

Return of Organization Exempt from Income Tax

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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 2003 calendar year, or tax year beginning 1/01, 2003, and ending 3/31, 2004

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.DIRECT RELIEF INTERNATIONAL
27 SOUTH LA PATERA LANE
GOLETA, CA 93117

D Employer Identification Number

95-1831116

E Telephone number

805-964-4767

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ 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 Group Exemption Number ▶

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

G Web site: WWW.DIRECTRELIEF.ORG

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 14,230,858.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 13,466,962.

b Indirect public support

1b 12,180.

c Government contributions (grants)

1c 24,783.

d Total (add lines 1a through 1c) (cash \$ 686,592. noncash \$ 12,817,333.)

1d 13,503,925.

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 5,559.

6a Gross rents

6a 11,400.

b Less: rental expenses

6b 6,165.

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 5,235.

7 Other investment income (describe) ▶

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

703,038.

8a

b Less: cost or other basis and sales expenses

701,725.

8b

c Gain or (loss) (attach schedule) STATEMENT 1

1,313.

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d 1,313.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ 312,550. of contributions
reported on line 1a)

9a 5,060.

b Less: direct expenses other than fundraising expenses

9b 32,540.

c Net income or (loss) from special events (subtract line 9b from line 9a)

STATEMENT 2

9c -27,480.

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 1,876.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 13,490,428.

13 Program services (from line 44, column (B))

13 14,947,450.

14 Management and general (from line 44, column (C))

14 132,632.

15 Fundraising (from line 44, column (D))

15 92,426.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 15,172,508.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -1,682,080.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 24,340,515.

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 3

20 160,744.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 22,819,179.

Part I 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.

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 (att sch) SEE STM 4 (cash \$ 14,568. non-cash \$ 14357532.)	22 14,372,100.	14,372,100.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 47,125.	30,981.	5,381.	10,763.
26	Other salaries and wages	26 301,486.	198,440.	61,133.	41,913.
27	Pension plan contributions	27 10,529.	6,887.	2,567.	1,075.
28	Other employee benefits	28 49,529.	38,647.	6,668.	4,214.
29	Payroll taxes	29 36,248.	23,702.	6,973.	5,573.
30	Professional fundraising fees	30			
31	Accounting fees	31 10,068.	737.	9,214.	117.
32	Legal fees	32			
33	Supplies	33 45,468.	39,954.	4,173.	1,341.
34	Telephone	34 3,638.	2,407.	971.	260.
35	Postage and shipping	35 131,519.	129,897.	649.	973.
36	Occupancy	36 36,397.	32,161.	1,930.	2,306.
37	Equipment rental and maintenance	37			
38	Printing and publications	38 4,147.	2,000.	776.	1,371.
39	Travel	39 14,837.	14,473.	73.	291.
40	Conferences, conventions, and meetings	40 17,819.	1,152.	35.	16,632.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 19,622.	16,781.	1,483.	1,358.
43	Other expenses not covered above (itemize)	43			
a	SEE STATEMENT 5	43a 71,976.	37,131.	30,606.	4,239.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 15,172,508.	14,947,450.	132,632.	92,426.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ 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 II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

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

a	SEE STATEMENT 20		
	(Grants and allocations \$ 14,372,100.)	14,947,450.	
b			
	(Grants and allocations \$)		
c			
	(Grants and allocations \$)		
d			
	(Grants and allocations \$)		
e	Other program services (Grants and allocations \$)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	14,947,450.	

