

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending JUN 30, 2008

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization DIRECT RELIEF INTERNATIONAL Doing Business As		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 GOLETA, CA 93117		G Gross receipts \$ 29,777,038.
		F Name and address of principal officer: BHUPI SINGH 27 SOUTH LA PATERA LANE, GOLETA, CA 93117		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website: WWW.DIRECTRELIEF.ORG			L Year of formation: 1948 M State of legal domicile: CA	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of employees (Part V, line 2a)	5	44
	6	Total number of volunteers (estimate if necessary)	6	55
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 198,493,659.	Current Year 29,762,904.
	9	Program service revenue (Part VIII, line 2g)	4,900.	625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,420.	5,456.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	254,377.	10.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,774,098.	29,768,995.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	216,064,263.	31,747,027.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,642,585.	1,113,480.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 249,430.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,008,728.	3,750,688.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	226,715,576.	36,611,195.
19	Revenue less expenses - Subtract line 18 from line 12	<27,941,478.>	<6,842,200.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 60,237,781.	End of Year 54,201,335.
	21	Total liabilities (Part X, line 26)	2,232,259.	2,054,014.
	22	Net assets or fund balances - Subtract line 21 from line 20	58,005,522.	52,147,321.

Part II Signature Block

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

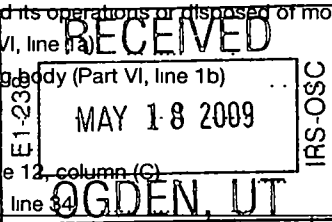
Sign Here: Signature of officer: *Bhupi Singh* Date: 5/8/09

BHUPI SINGH, EVP & CFO
Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Carly N. Mc* Date: 5/8/09 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **MCGOWAN GUNTERMANN**
509 E. MONTECITO ST., 2ND FLOOR
SANTA BARBARA, CA 93103-3293
 EIN ▶ Phone no. ▶ (805) 962-9175

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUN 12 2009



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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes", describe these new services on Schedule O
Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes", describe these changes on Schedule O.
Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 35,792,511. including grants of \$ 31,747,027.) (Revenue \$ 29,753,866.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 35,792,511. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	44		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **CA, AL, AK, AR, AZ, CO, CT, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DIRECT RELIEF INTERNATIONAL, BHUPI SINGH, EVP & CFO - 805-964-4767**
27 SOUTH LA PATERA LANE, GOLETA, CA 93117

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM CUSACK ASSISTANT TREASURER	5.00	X		X			0.	0.	0.	
GARY FINEFROCK ASSISTANT SECRETARY	5.00	X		X			0.	0.	0.	
STANLEY C. HATCH CHAIR	10.00	X		X			0.	0.	0.	
DOROTHY LARGAY, PHD. VICE CHAIR	5.00	X		X			0.	0.	0.	
AYESHA SHAIKH, M.D. SECRETARY	5.00	X		X			0.	0.	0.	
JIM SHATTUCK TREASURER	5.00	X		X			0.	0.	0.	
BRUCE ANTICOUNI COMMITTEE CHAIR	5.00	X					0.	0.	0.	
RICK BECKETT DIRECTOR	2.00	X					0.	0.	0.	
FREDERICK P. BURROWS DIRECTOR	2.00	X					0.	0.	0.	
JON CLARK DIRECTOR	2.00	X					0.	0.	0.	
KENNETH COATES COMMITTEE CHAIR	5.00	X					0.	0.	0.	
KILLICK S. DATTA DIRECTOR	2.00	X					0.	0.	0.	
ERNEST DREW, PHD COMMITTEE CHAIR	5.00	X					0.	0.	0.	
RICHARD GODFREY COMMITTEE CHAIR	5.00	X					0.	0.	0.	
BERT GREEN, M.D., F.A.C. DIRECTOR	2.00	X					0.	0.	0.	
RAYE HASKELL DIRECTOR	2.00	X					0.	0.	0.	
PRISCILLA HIGGINS DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRETT HODGES DIRECTOR	2.00	X						0.	0.	0.
TARA HOLBROOK DIRECTOR	2.00	X						0.	0.	0.
ELLEN JOHNSON DIRECTOR	2.00	X						0.	0.	0.
DON LEWIS DIRECTOR	2.00	X						0.	0.	0.
ALIXE MATTINGLY COMMITTEE CHAIR	5.00	X						0.	0.	0.
ROBERT C. NAKASONE DIRECTOR	2.00	X						0.	0.	0.
NATALIE ORFALEA DIRECTOR	2.00	X						0.	0.	0.
CARMEN ELENA PALOMO DIRECTOR	2.00	X						0.	0.	0.
ASHLEY PARKER-SNIDER DIRECTOR	2.00	X						0.	0.	0.
JAMES SELBERT COMMITTEE CHAIR	5.00	X						0.	0.	0.
1b Total								247,500.	0.	14,905.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
EA CONSULTING PO BOX 1700, FOLSOM, CA 95763-1700	IT CONSULTING	338,573.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 20,874.				
	b Membership dues	1b				
	c Fundraising events	1c 17,015.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 29725015.				
	g Noncash contributions included in lines 1a-1f \$	27902553.				
	h Total. Add lines 1a-1f	▶ 29762904.				
	Program Service Revenue	2 a MEDICAL KITS	Business Code 625.	625.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 625.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 5,456.			5,456.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less. rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 17,015. of contributions reported on line 1c). See Part IV, line 18	a 8,043.				
		b Less direct expenses	b 8,043.			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS REVENUE		10.			10.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶ 10.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	29768995.	625.	0.	5,466.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,369,747.	5,369,747.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	26,377,280.	26,377,280.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	325,272.	65,136.	177,174.	82,962.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	616,288.	465,842.	68,710.	81,736.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,982.	23,111.	10,702.	7,169.
9 Other employee benefits	65,902.	37,501.	18,449.	9,952.
10 Payroll taxes	65,036.	38,629.	15,976.	10,431.
11 Fees for services (non-employees)				
a Management				
b Legal	12,824.	3,685.	9,139.	
c Accounting	18,253.	837.	17,198.	218.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,730.		596.	4,134.
13 Office expenses	48,478.	35,216.	7,280.	5,982.
14 Information technology	23,007.	15,654.	5,190.	2,163.
15 Royalties				
16 Occupancy	110,445.	109,219.	885.	341.
17 Travel	116,285.	110,504.	377.	5,404.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,876.	7,837.	21,415.	1,624.
20 Interest	21,749.	19,454.	1,701.	594.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,319.	63,457.	13,228.	5,634.
23 Insurance	12,416.	9,790.	2,405.	221.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>INVENTORY ADJ-SEE SCH O</u>	2,377,518.	2,377,518.		
b <u>FREIGHT AND TRANSPORTAT</u>	383,619.	383,619.		
c <u>CONTRACT SERVICES</u>	337,665.	170,993.	154,939.	11,733.
d <u>WEB HOSTING</u>	41,979.	26,976.	10,590.	4,413.
e <u>UTILITIES AND TELEPHONE</u>	34,727.	27,264.	6,073.	1,390.
f All other expenses	93,798.	53,242.	27,227.	13,329.
25 Total functional expenses. Add lines 1 through 24f	36,611,195.	35,792,511.	569,254.	249,430.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	600.	1	600.
	2	Savings and temporary cash investments	1,312,241.	2	728,642.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	53,383,631.	8	47,749,225.
	9	Prepaid expenses and deferred charges	162,967.	9	207,251.
	10a	Land, buildings, and equipment, cost basis	10a 6,311,726.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,066,630.	10c	5,245,096.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4,500.	12	4,500.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	441,509.	15	266,021.
16	Total assets. Add lines 1 through 15 (must equal line 34)	60,237,781.	16	54,201,335.	
Liabilities	17	Accounts payable and accrued expenses	209,180.	17	168,976.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,400,000.	23	1,400,000.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	623,079.	25	485,038.
	26	Total liabilities. Add lines 17 through 25	2,232,259.	26	2,054,014.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	55,278,198.	27	49,145,095.
	28	Temporarily restricted net assets	2,727,324.	28	3,002,226.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	58,005,522.	33	52,147,321.
	34	Total liabilities and net assets/fund balances	60,237,781.	34	54,201,335.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is. (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	219762467	135515585	241012480	198493659	29762904	824547095
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	219762467	135515585	241012480	198493659	29762904	824547095
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						346348032
6 Public Support. Subtract line 5 from line 4						478199063

