

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

2019	
Open to Public Inspection	

OMB No. 1545-0047

Α	For the 2	2019 calendar year, or tax year beginning JU	L 1, 2019 and	ending J	UN 30, 2020		
В	Check if applicable:	C Name of organization			D Employer	identific	ation number
	Address	DIRECT RELIEF					
E	Name change	Doing business as			95-18	331116	
	Initial return	Number and street (or P.O. box if mail is not delive	E Telephone	number			
	Final return/	6100 WALLACE BECKNELL ROAD			805-96	4-4767	
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipt	s\$	2,004,294,587.
	Amended return	SANTA BARBARA, CA 93117			H(a) Is this a	group ret	turn
	Applica- tion	F Name and address of principal officer: JONAT	HAN STEINER		for subc	rdinates?	Yes X No
	pending	SAME AS C ABOVE			H(b) Are all sub-	ordinates inc	luded? Yes No
1	Tax-exen	npt status: X 501(c)(3) 501(c) ()◀	(insert no.) 4947(a)(1)	or 527	lf "No,"	attach a l	ist. (see instructions)
J	Website	: ▶ WWW.DIRECTRELIEF.ORG			H(c) Group e	xemption	number 🕨
		rganization: X Corporation Trust Ass	ociation Other >	L Year	of formation: 19	948 M	State of legal domicile; CA
P	_	Summary					
ď	1 B	riefly describe the organization's mission or most s	significant activities: IMPROV	E THE HEA	ALTH AND LIV	JES OF	
Governance	PI	EOPLE AFFECTED BY POVERTY OR EMERGENC	Y SITUATIONS.				
rna	2 C	heck this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its	s net asse	ets.
o Ve	3 N	umber of voting members of the governing body (F	Part VI, line 1a)				19
		umber of independent voting members of the gove	erning body (Part VI, line 1b)				19
Ses	5 To	otal number of individuals employed in calendar ye					117
Ϋ́	6 To	otal number of volunteers (estimate if necessary)					204
Activities &	7a To	otal unrelated business revenue from Part VIII, colu	ımn (C), line 12			7a	0.
_	b N	et unrelated business taxable income from Form 9	90-T, line 39			7b	0.
					Prior Year		Current Year
Œ	8 C	ontributions and grants (Part VIII, line 1h)	1,432,61	8,055.	1,998,290,774.		
enn	9 P					0.	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4,		8,472.	1,274,736.		
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,		9,385.	0.		
_		otal revenue - add lines 8 through 11 (must equal F			1,434,05		1,999,565,510.
	1	rants and similar amounts paid (Part IX, column (A			1,125,97		1,464,047,679.
	1	enefits paid to or for members (Part IX, column (A)				0.	0.
S	15 S	alaries, other compensation, employee benefits (Pa			10,62		13,250,024.
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), lir	e 11e)			0.	0.
Ž	b To	otal fundraising expenses (Part IX, column (D), line	•				
ш	" C	ther expenses (Part IX, column (A), lines 11a-11d,			<u> </u>	5,324.	82,522,092.
	1	otal expenses. Add lines 13-17 (must equal Part IX			1,187,83		1,559,819,795.
		evenue less expenses. Subtract line 18 from line 1	2		246,22		439,745,715.
S OF				Ве	ginning of Curre		End of Year
Sset	20 To				527,93		968,151,460.
Net Assets	21 To	otal liabilities (Part X, line 26)			22,19 505,73		15,942,199.
	art II	et assets or fund balances. Subtract line 21 from li Signature Block	ne 20		505,73	3,000.	952,209,261.
		es of perjury, I declare that I have examined this return, i	noludina accompanyina cohodulor	and etatom	ante and to the h	act of my	knowledge and helief it is
	•	and complete. Declaration of preparer (other than officer			•		Kilowieuge allu bellel, it is
trut	, сопесі,	and complete. Declaration of preparer (other than officer) is based oil all lillottilation of wi	iicii preparei	lias ally kilowied	iye.	
C:-		Signature of officer			Date		
Sig	Ι,	JONATHAN STEINER, VP OF FINANCE/CE	'O		2410		
He	re	Type or print name and title					
	- '		Dropororio oignoturo	Ti	Date	Check	PTIN
Pai			Preparer's signature AUREN A. HAVERLOCK		2/15/20	if 🗀	- L
		Firm's name MOSS ADAMS LLP		<u> </u>		self-employed SEIN ▶	91-0189318
	. –	Firm's address 10960 WILSHIRE BLVD SUITE	: 1100			D ETIN -	
J30	, Jy	LOS ANGELES, CA 90024	- 		Dhon	no 310-	477-0450
N/2	v the IDS	· · · · · · · · · · · · · · · · · · ·	e? (see instructions)		[[[[[[[, 110. 5 - 5	
Ма	v the IRS	discuss this return with the preparer shown above	e? (see instructions)				. X Yes No