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	600.	45	600.
	46 Savings and temporary cash investments	890,647.	46	634,168.
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a 10,625.		
	b Less: allowance for doubtful accounts	48 b	48 c	10,625.
	49 Grants receivable	275,986.	49	24,783.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	60,528.	50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less: allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use	17,157,224.	52	15,590,089.
	53 Prepaid expenses and deferred charges	32,552.	53	39,485.
	54 Investments — securities (attach schedule) SEE ST 7 ☐ Cost ☒ FMV	4,056,769.	54	4,718,285.
	55 a Investments — land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b	55 c	
56 Investments — other (attach schedule) SEE STMT 8	530,000.	56	530,000.	
57 a Land, buildings, and equipment: basis	57 a 3,684,640.			
b Less: accumulated depreciation (attach schedule) STATEMENT 9	57 b 610,744.	57 c	3,073,896.	
58 Other assets (describe ► SEE STATEMENT 10)	163,498.	58	66,499.	
59 Total assets (add lines 45 through 58) (must equal line 74)	26,222,104.	59	24,688,430.	
LIABILITIES	60 Accounts payable and accrued expenses	45,570.	60	76,009.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 11	1,626,469.	64 b	1,615,139.
	65 Other liabilities (describe ► SEE STATEMENT 12)	209,550.	65	178,103.
66 Total liabilities (add lines 60 through 65)	1,881,589.	66	1,869,251.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	24,217,294.	67	22,652,640.
	68 Temporarily restricted	123,221.	68	166,539.
	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; column (B) must equal line 21)	24,340,515.	73	22,819,179.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	26,222,104.	74	24,688,430.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	13,775,820.	a	Total expenses and losses per audited financial statements	a	15,297,156.
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included on line a but not on line 17, Form 990:		
(1)	Net unrealized gains on investments	\$	160,744.	(1)	Donated services and use of facilities	\$	85,943.
(2)	Donated services and use of facilities	\$	85,943.	(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Recoveries of prior year grants	\$		(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify):			(4)	Other (specify):		
	SEE STM 13	\$	38,705.		SEE STMT 14	\$	38,705.
	Add amounts on lines (1) through (4)	b	285,392.		Add amounts on lines (1) through (4)	b	124,648.
c	Line a minus line b	c	13,490,428.	c	Line a minus line b	c	15,172,508.
d	Amounts included on line 12, Form 990 but not on line a :			d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990	\$		(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):			(2)	Other (specify):		
	-----	\$			-----	\$	
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	13,490,428.	e	Total expenses per line 17, Form 990 (line c plus line d)	e	15,172,508.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 19 27 SOUTH LA PATERA LANE GOLETA, CA 93117	VARIES	47,125.	2,195.	2,700.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes

☒ No

Part VI Other Information (See instructions.)

		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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is ☐ exempt or ☐ nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		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?	X	
82b	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	85,943.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	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.		
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
87b	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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations 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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>SEE STATEMENT 15</u>		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	28
91	The books are in care of <u>DIRECT RELIEF INTERNATIONAL</u> Telephone number <u>805-964-4767</u> Located at <u>27 SOUTH LA PATERA LANE GOLETA, CA</u> ZIP + 4 <u>93117</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>		N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

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 & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	5,559.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			30	5,235.	
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					1,313.
101 Net income or (loss) from special events					-27,480.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER INCOME			3	1,876.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				12,670.	-26,167.
105 Total (add line 104, columns (B), (D), and (E))					-13,497.

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 instructions.)

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 EDUCATE THE PUBLIC ON THE ORGANIZATIONS OPERATIONS AND SUPPORT THE SHIPMENT OF MEDICAL SUPPLIES TO MEDICALLY INDIGENT AREAS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?☐ Yes ☒ No

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

Please Sign

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

Signature of officer

Date

3-21-2005

Date

Check if self-

Preparer's SSN or PTIN (see General Instruction W)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2003

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 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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 21	VARIOUS			
27 SOUTH LA PATERA LANE GOLETA, CA	ALL 40+	79,750.	8,538.	0.
Total number of other employees paid over \$50,000 ▶	2			

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

(See 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 ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See 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 a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u>
(Must equal amounts on line 38, Part VI-A, or line i of 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.)
SEE STATEMENT 16 | | | |
| 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 |
| 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)
SEE STATEMENT 17 | 3a | X | |
| b Do you have a section 403(b) annuity plan for your employees? | 3b | X | |
| 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4 | | X |

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	101,228,258.	64,544,695.	75,277,877.	80,132,506.	321,183,336.
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	69,667.	121,236.	74,122.	103,156.	368,181.
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 SEE STMT 18	67,772.	64,113.	81,768.	52,616.	266,269.
23 Total of lines 15 through 22	101,365,697.	64,730,044.	75,433,767.	80,288,278.	321,817,786.
24 Line 23 minus line 17	101,365,697.	64,730,044.	75,433,767.	80,288,278.	321,817,786.
25 Enter 1% of line 23	1,013,657.	647,300.	754,338.	802,883.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 6,436,356.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 170993500.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 321817786.
d Add: Amounts from column (e) for lines: 18 368,181. 19					26d 171627950.
22 266,269. 26b 170,993,500.					26e 150189836.
e Public support (line 26c minus line 26d total)					26f 46.67 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 from line 23, column (e) 27f _____					27g _____ %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 instructions)
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	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?			
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?			
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.) ----- ----- -----			
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32 d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33 a		
b	Admissions policies?	33 b		
c	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33 h		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
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.	34 b		
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 instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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 --	41		
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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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.