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	219762467	135515585	241012480	198493659	29762904	824547095
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143,013.	887,316.	1243820.	83,420.	5,456.	2363025.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	45,789.	<21,644.>	7,524.	37.	10.	31,716.
11 Total support. Add lines 7 through 10						826941836
12 Gross receipts from related activities, etc (see instructions)					12	31,150.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	57.83 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	48.37 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,363,950.			1,363,950.
b Buildings	1,538,071.		416,563.	1,121,508.
c Leasehold improvements	1,216,157.		168,261.	1,047,896.
d Equipment	1,169,452.		391,864.	777,588.
e Other	1,024,096.		89,942.	934,154.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,245,096.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,768,995.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,611,195.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<6,842,200.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	984,000.
9	Total adjustments (net). Add lines 4-8	9	984,000.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<5,858,200.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	30,449,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	169,368.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	510,916.
e	Add lines 2a through 2d	2e	680,284.
3	Subtract line 2e from line 1	3	29,768,996.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	29,768,996.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	36,812,678.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	169,368.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	32,115.
e	Add lines 2a through 2d	2e	201,483.
3	Subtract line 2e from line 1	3	36,611,195.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	36,611,195.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER FROM DIRECT RELIEF FOUNDATION FEIN 20-5983698

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

DIRECT RELIEF FOUNDATION

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

DIRECT RELIEF FOUNDATION

PART XII AND PART XIII:

THE AUDITED FINANCIAL STATEMENTS REFLECT THE COMBINED STATEMENTS FOR
DIRECT RELIEF INTERNATIONAL AND DIRECT RELIEF FOUNDATION, A RELATED
TAX-EXEMPT ORGANIZATION.

Multiple horizontal lines for supplemental information.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		33,633.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	15339136
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		142,793.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	1983593.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	118,877.
SOUTH AMERICA	0	0	GRANT MAKING		72,931.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	185,078.
SOUTH ASIA	0	0	GRANT MAKING		155,660.
Totals		5			26479029

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SEE STATEMENT 1		0.		0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 61

3 Enter total number of other organizations or entities 5

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE. REPORTING BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM, RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING, WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT. DIRECT RELIEF ALSO HAS THE RIGHT TO MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROPOSAL, THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GUATEMALA TRIP (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	25,058.		25,058.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	25,058.		25,058.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	8,043.		8,043.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			(8,043.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			17,015.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No						
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">13a</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%		
13a		%							
13b		%							
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ► _____ Address ► _____									
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ c If "Yes," enter name and address: Name ► _____ Address ► _____	15a								
16 Gaming manager information. Name ► _____ Gaming manager compensation ► \$ _____ Description of services provided ► _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor									
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	17a								

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number
95-1831116

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102	95-2833205		30,000	0			TO REPLENISH RESOURCES AFTER WILDFIRE RESPONSE.
AARON E. HENRY COMMUNITY HEALTH SERVICES CENTER - 800 OHIO STREET - CLARKSDALE, MS 38614	64-0624495		0	12,669	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ALGIERS HEALTH CLINIC 4422 GENERAL MEYER AVE, SUITE 100 NEW ORLEANS, LA 70114	72-1193464		0	18,496	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448	94-2308748		0	22,010	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ASIAN AMERICAN HEALTH COALITION, HOPE CLINIC - 7001 CORPORATE DR. SUITE 120 - HOUSTON, TX 77036	31-1756818		0	21,444	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ASIAN PACIFIC HEALTH CARE VENTURE, INC. - 1530 HILLHURST AVENUE - LOS ANGELES, CA 90027	95-4177752		0	11,747	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of section 501(c)(3) and government organizations **108.**

3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF INTERNATIONAL AND THE GRANTEE. REPORTING BY THE GRANTEE IS REQUIRED QUARTERLY, WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT. DIRECT RELIEF INTERNATIONAL ALSO HAS THE RIGHT TO MAKE AND DOES CONDUCT SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROPOSAL.