Page 2 DIRECT RELIEF 95-1831116 Form 990 (2019)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR
	EMERGENCY SITUATIONS BY MOBILIZING AND PROVIDING ESSENTIAL MEDICAL
	RESOURCES NEEDED FOR THEIR CARE.
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,196,440,268. including grants of \$1,140,050,485.) (Revenue \$0.
	COMMUNITY HEALTH - DIRECT RELIEF, THROUGH ITS COMMUNITY HEALTH
	INITIATIVES, EQUIPS HEALTH PROFESSIONALS IN LOW-RESOURCE SETTINGS WITH
	THE MEDICAL RESOURCES THEY NEED TO DIAGNOSE, TREAT, AND CARE FOR THEIR
	PATIENTS - REGARDLESS OF ABILITY TO PAY. IN THE FISCAL YEAR 2020,
	DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN
	1,700 COMMUNITY HEALTH PROVIDERS IN 100 COUNTRIES. THIS INCLUDES THE
	U.S., WHERE DIRECT RELIEF OPERATES THE NATION'S LARGEST CHARITABLE
	MEDICINE PROGRAM FOR COMMUNITY HEALTH CENTERS AND NONPROFIT CLINICS IN
	ALL 50 STATES. AS A RESULT OF DIRECT RELIEF'S SUPPORT, ORGANIZATIONS
	AND HEALTH PROVIDERS CAN FOCUS THEIR TIME AND RESOURCES ON EXPANDING
	AND IMPROVING THEIR SERVICES INSTEAD OF PROCURING MEDICINE AND
	SUPPLIES.
4b	(Code:) (Expenses \$ 165,802,539. including grants of \$ 160,659,805.) (Revenue \$ 0.
	DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN
	RESOURCE-CONSTRAINED COMMUNITIES AROUND THE WORLD, DIRECT RELIEF
	SUPPORTS A GLOBAL NETWORK OF LOCALLY-RUN HEALTH FACILITIES WITH THE
	MEDICINES, MEDICAL SUPPLIES, AND FUNDING. IN THE FISCAL YEAR 2020,
	DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 54 COUNTRIES WITH 16.7
	MILLION COURSES OF MEDICATION TO TREAT CONDITIONS THAT INCLUDE CANCER,
	DIABETES, HIV/AIDS AND RARE DISEASES. DIRECT RELIEF ALSO SUPPORTS
	PROGRAMS TO ADVANCE BREAST CANCER AWARENESS AND EARLY DETECTION, HIV
	PREVENTION AND TESTING AND CERVICAL CANCER SCREENING, AS WELL AS
	COMPREHENSIVE DIABETES PREVENTION AND TREATMENT PROGRAMS THAT INCLUDE
	ASSISTANCE FOR CHILDREN WITH TYPE 1 DIABETES.
4c	(Code:) (Expenses \$188,750,650. including grants of \$162,017,345.) (Revenue \$
	DISASTER RESPONSE - DIRECT RELIEF, THROUGH ITS DISASTER RESPONSE
	PROGRAMS, ADDRESSES THE NEEDS OF VULNERABLE COMMUNITIES BEFORE
	DISASTERS STRIKE BY PRE POSITIONING EMERGENCY MEDICAL MATERIALS WITH
	HEALTHCARE FACILITIES IN AREAS AT RISK FROM NATURAL DISASTERS. WHEN
	DISASTERS OCCUR, DIRECT RELIEF LEVERAGES ITS NETWORK OF HEALTHCARE
	PROVIDERS TO ASSESS IMMEDIATE NEEDS, UNDERSTAND THE SITUATION, AND
	RESPOND QUICKLY AND PRECISELY. DIRECT RELIEF'S EFFORTS ARE ALWAYS IN
	RESPONSE TO SPECIFIC REQUESTS FROM LOCAL PARTNERS AND IN ACCORDANCE
	WITH NATIONAL AND INTERNATIONAL RESPONDERS TO AVOID DUPLICATION OF
	EFFORTS AND PREVENT LOGISTICAL BOTTLENECKS, AND ENSURE THE MOST
	EFFICIENT USE OF RESOURCES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,320,044. including grants of \$ 1,320,044.) (Revenue \$ 0.)
<u>4e</u>	Total program service expenses ▶ 1,552,313,501.
	Form 990 (2019