BAA

Schedule A (Form 990 or 990-EZ) 2003

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See 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
51 a (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]

2003

FEDERAL STATEMENTS

PAGE 1

CLIENT DRI0405

DIRECT RELIEF INTERNATIONAL

95-1831116

3/22/05

11:49AM

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 703,038.
 COST OR OTHER BASIS: 701,725.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 1,313.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,313.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
SEE SCHEDULE 22	317,610.	312,550.	5,060.	32,540.	-27,480.
TOTAL	\$ <u>317,610.</u>	\$ <u>312,550.</u>	\$ <u>5,060.</u>	\$ <u>32,540.</u>	\$ <u>-27,480.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

TOTAL \$ 160,744.

STATEMENT 4
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	SUPPORT RURAL HEALTHCARE	
DONEE'S NAME:	PROYECTO DE SALUD DEL RIO BENI	
DONEE'S ADDRESS:	RURRENEBAQUE PROVINCE	
	BENI DEPARTMENT, BOLIVIA	
RELATIONSHIP OF DONEE:	OVERSEAS PARTNER	
AMOUNT GIVEN:		\$ 12,168.
DONEE'S NAME:	AFGHAN HUMANITARIAN GOALS ASSO	
DONEE'S ADDRESS:	Haji Mir Ahmad Street	
	KABUL, AFGHANISTAN	
AMOUNT GIVEN:		2,400.
TOTAL CASH GRANTS AND ALLOCATIONS		\$ <u>14,568.</u>

2003

FEDERAL STATEMENTS

PAGE 2

CLIENT DRI0405

DIRECT RELIEF INTERNATIONAL

95-1831116

3/18/05

11:58AM

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	SEE ATTACHED SCHEDULE	
DESCRIPTION OF PROPERTY:	PHARMACEUTICALS, MEDICAL	
DATE OF GIFT:	VARIOUS	
BOOK VALUE:	14,357,532.	
METHOD USED TO DETERMINE BV:	SEE ATTACHED SCHEDULE	
FAIR MARKET VALUE:		\$ 14,357,532.
METHOD USED TO DETERMINE FMV:	SEE ATTACHED SCHEDULE	

TOTAL NONCASH GRANTS AND ALLOCATIONS \$ 14,357,532.

TOTAL GRANTS AND ALLOCATIONS \$ 14,372,100.

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	11,397.		10,050.	1,347.
BANK/BROKERAGE FEES	2,623.	30.	2,593.	
COMMUNICATIONS	12,125.		12,125.	
DUES & MEMBERSHIPS	4,894.	4,049.	505.	340.
HOSPITALITY	2,433.	690.	1,743.	
INVENTORY ADJUSTMENT	26,935.	26,935.		
LIABILITY INSURANCE	3,083.	2,967.	64.	52.
PROFESSIONAL SERVICES	6,086.	2,064.	1,522.	2,500.
TAX, LICENSE & FEES	2,400.	396.	2,004.	
TOTAL	\$ 71,976.	\$ 37,131.	\$ 30,606.	\$ 4,239.

STATEMENT 6
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.

2003

FEDERAL STATEMENTS

PAGE 3

CLIENT DRI0405

DIRECT RELIEF INTERNATIONAL

95-1831116

3/18/05

11:58AM

STATEMENT 7
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MARKETABLE SECURITIES	MARKET VALUE	\$ 4,718,285.
	TOTAL	\$ 4,718,285.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 4,718,285.</u>

STATEMENT 8
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
INVESTMENT IN REAL ESTATE	COST	\$ 530,000.
	TOTAL	<u>\$ 530,000.</u>

STATEMENT 9
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 61,653.	\$ 19,872.	\$ 41,781.
FURNITURE AND FIXTURES	65,164.	60,289.	4,875.
MACHINERY AND EQUIPMENT	309,389.	185,436.	123,953.
BUILDINGS	1,538,072.	253,142.	1,284,930.
IMPROVEMENTS	289,117.	59,642.	229,475.
LAND	1,363,950.		1,363,950.
MISCELLANEOUS	57,295.	32,363.	24,932.
TOTAL	<u>\$ 3,684,640.</u>	<u>\$ 610,744.</u>	<u>\$ 3,073,896.</u>

STATEMENT 10
FORM 990, PART IV, LINE 58
OTHER ASSETS

CONTRIBUTIONS RECEIVABLE	\$ 100.
OTHER ASSETS	18,260.
OTHER RECEIVABLES	6,966.
REMAINDER INTERESTS RECEIVABLE	41,173.
TOTAL	<u>\$ 66,499.</u>