Name of the organization

Employer identification number
95-1831116

DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AXIS COMMUNITY HEALTH 4361 RAILROAD AVE PLEASANTON, CA 94566	94-2232394		0.	12,181. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
BETHESDA HEALTH CLINIC 409 W. GERGUSON STREET TYLER, TX 75702	26-0036674		0.	27,916. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
BROWNSVILLE COMMUNITY HEALTH CENTER - 2137 E. 22ND STREET - BROWNSVILLE, TX 78521	74-2176836		0.	80,716. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
CENLA MEDICATION ACCESS PROGRAM 929 JOHNSTON ST, STE B ALEXANDRIA, LA 71301	02-0751416		0.	6,058. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
CENTRAL CITY COMMUNITY HEALTH CENTER - 5970 S CENTRAL AVE - WOSASSIST HEALTHCARE ANGELES, CA 90001	95-4492570		0.	30,006. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
CENTRAL MISSISSIPPI HEALTH SERVICES - 1134 WINTER STREET - JACKSON, MS 39204	64-0426950		0.	16,018. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
CLAIRBORNE COUNTY FAMILY HEALTH CENTER, INC. - 2045 HIGHWAY 61 - NORTH PORT GIBSON, MS 39150	64-0651149		0.	453,678. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149		0.	5,716. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number
95-1831116

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA MSR. OSCAR A. ROMERO 123 S. ALVARADO STREET LOS ANGELES, CA 90057	95-3881333		0.	21,731.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMMUNITY ACTION CORPORATION HEALTH CENTER - 700 FLOUTNEY ROAD SUITE 2A - ALICE, TX 78332	74-1679824		0.	164,588.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMMUNITY CARE, INC. DBA ETOWAH FREE COMM CLINIC - 423 S 3RD ST - GADSDEN AL 35901	82-0562064		0.	53,323.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMMUNITY HEALTH ALLIANCE OF PASADENA - 1855 N FAIR OAKS AVE SUITE 200 - PASADENA, CA 91103	20-0462905		0.	18,490.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMMUNITY HEALTH CENTER OF SOUTH CENTRAL TEXAS, I - 228 ST GEORGE STREET PO BOX 1890 - GONZALES, TEXAS 78629	74-1548089		0.	26,187.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST - 2180 JOHNSON AVE - SAN LUIS OBISPO, CA 93401	95-3253302		0.	14,394.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY STREET GREENVILLE, TX 75401	75-1528614		0.	67,144.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
COMPREHENSIVE COMMUNITY HEALTH CENTERS - L.A. 2 - 1704 COLORADO BLVD - LOS ANGELES, CA 90041	42-1553807		0.	18,670.	FMV	PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number
95-1831116

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS TIMBERS HEALTH CLINICS 1100 W. REYNOSA STREET DE LEON, TX 76444	75-2113670		0.	177,968. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
DAUGHTERS OF CHARITY 8326 APRICOT STREET NEW ORLEANS, LA 70118	72-1332678		0.	19,460. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
D'IBERVILLE FREE CLINIC 10045 GORNFLO ROAD D'IBERVILLE, MS 39540	20-5231033		0.	128,227. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
EAST CENTRAL MS HEALTH CLINIC 1490 HIGHWAY 487 SEBASTOPOL, MS 39359	64-0610471		0.	12,876. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
EAST TEXAS BORDER HEALTH CLINIC 401 N GROVE STE A MARSHALL, TX 75670	03-0538912		0.	12,924. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
EAST TEXAS COMMUNITY HEALTH SERVICES, INC. - 1121 S UNIVERSITY DRIVE, PO BOX 632040 - NACOGDOCHES, TX 75961	75-2184369		0.	21,926. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
EL DORADO COUNTY COMMUNITY HEALTH CENTER - 4327 GOLDEN CENTER DR - PLACERVILLE, CA 95667	42-1533531		0.	58,149. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP FREDERICKSBURG, TX 78624	91-2129853		0.	324,286. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
 2008
 Open to Public
 Inspection

Name of the organization

Employer identification number
 95-1831116

DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE UNITED METHODIST CHURCH AGAPE CLINIC - 4105 JUNIUS DT - DALLAS, TX 75246	14-1847977		0	19,163.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
GRAYSON VOLUNTEER HEALTH CLINIC 900 N ARMSTRONG AVE DENISON, TX 75020	81-0584983		0	158,305.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
GREATER KILLEEN FREE CLINIC 309 N 2ND STREET KILLEEN, TX 76541	74-2724725		0	16,523.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
GUADALUPE HEALTH CENTER 310 N EYE STREET HARLINGEN, TX 78550	20-3463338		0	8,334.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
GULF COAST COMMUNITY MINISTRIES 1814 PASS RD GULFPORT, MS 39501	30-0225661	TO ASSIST HEALTHCARE	0	23,890.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
HARBOR COMMUNITY CLINIC 593 W 6TH STREET SAN PEDRO, CA 90731	23-7103245		0	27,223.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
HEALING HANDS MINISTRIES 7475 SKILLMAN ST #103B DALLAS, TX 75231	65-1259379		0	57,307.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
HEALTH CENTER OF SOUTHEAST TEXAS 207 E CROCKETT STREET CLEVELAND, TX 77327	56-2508501		0	186,828.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

Employer identification number
 95-1831116

DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHCARE FOR THE HOMELESS CLINIC 2222 SIMON BOLIVAR AVE NEW ORLEANS, LA 70113	72-6000969		0.	53,559. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
HUMBOLT OPEN DOOR CLINIC 770 10TH STREET ARCATA, CA 95521	95-2671433		0.	22,830. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
INDIAN HEALTH COUNCIL, INC. 50100 GOLSH ROAD VALLEY CENTER, CA 92082	95-2506788		0.	18,964. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
INNIS COMMUNITY HEALTH CENTER 6450 LA HWY 1 BATCHELOR, LA 70715	72-1505179		0.	116,915. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
JWCH INSITITUTE, INC., MEDICAL CLINIC AT WEINGART - 515 E 6TH TO ASSIST HEALTHCARE STREET - LOS ANGELES, CA 90021	95-2289916		0.	21,692. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284		0.	24,865. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LAFAYETTE COMMUNITY HEALTH CARE CLINIC - 1317 JEFFERSON ST - LAFAYETTE, LA 70501	72-1221982		0.	10,866. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633		0.	8,741. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

