ►  Title ► CPA P00071142 Date ► 05/07/2002

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)