2003

FEDERAL STATEMENTS

PAGE 4

CLIENT DRI0405

DIRECT RELIEF INTERNATIONAL

95-1831116

3/18/05

11:58AM

**STATEMENT 11
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE**

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
SANTA BARBARA BANK & TRUST	\$ 1,151,443.
HUTTON FOUNDATION	463,696.
TOTAL	\$ <u>1,615,139.</u>

**STATEMENT 12
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

DISTRIBUTION PAYABLE-ANNUITIES	\$ 33,546.
OTHER CURRENT LIABILITIES	144,557.
TOTAL	\$ <u>178,103.</u>

**STATEMENT 13
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

FUNDRAISING EXPENSES	\$ 32,540.
RENTAL EXPENSE	6,165.
TOTAL	\$ <u>38,705.</u>

**STATEMENT 14
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

FUNDRAISING EXPENSES	\$ 32,540.
RENTAL EXPENSES	6,165.
TOTAL	\$ <u>38,705.</u>

**STATEMENT 15
FORM 990, PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED**

DIRECT RELIEF INTERNATIONAL WILL FILE COPIES OF FORM 990 IN THE FOLLOWING STATES:

AL, AK, AR, AZ, CA, CT, FL, GA, IL, KS, KY, MD, MA, ME, MI, MN, MS, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

3/18/05

11:58AM

STATEMENT 16
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

THOMAS TIGHE, DIRECT RELIEF INTERNATIONAL'S CEO/PRESIDENT, WAS HIRED IN 2000. TO MITIGATE THE IMPACT OF THE HIGH COST OF LIVING IN SANTA BARBARA, DIRECT RELIEF JOINTLY PURCHASED A RESIDENCE WITH MR. TIGHE. THE RESIDENCE WAS PURCHASED AT FAIR MARKET VALUE FROM A PARTY UNRELATED TO EITHER MR. TIGHE OR DIRECT RELIEF INTERNATIONAL. DIRECT RELIEF INTERNATIONAL PURCHASED ITS 50% INTEREST OUTRIGHT. MR. TIGHE FINANCED HIS INTEREST THROUGH A DOWN PAYMENT AND A MORTGAGE ON THE BALANCE. MR. TIGHE'S TAXABLE WAGES ARE ADJUSTED ANNUALLY TO REFLECT THE FAIR MARKET VALUE OF LODGING PROVIDED BY DIRECT RELIEF INTERNATIONAL'S 50% INTEREST IN THE RESIDENCE. THIS ARRANGEMENT WAS TERMINATED IN JULY 2004 WHEN MR. TIGHE PURCHASED DIRECT RELIEF'S INTEREST AT THE CURRENT FAIR MARKET VALUE.

STATEMENT 17
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

DIRECT RELIEF 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.

STATEMENT 18
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
MISCELLANEOUS OPERATING INCOME					
	\$ 67,772.	\$ 64,113.	\$ 81,768.	\$ 52,616.	\$ 266,269.
TOTAL	<u>\$ 67,772.</u>	<u>\$ 64,113.</u>	<u>\$ 81,768.</u>	<u>\$ 52,616.</u>	<u>\$ 266,269.</u>

Direct Relief International
For the short fiscal year January 1, 2004 - March 31, 2004
Statement 19

FEIN 95-1831116

Form 990, Part V - List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title and Time devoted to position (per week)	(C) Compensation	(D) Contributions to Employee Benefit Plans	(E) Expense Acct. & Other Allowances
Carolyn Amory 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Bruce Anticouni 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Gilbert Ashor, M.D. 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Philip M. Battaglia 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Rick Beckett 27 So. La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Frederick P. Burrows 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Morgan Clendenen 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Kenneth Coates 27 So La Patera Lane Santa Barbara, CA 93117	Treasurer 5	-	-	-
Killick S. Datta 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Thomas H. Dittmer 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Dorothy Largay 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Ernest Drew 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Gary Finefrock 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Catherine B. Firestone 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Louise Gaylord 27 So. La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-

Form 990, Part V - List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title and Time devoted to position (per week)	(C) Compensation	(D) Contributions to Employee Benefit Plans	(E) Expense Acct. & Other Allowances
Bert Green, M.D. 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Stanley C. Hatch 27 So. La Patera Lane Santa Barbara, CA 93117	Vice-Chairman 5	-	-	-
Brett Hodges 27 So La Patera Lane Santa Barbara, CA 93117	Director 10	-	-	-
Tara Holbrook 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Peter O. Johnson, Sr. 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Richard Johnson 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Lawrence Koppelman 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Nancy M. Lessner 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Alix G. Mattingly 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Micheal McCarthy 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
William Morton-Smith, M.D. 27 So La Patera Lane Santa Barbara, CA 93117	(3) Chief Medical Officer	11,250	-	-
Robert C. Nakasone 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Denis Sanan 27 So La Patera Lane Santa Barbara, CA 93117	Chairman 10	-	-	-
Jim Shattuck 27 So La Patera Lane Santa Barbara, CA 93117	Secretary 5	-	-	-