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Name of the organization

Employer identification number
95-1831116

DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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LAS ISLAS MEDICAL GROUP 325 W CHANNEL ISLANDS BLVD OXNARD, CA 93033	77-0285222		0.	7,960. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LIFELONG MEDICAL CARE 2031 6TH STREET BERKELEY, CA 94710	94-2502308		0.	42,078. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LONE STAR COMMUNITY HEALTH CENTER 704 OLD MONTGOMERY ROAD CONROE, TX 77304	30-0038860		0.	20,765. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LOS ANGELES MISSION COMMUNITY CLINIC - 311 E WINSTON STREET - LOS ANGELES, CA 90013	95-4315734		0.	5,166. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - TO ASSIST HEALTHCARE DALLAS, TX 75212	75-1378664		0.	54,439. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MANNA MADICAL CLINIC 795 MEMORIAL BLVD SUITE H PICAYUNE, MS 39466	20-1788094		0.	21,866. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MARTHA'S VILLAGE & KITCHEN MEDICAL CLINIC - 83791 DATE AVE - INDIO, CA 92201	33-0777892		0.	12,180. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MARTIN LUTHER KING HEALTH CENTER 1233 SPRAGUE STREET SHREVEPORT, LA 71101	72-1079721		0.	9,045. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING JR. FAMILY CLINIC - 2922B MLK BLVD - DALLAS, TX 75215	75-2098992		0	8,226.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS RD DECATUR, GA 30034	58-2433968		0	7,200.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MEHOP: MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM - 101 AVENUE "F" - NORTH BAY CITY, TX 77414	20-0537948		0	71,304.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
METROCREST FAMILY MEDICAL CLINIC ONE MEDICAL PKWY SUITE 140 FARMERS BRANCH, TX 75234	75-2611600		0	6,015.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MIDLAND COMMUNITY HEALTHCARE SERVICES (FAMILY) - 801 E FLORIDA ASSIST HEALTHCARE ST - MIDLAND, TX 79701	83-0358685		0	75,322.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MISSION CITY COMMUNITY NETWORK, INC. - 15206 PARTHENIA STREET - NORTH HILLS, CA 91343	95-4226189		0	25,896.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
MOREHOUSE COMMUNITY MEDICAL CENTERS - 518-520 DURHAM ST - BASTROP, LA 71220	82-0579411		0	23,420.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
M - POWER MINISTRIES 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601		0	7,406.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

Name of the organization

Employer identification number
 95-1831116

DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTHCARE 460 N. ELM STREET ESCONDIDO, CA 92025	95-2796316		0.	9,111.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC - 14221 EUCLID STREET SUITE H - GARDEN GROVE, CA 92843	33-0477323		0.	69,831.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NORTH BENTON COUNTY HEALTH CARE, INC. - 15921 BOUNDARY DRIVE - ASHLAND, MS 38603	64-0686443		0.	19,130.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NORTH CENTRAL TEXAS HEALTHCARE 200 MARTIN LUTHER KING BLVD WITCHITA FALLS, TX 76301	75-2429644		0.	8,648.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NORTH COUNTY HEALTH SERVICES 150 VALPREDRA RD TO ASSIST HEALTHCARE SAN MARCOS, CA 92069	95-2847102		0.	37,044.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NORTHEAST MISSISSIPPI HEALTH CARE INC. - 12 E BRUNSWICK AVE - BYHALIA, MS 38611	64-0620763		0.	8,181.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NORTHEAST VALLEY HEALTH CORPORATION - 1600 SAN FERNANDO RD - SAN FERNANDO, CA 91340	23-7120632		0.	16,414.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
NORTHEASTERN RURAL HEALTH CLINICS 1850 SPRING RIDGE DR SUSANVILLE, CA 96130	94-2492609		0.	160,533.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

Employer identification number
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DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

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NORTHWEST LOUISIANA INTERFAITH 1725 ELIZABETH AVE SHREVEPORT, LA 71101	72-1479289		0	6,566.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
OCRM HEALTH CARE SERVICES ONE HOPE DR TUSTIN, CA 92782	33-0906866		0	82,615.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
OVER SIXTY HEALTH CENTER 3260 SACRAMENTO STREET BERKELEY, CA 94702	94-2502308		0	6,464.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
OZANAM CHARITABLE PHARMACY 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236		0	15,966.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
PASADENA HEALTH CENTER 908 E SOUTHWORE AVE SUITE 100 TO ASSIST HEALTHCARE PASADENA, TX 77502	20-0462905		0	6,827.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
RAPHAEL COMMUNITY FREE CLINIC 1807 WATER STREET KERRVILLE, TX 78028	74-2819628		0	12,180.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
REGENCE HEALTH NETWORK, INC. 200 S TYLER ST AMARILLO, TX 79101	75-1414940		0	19,922.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732		0	18,954.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

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Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
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SACRAMENTO COMMUNITY HEALTH CENTER 7600 HOSPITAL DRIVE SUITE 1 SACRAMENTO, CA 95823	94-2312757		0	2,492.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SALVATION ARMY FREE MEDICAL CLINIC 622 W WOOLEY RD OXNARD, CA 93032	95-1656360		0	5,175.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SAMUEL DIXON FAMILY HEALTH CENTER, INC. - 30257 SAN MARTINEZ RD - CASTAIC, CA 91384	95-4278726		0	140,177.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS ST SANTA BARBARA, CA 93103	77-0496382		0	85,166.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SD FAMILY CARE/MID-CITY COMMUNITY CLINIC - 4290 POLK AVE - SAN TO ASSIST HEALTHCARE DIEGO, CA 92104	95-2700856		0	26,531.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SEQUOIA COMMUNITY HEALTH CENTERS - ELM - 2021 DIVISADERO ST - FRESNO, CA 90701	94-2554373		0	125,587.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SHACKELFORD COUNTY COMMUNITY HEALTH CENTER - 2802 W WALKER ST STE 400 - BRECKENRIDGE, TX 76424	75-2541970		0	7,310		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SHARE OUR SELVES FREE MEDICAL CLINIC - 1550 SUPERIOR AVE - COSTA MESA, CA 92627	95-3222316		0	7,515.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number
95-1831116

DIRECT RELIEF INTERNATIONAL

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

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SIERRA HEALTH CENTER - FULLERTON 501 S BROOKHURST RD FULLERTON, CA 92833	95-3447973		0.	54,944. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S CENTRAL AVE LOS ANGELES, CA 90011	95-3877793		0.	22,081. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SOUTH PLAINS RURAL HEALTH INC. 1000 FM-300 LEVELLAND, TX 79336	75-2123252		0.	57,191. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SOUTH TEXAS RURAL HEALTH SERVICES, INC - 101 MEDICAL DR - PEARSALL, TX 78061	74-1905196		0.	79,914. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC - 5488 US HWY #0 ASSIST HEALTHCARE - HATTIESBURG, MS 39403	64-0625076		0.	212,277. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
SOUTHWEST LOUISIANA PRIMARY HEALTHCARE CENTER - 8762 HWY 182 - OPELOUSAS, LA 70570	58-2003179		0.	14,618. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ST. ANNA'S MEDICAL MISSION 1313 ESPLANADE AVE NEW ORLEANS, LA 70116	72-0631881		0.	22,951. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ST. ANTHONY FREE MEDICAL CLINIC 121 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	94-1513140		0.	10,737. FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