Direct Relief International
For the short fiscal year January 1, 2004 - March 31, 2004
Statement 19
Form 990, Part V - List of Officers, Directors, Trustees and Key Employees

FEIN 95-1831116

(A) Name and Address	(B) Title and Time devoted to position (per week)	(C) Compensation	(D) Contributions to Employee Benefit Plans	(E) Expense Acct & Other Allowances
Thomas E. Tighe 27 So La Patera Lane Santa Barbara, CA 93117	(1) CEO/President 60+	\$ 35,875	\$ 2,195	\$ 2,700
Paul H. Turpin 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
Sherry Villanueva 27 So La Patera Lane Santa Barbara, CA 93117	Director 5	-	-	-
		<u>\$ 47,125</u>	<u>\$ 2,195</u>	<u>\$ 2,700</u>

- 1 The amounts disclosed in columns C and D were paid during the short fiscal year. The amount in column E represents the fair market value of lodging provided by Direct Relief International to the CEO for the short fiscal year. The lodging adjustment arises from Direct Relief International's 50% interest in a residence co-owned and occupied by the CEO. The adjustment constitutes taxable income to the CEO and is reported to the IRS on the CEO's annual Form W-2. See Statement 16 for further details.
- 2 The CEO's annual compensation in effect as of March 31, 2004 was \$143,500. The salary was authorized by the Executive Committee of the Board of Directors after an extensive review of local, regional and national positions of similar scope and responsibility. Local cost of living factors for the Santa Barbara Metropolitan Area were considered as well.
3. On March 1, 2004, Direct Relief International established the position of Chief Medical Officer (CMO). The addition of this senior level position was, in part, a response to the substantial increase in pharmaceutical and medical supply donations in recent years. Historically, the organization has always had access to a substantial group of medical professionals - currently, five MD's are on the Board; on staff - a licensed Pharmacist, registered nurse, certified biomedical engineer and two other staff with para-medical training, numerous other MD's, R N's and other medical professionals volunteering or sitting on advisory committees. The presence of a CMO allows the organization to respond more effectively to potential product donations and adds an additional level of review to the appropriateness of product placement with the organizations partners. The position is budgeted at \$150,000 per year.

Direct Relief International			FEIN: 95-1831116	
Short fiscal year ending March 31, 2004				
Statement 20				
Statement of Program Service Accomplishments				
Form 990, Part III				
Program Service Accomplishments				
Direct Relief's mission is to improve the health of people living in developing countries and those who are victims of natural disasters, war, and civil unrest. We work to strengthen indigenous health efforts of our international partners by providing essential material resources - medicines, supplies and equipment.				
People served is calculated based on the courses of treatment provided in an assistance shipment to a partner organization. A course of treatment is the recommended regimen by a manufacturer, for medicines treating a chronic condition or for an ongoing therapy (such as birth control), a one year supply is considered one course of treatment.				
Grants and Allocations - By region:				
	Weight (lbs)	Value (\$)	People Served	
Africa	22,420	1,610,981	308,486	
Americas & the Caribbean	84,250	9,847,520	2,682,483	
Asia	29,493	1,707,976	2,040,120	
Other	5,710	1,191,056	59,435	
Total Grants and Allocations	141,873	\$ 14,357,532	5,090,524	
Cash Grants - see separate schedule			14,568	
Other Program Expenses			\$ 26,935	
Total Program Service Expense			\$ 14,372,100	
Shipment Number	Receiving Partner Organization	Country	Region	Value (\$)
3758	Fraternity Medical Center	Cameroon	Africa	16,544
3614	Boma Ophthalmic Hospital	Congo, D R.	Africa	7,777
3704	Jehovah Rapha Health Care Foundation	Ghana	Africa	7,742
3586	ELWA Hospital	Liberia	Africa	608,195
3746	Antof Rural Resource Center	Nigeria	Africa	5,966
3570	Sumbawanga Regional Hospital	Tanzania	Africa	152,227
3697	Baptist Hospital of Togo	Togo	Africa	288,111
3739	J F. Kapnek Charitable Trust	Zimbabwe	Africa	1,664
	Subtotal - Africa			528,720
				151,914
				308,486
3693	Proyecto de Salud del Rio Beni	Bolivia	Americas & the Caribbean	327,944
3126	Club Rotario de Medellin	Colombia	Americas & the Caribbean	52,638
3696	Martin Luther King Center	Cuba	Americas & the Caribbean	3,515
3741	Health Care Education Partnership	Dominican Republic	Americas & the Caribbean	66,860
Shipment				

Direct Relief International							FEIN	95-1831116
Short fiscal year ending March 31, 2004								
Statement 20								
Statement of Program Service Accomplishments								
Form 990, Part III								
Number	Receiving Partner Organization	Country	Region	Weight (lbs)	Value (\$)	People Served		
3745	BRA DOMINICANA	Dominican Republic	Americas & the Caribbean	4,914	\$ 165,286	46,111		
3703	Fundacion Nuevos Horizontes Para Los Pobres	El Salvador	Americas & the Caribbean	10,196	\$ 1,412,584	52,553		
3666	Secretaria Nacional de la Familia / FUEDEM	El Salvador	Americas & the Caribbean	8,372	\$ 319,760	10,857		
3706	Santa Rosa Medical Clinic	Guatemala	Americas & the Caribbean	773	\$ 89,453	25,685		
3740	Adonal International Ministries	Guatemala	Americas & the Caribbean	341	\$ 7,663	273		
3744	DOCARE International Mission	Guatemala	Americas & the Caribbean	53	\$ 10,081	1,237		
3672	Davis Memorial Hospital	Guyana	Americas & the Caribbean	668	\$ 39,785	12,396		
3673	St Joseph's Mercy Hospital	Guyana	Americas & the Caribbean	637	\$ 56,559	12,826		
3674	Mahaicony District Hospital	Guyana	Americas & the Caribbean	667	\$ 81,077	19,850		
3675	Linden Hospital	Guyana	Americas & the Caribbean	705	\$ 126,504	15,655		
3676	Bartica Hospital	Guyana	Americas & the Caribbean	720	\$ 75,649	7,253		
3677	New Amsterdam Hospital	Guyana	Americas & the Caribbean	1,630	\$ 251,532	57,422		
3678	Port Mourant Hospital	Guyana	Americas & the Caribbean	1,304	\$ 440,404	108,023		
3705	New Hope Ministries	Haiti	Americas & the Caribbean	424	\$ 48,678	4,034		
3728	St Ignatius Medical Mission	Haiti	Americas & the Caribbean	72	\$ 2,711	750		
3729	Project Haiti	Haiti	Americas & the Caribbean	474	\$ 59,828	6,418		
3748	Food for the Poor, Inc	Haiti	Americas & the Caribbean	2,369	\$ 331,186	18,915		
3754	Hacienda Cristo Salva	Honduras	Americas & the Caribbean	198	\$ 1,685	156		
3763	Brigada de Salud / Honduras Relief Effort	Honduras	Americas & the Caribbean	306	\$ 24,404	3,344		
3671	Food for the Poor, Jamaica	Jamaica	Americas & the Caribbean	5,842	\$ 1,229,252	41,332		
3698	Falmouth Hospital	Jamaica	Americas & the Caribbean	38	\$ 21,501	753		
3724	Food for the Poor, Jamaica	Jamaica	Americas & the Caribbean	7,234	\$ 1,470,893	52,598		
3755	Missionaries of the Poor	Jamaica	Americas & the Caribbean	91	\$ 14,503	1,115		
3679	Potter's Clay	Mexico	Americas & the Caribbean	815	\$ 67,541	7,214		
3700	Centro de Salud Todos Santos	Mexico	Americas & the Caribbean	192	\$ 4,306	2,229		
3702	AeroMedicos of Santa Barbara	Mexico	Americas & the Caribbean	72	\$ 596	120		
3707	Nicaraguan Children's Fund	Nicaragua	Americas & the Caribbean	88	\$ 13,184	1,762		
3757	Nicaraguan Children's Fund	Nicaragua	Americas & the Caribbean	117	\$ 12,966	1,278		
3765	American Nicaraguan Foundation	Nicaragua	Americas & the Caribbean	8,954	\$ 2,333,812	53,211		
3641	Hospital Regional de Ayacucho	Peru	Americas & the Caribbean	5,563	\$ 202,961	314,529		
3711	Los Angeles Mission Community Clinic	USA	Americas & the Caribbean	14	\$ 5,587	72		
3712	Venice Family Free Clinic	USA	Americas & the Caribbean	14	\$ 5,587	72		
3713	South Central Family Health Center	USA	Americas & the Caribbean	26	\$ 9,673	192		
3714	Cleaver Family Wellness Clinic	USA	Americas & the Caribbean	18	\$ 6,813	108		
3717	Santa Barbara-Ventura Counties Dental Society	USA	Americas & the Caribbean	1,145	\$ 9,059	298,835		
3719	Santa Barbara Food Bank	USA	Americas & the Caribbean	966	\$ 7,124	34,500		
3720	United Way-Santa Barbara	USA	Americas & the Caribbean	42	\$ 310	1,500		
3725	Westside Family Health Center	USA	Americas & the Caribbean	26	\$ 9,673	192		
3726	American Indian Healing Center	USA	Americas & the Caribbean	16	\$ 5,996	84		
3727	Arroyo Vista Family Health Center	USA	Americas & the Caribbean	145	\$ 56,281	732		
3730	Community Health Centers of the Central Coast	USA	Americas & the Caribbean	216	\$ 83,808	1,080		
3731	Wilmington Community Clinic	USA	Americas & the Caribbean	92	\$ 35,566	492		
3732	Tarzana Treatment Centers	USA	Americas & the Caribbean	19	\$ 7,222	120		
3737	Asian Pacific Health Care Venture, Inc	USA	Americas & the Caribbean	82	\$ 30,521	528		
3738	Chinatown Service Center Family Health	USA	Americas & the Caribbean	6	\$ 2,043	60		
3743	The Children's Clinic	USA	Americas & the Caribbean	67	\$ 25,618	384		
3749	North County Health Services	USA	Americas & the Caribbean	109	\$ 41,971	588		