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DIRECT RELIEF INTERNATIONAL

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ST. CHARLES COMMUNITY HEALTH CENTER - 843 MILLING AVE - LULING LA 70070	47-0852944		0.	108,926.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
ST. HELENA COMMUNITY HEALTH CENTER 490 SITMAN ST GREENSBURG, LA 70441	72-1212880		0.	99,194.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
TECHE ACTION CLINIC 1115 WEBER ST FRANKLIN, LA 70538	72-6073441		0.	12,276.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
THE BLOOD CENTER 315 S JOHNSON ST NEW ORLEANS, LA 70112	30-0409322		0.	20,279.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
THE COMMUNITY CLINIC 101 PINE MANOR DRIVE CONROE, TX 77385	75-2634623	TO ASSIST HEALTHCARE	0.	11,184.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
THE EFFORT COMMUNITY HEALTH CENTER 1820 J STREET SACRAMENTO, CA 95811	94-1713704		0.	9,977.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
THE HOPE PROJECT, TENAHA CLINIC 157 WALL ST TENAHA, TX 75974	32-0086739		0.	163,874.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
UBI CARITAS 4400 HIGHLAND AVE BEAUMONT, TX 77705	76-0558225		0.	32,688.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number
95-1831116

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMMA COMMUNITY CLINIC 711 W FLORENCE AVE LOS ANGELES, CA 90044	95-4666712		0.	13,737.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
UNITED COMMUNITY HEALTH CENTER 450 MOOSA BLVD STE E EUNICE, LA 70535	72-0564845		0.	19,300.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291	95-2769432		0.	12,650.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931		0.	21,580.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
WHATLEY HEALTH SERVICES, INC. 2731 MLX BLVD TUSCALOOSA, AL 35401	63-0727781		0.	147,065.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.
WOMEN'S HEALTH CONNECTIONS 412 S MAIN LINDALE, TX 75771	20-0776090		0.	151,499.FMV		PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.	TO ASSIST HEALTHCARE PROVIDERS IN CARING FOR THEIR LOW-INCOME, UNINSURED PATIENTS.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008
Open to Public
Inspection

▶ Attach to Form 990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	95,137.FMV	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	11	25,504,406.FMV	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:

DIRECT RELIEF INTERNATIONAL PROVIDES MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AFFECTED BY POVERTY, DISASTER, AND CIVIL UNREST AT HOME AND THROUGHOUT THE WORLD. WE WORK TO STRENGTHEN THE IN-COUNTRY HEALTH EFFORTS OF OUR PARTNERS BY PROVIDING ESSENTIAL MATERIAL RESOURCES, MEDICINES, SUPPLIES AND EQUIPMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:

BY PROVIDING ESSENTIAL MATERIAL RESOURCES - MEDICINES, SUPPLIES AND EQUIPMENT, DIRECT RELIEF INTERNATIONAL STRENGTHENS THE HEALTH EFFORTS OF OUR OVER 250 INTERNATIONAL PARTNERS IN 58 COUNTRIES AND OVER A 1,000 NONPROFIT CLINICS AND COMMUNITY HEALTH CENTERS IN THE UNITED STATES. ALL THE PROGRAMS ARE PROVIDED IN A NON-DISCRIMINATORY MANNER, WITHOUT REGARD TO POLITICAL AFFILIATION, RELIGIOUS BELIEF, OR ETHNIC IDENTITY. DIRECT RELIEF PLACES A HIGH PRIORITY ON IMPROVING THE HEALTH OF WOMEN AND CHILDREN BY WORKING WITH PROGRAMS EMPHASIZING MATERNAL AND CHILD HEALTH. DIRECT RELIEF ALSO FOCUSES ON PROVIDING ASSISTANCE FOR PRIMARY CARE HEALTH CLINICS, COMBATING HIV/AIDS THROUGH STRENGTHENING THE HEALTH INFRASTRUCTURE AND CAPACITY OF HEALTH PARTNERS WORLDWIDE, FURNISHING ASSISTANCE FOR SPECIAL INITIATIVES, AND RESPONDING TO DISASTERS.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIRECT RELIEF INTERNATIONAL PROVIDES MEDICAL ASSISTANCE TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE VICTIMIZED BY POVERTY, DISASTER, AND CIVIL UNREST AT HOME AND THROUGHOUT THE WORLD. WE WORK TO STRENGTHEN THE IN-COUNTRY HEALTH EFFORTS OF OUR OVER 250 INTERNATIONAL PARTNERS IN 58 COUNTRIES FURNISHING APPROXIMATELY 40 MILLION PRESCRIPTIONS AND OVER 1,000 NONPROFIT CLINICS AND COMMUNITY HEALTH CENTERS SERVING APPROXIMATELY 9 MILLION PATIENTS IN THE UNITED STATES BY PROVIDING ESSENTIAL MATERIAL RESOURCES - MEDICINES, SUPPLIES AND EQUIPMENT. DIRECT RELIEF IS NON-SECTARIAN, NON-GOVERNMENTAL, AND APOLITICAL. ALL THE PROGRAMS ARE PROVIDED IN A NON-DISCRIMINATORY MANNER, WITHOUT REGARD TO POLITICAL AFFILIATION, RELIGIOUS BELIEF, OR ETHNIC IDENTITY. IN ORDER TO STRENGTHEN FRAGILE HEALTH SYSTEMS, DIRECT RELIEF PLACES A HIGH PRIORITY ON ASSISTING HEALTH PARTNERS WHO FOCUS ON WOMEN AND CHILDREN. OTHER KEY SUPPORT AREAS INCLUDE PROVIDING ASSISTANCE TO HEALTH PARTNERS WHO PROVIDE BASIC HEALTH SERVICES, COMBATING HIV/AIDS, AND RESPONDING TO DISASTERS.

FORM 990, PART VI, SECTION A, LINE 10:

DIRECT RELIEF INTERNATIONAL'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE 990 TO ALL BOARD MEMBERS REQUESTING THEY REVIEW THE 990 PRIOR TO FILING. THE BOARD MEMBERS ARE GIVEN AN OPPORTUNITY AND ASKED TO REVIEW, RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY. ONCE THIS PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE 990 IS FILED. DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD AND THE RESPONSES AND QUESTIONS, IF ANY, ARE

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

MAINTAINED BY THE CHIEF FINANCIAL OFFICER.

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

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

DIRECTORS, OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A

DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE

IS ALSO REQUIRED OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE

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

OR HER FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR

SERVICES OF DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT OF

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

INTEREST POLICY.

WHEN A DIRECTOR, OFFICER, BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A

CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED

TRANSACTION, THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E.,

LEAVE THE ROOM), AND SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE

MERITS OF THE PROPOSAL OR THE VOTE. IN ALL CASES, THE EXISTENCE AND

NATURE OF THE RELATIONSHIP OR THE CONFLICT OF INTEREST DISCLOSED, THE

INTERESTED DIRECTOR'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS

REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR APPLICABLE

BOARD COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL

COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

COMPENSATION COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSES AND
 MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION
 PAID TO EXECUTIVE STAFF AND OTHER KEY STAFF POSITIONS AS THEY MAY
 DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A
 COMPARATIVE ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO
 COMPENSATION PAID BY LOCAL, SECTOR, AND NATIONAL NONPROFIT
 ORGANIZATIONS AS WELL AS LOCAL FOR-PROFIT ENTITIES. DECISIONS REGARDING
 EXECUTIVE STAFF'S COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD
 OF DIRECTORS. NO MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE
 OFFICER AND THE CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF
 DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO
 SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF.
 COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER
 WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE
 COMMITTEE OF THE BOARD OF DIRECTORS IN JUNE 2008.

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

DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
 POLICY, WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, AND
 ITS FINANCIAL STATEMENTS AND FORM 990S (BOTH GOING BACK TO FY 2000)
 AVAILABLE TO THE PUBLIC ON ITS PUBLIC WEBSITE.

SCHEDULE R, PART V, LINE 2A:

FUNDING PROVIDED BY DIRECT RELIEF FOUNDATION TO PAY FOR ALL OF DIRECT
 RELIEF INTERNATIONAL'S FUNDRAISING, MANAGEMENT AND GENERAL EXPENSES
 WHICH INCLUDES THE FULL COMPENSATION OF THE CEO, CFO, FUNDRAISING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

PERSONNEL AND CERTAIN CAPITAL EXPENDITURES.

SCHEDULE J, PART II:

THE BONUS AMOUNT PAID TO THOMAS E. TIGHE REPRESENTS THE BONUS AWARDED AND APPROVED BY THE BOARD OF DIRECTORS IN JUNE 2008 FOR MULTIPLE-YEAR PERFORMANCE UP TO, AND INCLUDING, THE PERIOD ENDED JUNE 30, 2008.

SCHEDULE J-2, PART I:

THE COMPENSATION PAID TO BHUPI SINGH REPRESENTS A BASE SALARY OF \$52,500 AND BONUS OF \$37,500, TOTALING \$90,000. THE BONUS AMOUNT REPRESENTS THE BONUS AWARDED AND APPROVED BY THE BOARD OF DIRECTORS IN JUNE 2008 FOR THE ANNUAL PERFORMANCE PERIOD ENDED JUNE 30, 2008.

990, PAGE 10, PART IX, LINE 24A:

THE \$2,377,518 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED DESTRUCTION OF EXPIRED DONATED PRODUCT.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) DIRECT RELIEF FOUNDATION - SEE SCHEDULE O		C	984,000.
(2)			
(3)			
(4)			
(5)			
(6)			

Form **1128**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application To Adopt, Change, or Retain a Tax Year

▶ See separate instructions.

COPY

OMB No 1545-0134

Attachment
Sequence No **148**

Part I General Information

Important: All filers must complete Part I and sign below. See instructions.

Type or Print	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
	DIRECT RELIEF INTERNATIONAL	95-1831116
	Number, street, and room or suite no (if a P O box, see instructions)	Service Center where income tax return will be filed
	27 SOUTH LA PATERA LANE	OGDEN, UT
	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
GOLETA, CA 93117	(805) 964-4767 / (805) 681-4838	
Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)	
Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number	
BHUPI SINGH, EVP & CFO	(805) 964-4767 / (805) 681-4838	

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (sec 1381(a)) | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec 1297) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec 957) | <input type="checkbox"/> Other foreign corporation |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Domestic corporation | <input type="checkbox"/> Specified foreign corporation (SFC) (sec 898) | <input type="checkbox"/> Homeowners Association (sec 528) |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> 10/50 corporation (sec 904(d)(2)(E)) | <input type="checkbox"/> Other _____
(Specify entity and applicable Code section) |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust | |

2a Approval is requested to (check one) (see instructions)

- Adopt a tax year ending ▶ _____ (Partnerships and PSCs: Go to Part III after completing Part I.)
- Change to a tax year ending ▶ 06/30/2008 Retain a tax year ending ▶ _____

b If changing a tax year, indicate the date the present tax year ends. ▶ 03/31/2008

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ APRIL 1, 2008, and ending ▶ JUNE 30, 2008

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶ Yes No

If "No," attach an explanation.

4 Indicate the applicant's present overall method of accounting.

- Cash receipts and disbursements method Accrual method
- Other method (specify) ▶ _____

5 State the nature of the applicant's business or principal source of income.

DIRECT PUBLIC SUPPORT.

Signature—All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

Filer*

Preparer (other than Filer)

signature and date

Signature of individual preparing the application and date

BHUPI SINGH, EVP & CFO

CHRISLEY N. REED, CPA

Name and title (print or type)

Name of individual preparing the application

MCGOWAN GUNTERMANN

Name of firm preparing the application

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

Part II Automatic Approval Request (see instructions)

Identify the revenue procedure under which this automatic approval request is filed ▶ 85-58

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

	Yes	No
1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶		
2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes," and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.		
3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶		

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶		
5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to a 52-53 week tax year ending with reference to such tax year? ▶		
6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ▶		
7 Is the S corporation requesting an ownership tax year? (see instructions) ▶		
8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5 04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶		

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶		
---	--	--

Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

10 Is the applicant a tax-exempt organization requesting a change? ▶	X	
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Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions) (Rev. Proc. 2002-39, or its successor)

Section A—General Information

	Yes	No
1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶ If "Yes," see the instructions for information that must be included on an attached explanation		
2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶ If "Yes," and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented		
3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶ If "Yes," attach an explanation.		
4a Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev. Proc. 2002-39 (or its successor)? ▶ If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		
b If your business purpose is based on one of the natural business year tests under section 5 03, check the applicable box. <input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period (see instructions)		
5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

6 Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:

	Generated	Expiring
Net operating loss	\$ _____	\$ _____
Capital loss	\$ _____	\$ _____
Unused credits	\$ _____	\$ _____

Yes No

7 Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) ▶ \$ _____

8a Is the applicant a U.S. shareholder in a CFC? ▶
If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period

b Will each CFC concurrently change its tax year? ▶
If "Yes," to line 8b, go to Part II, line 3.
If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.