Direct Relief International				FEIN	95-1831116
Short fiscal year ending March 31, 2004					
Statement 20					
Statement of Program Service Accomplishments					
Form 990, Part III					
3751	Comprehensive Health Centers	USA		31 \$	11,992
					168
Shipment					
Number	Receiving Partner Organization	Country	Region	Weight (lbs)	Value (\$)
3760	Mid-City Community Clinic	USA	Americas & the Caribbean	11	4,019
3761	Neighborhood Healthcare	USA	Americas & the Caribbean	95	36,383
3786	Community Health Centers of the Central Coast	USA	Americas & the Caribbean	1,068	19,016
3787	Clinica de Tolosa	USA	Americas & the Caribbean	310	7,344
3788	Community Health Centers of the Central Coast	USA	Americas & the Caribbean	162	2,741
3709	Los Angeles Free Clinic	USA	Americas & the Caribbean	144	55,872
	Subtotal - America			84,250	9,847,520
					2,682,483
3660	Macroyan Medical Clinic	Afghanistan	Asia	2,333	377,190
3733	Jamaludin Wardak Clinic	Afghanistan	Asia	1,868	171,759
3759	Afghan Institute for Learning	Afghanistan	Asia	4	3,793
3715	Shanouk Hospital Center	Cambodia	Asia	15	1,511
3683	Tibetan Healing Fund	China	Asia	49	2,633
3544	Society For Service To Voluntary Agencies	India	Asia	9,754	346,611
3699	Wanless Hospital	India	Asia	67	2,595
3514	Hobawawi Medical Clinic	Indonesia	Asia	2,903	197,406
3691	Rumah Sakit Moripa, RSD and Kantas Hospitals	Indonesia	Asia	2,555	37,333
3669	Dr. Seyed Samad Aghamiri, Director	Iran	Asia	6,288	333,793
3684	Dr. Seyed Samad Aghamiri, Director	Iran	Asia	1,234	62,854
3742	Dr. Seyed Samad Aghamiri, Director	Iran	Asia	3	3,453
3734	Army / AF Medics	Iraq	Asia	24	158
3442	Mahosot Hospital	Laos	Asia	33	646
3567	Mittaphab Hospital	Laos	Asia	34	5,299
3766	Indigenous Development Coordinators	Philippines	Asia	71	2,354
3694	West Bank & Gaza Health Facilities	West Bank/Gaza	Asia	759	20,817
3667	St John Eye Hospital	West Bank/Gaza	Asia	1,499	137,771
	Subtotal - Asia			29,493	1,707,976
					2,040,120
3710	Health Ministry of Armenia	Armenia	Other	783	301,768
3762	Angioneurology Clinic & Research Center	Armenia	Other	50	138,030
3722	Christian Aid Ministries Romania	Romania	Other	1,736	602,227
3773	Christian Aid Ministries Romania	Romania	Other	3,142	149,031
	Subtotal - Other			5,710	1,191,056
					59,435
	Total			141,873	14,357,532
					5,090,524

Direct Relief International
For the short fiscal year January 1, 2004 - March 31, 2004
Statement 21
Form 990, Schedule A, Part I - Compensation of the Five Highest Paid Employees

FEIN: 95-1831116

(A) Name and Address	(B) Title and Time devoted to position (per week)	(C) Compensation Current period 2004 total	(D) Contributions to Employee Benefit Plans	(E) Expense Acct. & Other Allowances
Christian White 27 So. La Patera Lane Santa Barbara, CA 93117	Controller 50+	\$ 18,638 \$ 72,681	\$ 1,635	-
Anthoula Randopoulos 27 So. La Patera Lane Santa Barbara, CA 93117	Director, Philanthropic Investment 50+	\$ 17,325 \$ 68,026	\$ 1,918	-
Susan Fowler 27 So. La Patera Lane Santa Barbara, CA 93117	Director, Programs 40+	\$ 16,013 \$ 55,428	\$ 1,501	-
Dan Smith 27 So. La Patera Lane Santa Barbara, CA 93117	Program Officer 40+	\$ 13,863 \$ 52,331	\$ 1,741	-
Rick Snekvik 27 So. La Patera Lane Santa Barbara, CA 93117	Director, Operations 40+	\$ 13,241 \$ 52,747	\$ 1,709	-
For the short year ending March 31, 2004		79,079		
For Calendar Year 2004		301,213		

Note: The employees listed on this schedule were selected because their total compensation, exceeded \$50,000 for calendar year 2004. The larger amount for each employee in column C represents their actual wages for 2004.

Direct Relief International's compensation policy is to a) pay a base salary comparable to similar positions throughout the Southern & Central California non-profit sector and b) award individual merit through a bonus system. Base salaries for those positions commonly found at non-profit organizations (Administrative, Development) are derived from the annual "Compensation and Benefits Survey for the Southern and Central California Nonprofit Community", a project of the Center for Nonprofit Management.

Program service salaries are derived from a variety sources including The Personnel Co-op's annual salary and benefits survey of not-for-profit organizations involved in international development, and comparable public health positions with the Counties of Santa Barbara and Ventura.

Salary base information for other positions (Logistics, Warehousing) comes from the Bureau of Labor Statistics survey of the Santa Barbara and Ventura Metropolitan areas.

Direct Relief International
For the short fiscal year January 1, 2004 - March 31, 2004
Statement 22
Schedule of Special Events

FEIN: 95-1831116

	2004 S.B. County Vintners Auction	2nd Annual Shareholders Meeting	Winemaker Dinner Series	Total
Gross Receipts	\$ 301,000	\$ 12,440	\$ 4,170	317,610
Less: Contributions	300,000	9,500	3,050	312,550
Gross Revenues	1,000	2,940	1,120	5,060
Less: Direct expenses	11,753	20,429	358	32,540
Net Income (Loss)	\$ (10,753)	\$ (17,489)	\$ 762	\$ (27,480)

On February 7, 2004, the Santa Barbara County Vintners Foundation, a 501(c) 3 exempt organization, sponsored a dinner and auction for the benefit of local charitable organizations. Direct Relief International (DRI) was one of the beneficiaries of the event. The event was planned, produced and paid for by the Foundation – DRI provided staff and logistics support. To encourage and thank auction attendees, DRI hosted an event the evening before the auction. This event generated \$11,753 in direct expenses. The Foundation donated \$300,000 of the net proceeds of the auction to DRI.

On March 3, 2004, DRI hosted its Second Annual Shareholder meeting. The organization views anyone donating their time, money or products as a shareholder of the organization. DRI felt an obligation to report back to the shareholders on how their donations were used. DRI invited representatives of partner facilities in Afghanistan, Cameroon and El Salvador to address the shareholders. Pharmaceutical industry representatives, attending a quarterly “Partnership for Quality Medical Donations” conference hosted by DRI, delivered presentations as well.

The Shareholder meeting was never intended to be a fundraising event. The only fees charged were for an optional lunch available at the Shareholder meeting facility. However, two corporate supporters underwrote a portion of the event’s expenses which led to the classification of the Shareholder meeting as a special event.

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	DIRECT RELIEF INTERNATIONAL	95-1831116
	Number, street, and room or suite number. If a P O box, see instructions	
	27 SOUTH LA PATERA LANE	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	GOLETA, CA 93117	

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 (Section 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 11/15, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:► ☐ calendar year 20 ____ or► ☒ tax year beginning 1/01, 20 04, and ending 3/31, 20 04.**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.

\$ 0.

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.

\$ 0.

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.

\$ 0.

Signature and Verification

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, and that I am authorized to prepare this form.

Signature Title ► **PRESIDENT & CEO**Date ► **3-22-05****BAA For Paperwork Reduction Act Notice, see instructions.**Form **8868** (12-2000)