9a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? ▶
If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant

b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? ▶

10a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? ▶
If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.

b Will any partnership concurrently change its tax year to conform with the tax year requested? ▶

c If "Yes," to line 10b, has any Form 1128 been filed for such partnership? ▶

11 Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? ▶
If "Yes," attach a statement explaining the type of request (method, tax year, etc) and the specific issues involved in each request.

12 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? ▶

13 Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? ▶

14 Enter amount of user fee attached to this application (see instructions) ▶ \$ _____

Section B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)

15 Enter the date of incorporation. ▶

16a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? ▶

Yes No

b If "Yes," will the corporation be going to a permitted S corporation tax year? ▶
If "No" to line 16b, attach an explanation.

17 Is the corporation a member of an affiliated group filing a consolidated return? ▶
If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return, (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period, and (d) the name of the parent corporation

18a Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.

b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year
 Grandfathered (attach copy of letter ruling) Section 444 election (date of election _____)
 Letter ruling (date of letter ruling _____ (attach copy))

Section C—S Corporations (see instructions)

	Yes	No
19 Enter the date of the S corporation election. ▶		
20 Is any shareholder applying for a corresponding change in tax year? ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21 If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		
22 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		

Section D—Partnerships (see instructions)

	Yes	No
23 Enter the date the partnership's business began. ▶		
24 Is any partner applying for a corresponding change in tax year? ▶		
25 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26 Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? ▶ If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27 If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28 Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
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Section F—Tax-Exempt Organizations

	Yes	No
29 Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶		
30 Date of organization. ▶		
31 Code section under which the organization is exempt. ▶		
32 Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL?▶		
33 Enter the date the tax exemption was granted ▶ Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34 If the organization is a private foundation, is the foundation terminating its status under section 507? ▶		

Section G—Estates

35 Enter the date the estate was created. ▶		
36a Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate.		
b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period		

Section H—Passive Foreign Investment Companies

37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.		
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Schedule F (Form 990) 2008 - Part II, Line 1

DIRECT RELIEF INTERNATIONAL
FOR THE THREE MONTHS ENDING JUNE, 30 2008
STATEMENT 1

(a) Recipient	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation
		Central America and the Caribbean	Medical director and project management	11,111.11	Wire			estimated wholesale value
		Central America and the Caribbean	Medical director and project management	11,111.11	Wire			estimated wholesale value
		Central America and the Caribbean	Medical director and project management	11,111.11	Wire			estimated wholesale value
		Central America and the Caribbean	Improve visual health care in El Salvador	300.00	Wire			estimated wholesale value
		East Asia and the Pacific	Support emergency response in Myanmar	25,000.00	Wire			estimated wholesale value
		East Asia and the Pacific	Support emergency response in Myanmar	50,000.00	Wire			estimated wholesale value
		East Asia and the Pacific	Emergency operating expenses	25,000.00	Wire			estimated wholesale value
		East Asia and the Pacific	Procurement of medicines	17,793.00	Wire			estimated wholesale value
		South America	Procurement of medicines	25,000.00	Wire			estimated wholesale value
		South America	Purchase medical equipment	300.00	Wire			estimated wholesale value
		South America	Purchase medical equipment	8,300.00	Wire			estimated wholesale value
		South America	Purchase medical equipment	16,312.00	Wire			estimated wholesale value
		South America	Purchase medical equipment	609.00	Wire			estimated wholesale value
		South America	Rio Beni health care project - Rurrenabaque, Bolivia	8,000.00	Wire			estimated wholesale value
		South America	Rio Beni health care project - Rurrenabaque, Bolivia	7,000.00	Wire			estimated wholesale value
		South America	Diabetes education & outreach initiative	25,910.00	Wire			estimated wholesale value
		South America	Rio Beni health care project - Rurrenabaque, Bolivia	6,500.00	Wire			estimated wholesale value
		South Asia	Sponsor nurse/midwife/health educator training	78,760.00	Wire			estimated wholesale value
		South Asia	Capacity building Harat clinics	40,000.00	Wire			estimated wholesale value
		South Asia	Support mobile medical clinics	36,900.00	Wire			estimated wholesale value
		Sub-Saharan Africa	Purchase intraocular lenses	2,153.00	Wire			estimated wholesale value
		Sub-Saharan Africa	Build and improve healthcare capacity in Ghana	14,675.00	Wire			estimated wholesale value
		Sub-Saharan Africa	Support ARV program	13,152.99	Wire			estimated wholesale value
				434,998.32				
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			135,655.92	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			797,657.36	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			123,769.43	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			15,016.09	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			294,493.96	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			692,511.35	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			43,085.88	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			3,789,115.07	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			5,426.26	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			3,322,657.36	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			522,767.62	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			17,842.42	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			4,635,516.63	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			335,415.19	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			11,678.54	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			12,112.49	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			248,949.45	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			1,000.00	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			28,238.40	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Provide pharmaceuticals, medical equipment and supplies			136,242.41	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			13,098.96	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			12,766.32	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean	Pharmaceuticals and supplies			11,928.64	Pharmaceuticals and supplies	estimated wholesale value
		Central America and the Caribbean			Total	15,338,635.82		
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			17,128.92	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			293.75	Pharmaceuticals, medical equipment and supplies	estimated wholesale value

Schedule F (Form 990) 2008 - Part II, Line 1

DIRECT RELIEF INTERNATIONAL
FOR THE THREE MONTHS ENDING JUNE, 30 2008
STATEMENT 1

(a) Recipient section and EIN (if applicable)	(b) IRS code	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			79,111.88	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			424.25	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			199,257.78	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			207,489.76	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			1,448,484.48	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Provide pharmaceuticals, medical equipment and supplies			2,332.42	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		East Asia and the Pacific	Pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		East Asia and the Pacific	Pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		East Asia and the Pacific		Total		1,981,721.71		
		North America	Provide pharmaceuticals, medical equipment and supplies			118,878.64	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		North America		Total		118,878.64		
		South America	Provide pharmaceuticals, medical equipment and supplies			21,472.06	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South America	Provide pharmaceuticals, medical equipment and supplies			2,275.28	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South America	Provide pharmaceuticals, medical equipment and supplies			110,380.94	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South America	Provide pharmaceuticals, medical equipment and supplies			48,628.89	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South America	Provide pharmaceuticals, medical equipment and supplies			2,341.02	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South America		Total		185,078.29		
		South Asia	Provide pharmaceuticals, medical equipment and supplies			320,528.97	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South Asia	Provide pharmaceuticals, medical equipment and supplies			455,212.89	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South Asia	Provide pharmaceuticals, medical equipment and supplies			286,313.52	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South Asia	Provide pharmaceuticals, medical equipment and supplies			28,846.85	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		South Asia	Pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		South Asia		Total		1,102,499.28		
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			32,849.24	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			772,312.83	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			93,312.00	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			78,827.82	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			45,000.00	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			32,098.84	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			1,278,118.40	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			295,905.55	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			316,659.30	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			552,782.83	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			728.04	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			283,988.06	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			71,339.22	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			45,350.18	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			28,952.70	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			333.40	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			15,142.76	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			373,141.99	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			279,938.00	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			311,040.00	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			2,246,275.79	Pharmaceuticals, medical equipment and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals, medical equipment and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals and supplies			13,599.24	Pharmaceuticals and supplies	estimated wholesale value
		Sub-Saharan Africa	Provide pharmaceuticals and supplies			7,215,469.76	Pharmaceuticals and supplies	estimated wholesale value
		Sub-Saharan Africa		Total		7,215,469.76		
				Grand Total		25,942,281.49		

Form **1128**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application To Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

▶ See separate instructions.

Attachment
Sequence No **148**

Part I General Information

Important. All filers must complete Part I and sign below. See instructions

Type or Print	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
	DIRECT RELIEF INTERNATIONAL	95-1831116
	Number, street, and room or suite no (if a P O box, see instructions)	Service Center where income tax return will be filed
	27 SOUTH LA PATERA LANE	OGDEN, UT
	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
	GOLETA, CA 93117	(805) 964-4767 / (805) 681-4838
Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)	
Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number	
BHUPI SINGH, EVP & CFO	(805) 964-4767 / (805) 681-4838	

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (sec 1381(a)) | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec 1297) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec 957) | <input type="checkbox"/> Other foreign corporation |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Domestic corporation | <input type="checkbox"/> Specified foreign corporation (SFC) (sec 898) | <input type="checkbox"/> Homeowners Association (sec 528) |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> 10/50 corporation (sec 904(d)(2)(E)) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust | (Specify entity and applicable Code section) |

2a Approval is requested to (check one) (see instructions)

- Adopt a tax year ending ▶ _____ (Partnerships and PSCs: Go to Part III after completing Part I)
- Change to a tax year ending ▶ 06/30/2008 Retain a tax year ending ▶ _____

b If changing a tax year, indicate the date the present tax year ends ▶ 03/31/2008

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ APRIL 1, 2008, and ending ▶ JUNE 30, 2008

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶ Yes No

If "No," attach an explanation

- ### 4 Indicate the applicant's present overall method of accounting.
- Cash receipts and disbursements method Accrual method
- Other method (specify) ▶ _____

5 State the nature of the applicant's business or principal source of income.

DIRECT PUBLIC SUPPORT.

Original submitted under separate cover

Signature—All Filers (See Who Must Sign in the instructions)

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

Filer*
[Signature] 5/8/09
signature and date

Preparer (other than Filer)
[Signature] 5/8/09
Signature of individual preparing the application and date

BHUPI SINGH, EVP & CFO
Name and title (print or type)

CHRISLEY N. REED, CPA
Name of individual preparing the application

MCGOWAN GUNTERMANN
Name of firm preparing the application

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions.

Part II Automatic Approval Request (see instructions)

Identify the revenue procedure under which this automatic approval request is filed ▶ 85-58

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

	Yes	No
1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶		
2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes," and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553		
3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶		

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶		
5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to a 52-53 week tax year ending with reference to such tax year? ▶		
6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 401(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ▶		
7 Is the S corporation requesting an ownership tax year? (see instructions) ▶		
8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 504(b) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶		

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶		
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Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

10 Is the applicant a tax-exempt organization requesting a change? ▶	X	
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Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

Section A—General Information

	Yes	No
1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶ If "Yes," see the instructions for information that must be included on an attached explanation		
2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶ If "Yes," and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶ If "Yes," attach an explanation.		
4a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? ▶ If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		
b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box <input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$		
<i>Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.</i>		

Section C—S Corporations (see instructions)

	Yes	No
19 Enter the date of the S corporation election. ▶		
20 Is any shareholder applying for a corresponding change in tax year? ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21 If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		
22 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period		

Section D—Partnerships (see instructions)

	Yes	No
23 Enter the date the partnership's business began ▶		
24 Is any partner applying for a corresponding change in tax year? ▶		
25 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26 Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? ▶ If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27 If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28 Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
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Section F—Tax-Exempt Organizations

	Yes	No
29 Type of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶		
30 Date of organization. ▶		
31 Code section under which the organization is exempt. ▶		
32 Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL?▶		
33 Enter the date the tax exemption was granted. ▶..... Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34 If the organization is a private foundation, is the foundation terminating its status under section 507? ▶		

Section G—Estates

35 Enter the date the estate was created. ▶		
36a Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate. b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period		

Section H—Passive Foreign Investment Companies

37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.		
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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization DIRECT RELIEF INTERNATIONAL	Employer identification number 95-1831116
	Number, street, and room or suite no. If a P.O. box, see instructions. 27 SOUTH LA PATERA LANE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GOLETA, CA 93117	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8970
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DIRECT RELIEF INTERNATIONAL

• The books are in the care of **27 SOUTH LA PATERA LANE - GOLETA, CA 93117**
Telephone No. **805-964-4767** FAX No. _____

• 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 is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**
- 5 For calendar year _____, or other tax year beginning **APR 1, 2008** and ending **JUN 30, 2008**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

8a	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.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ N/A

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 **[Signature]** Title **CPA** Date **2/12/09**

COPY

Application for Extension of Time To File an Exempt Organization Return

▶ **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).
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ DIRECT RELIEF INTERNATIONAL

Telephone No. ▶ (805) 964-4767 FAX No. ▶ (_____)

- 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 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2009, 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 APRIL 1, 2008, and ending JUNE 30, 2008.

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.	3a	\$
3b 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.	3b	\$
3c 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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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