932002 01-20-20

95-1831116 Page 3

DIRECT RELIEF

Form 990 (2019) 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	٠٠		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	• •			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

932003 01-20-20

Form 990 (2019) DIRECT	RELIEF	95-1831116	Р	age 4
Part IV	Checklist of Required	Schedules (continued)			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		17	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		v	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_ v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 57			

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

932004 01-20-20

Form 990 (2019) DIRECT RELIEF 95-1831116 Page **5**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	117			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	١.	v	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)'?	4a	Х	
D	If "Yes," enter the name of the foreign country South AFRICA, MEXICO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act		to /FDAD\			
52				5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	_		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contral of the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
_	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution received a contribution received a contribution received a contribution received a contrib			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:	ı	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Grass income from members or charabelders	11a	I			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	118				
D	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>	4.0		v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul to the expensive to the section 1060 tox on payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2019) DIRECT RELIEF 95-1831116 Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 19			
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?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		х
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
8		0-	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
b		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Na
10-	Did the every institute have level shorters by anchor over offiliates?	10a	res	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iua		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
l la b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	,	12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DIRECT RELIEF, JONATHAN STEINER, VP OF FINANCE, CFO - 805-964-4767			
	6100 WALLACE BECKNELL ROAD, SANTA BARBARA, CA 93117			

DIRECT RELIEF <u> Page</u> **7** Form 990 (2019)

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

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

Х

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

Name and title	(A)	(B)			(0	C)			(D)	(E)	(F)
No.	Name and title	Average	(do	not o				one	Reportable	Reportable	Estimated
The series of		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
THOMAS E. TIGHE		week		cer ar	nd a d	irecto	r/trus	tee)		from related	other
THOMAS E. TIGHE		, ,	rector						1	_	
THOMAS E. TIGHE			or di	e e			ated			(W-2/1099-MISC)	
THOMAS E. TIGHE			ustee	trust		99	Suadu		(W-2/1099-MISC)		•
THOMAS E. TIGHE		~	lual tr	tional		nploy	st con	_			
THOMAS E. TIGHE			ndivic	nstitu)fficer	(ey en	Highes	orme			organizations
Care	(1) THOMAS E. TIGHE	40.00	_	1			1				
EXECUTIVE VP, SENIOR ADVISOR 5.00	PRESIDENT AND CEO	5.00			х				507,533.	0.	57,101.
SENIOR VP, COO	(2) BHUPI SINGH	40.00									
SENIOR VP, COO	EXECUTIVE VP, SENIOR ADVISOR	5.00			Х				388,928.	0.	29,576.
VP OF FINANCE, CFO	(3) DAWN LONG	40.00									
VP OF FINANCE, CFO	SENIOR VP, COO	5.00			Х				248,333.	0.	21,031.
The contract of the contract	(4) JONATHAN STEINER	40.00									
DIRECTOR, IT	,	5.00			Х				213,860.	0.	39,413.
Committee Chair Committee	(5) ADAN GROUMAN										
VP, CORPORATE ENGAGEMENT	,						Х		210,968.	0.	21,667.
VP, RESEARCH AND ANALYTICS											
VP, RESEARCH AND ANALYTICS	•						Х		204,436.	0.	41,470.
Name											
VP,PARTNERSHIPS AND PHILANTHROPY							Х		193,221.	0.	34,764.
O DOUG FROELICH	, , ,										
Director of operations	•						Х		184,700.	0.	17,238.
CHAIR											
CHAIR 1.00 X X X 0. 0. 0. 0. (11) PAMELA GANN 5.00							Х		156,758.	0.	42,395.
Committee Chair Committee											
VICE CHAIR 1.00 x x x 0. 0. 0. 0. (12) LINDA GLUCK 5.00 x 0. 0. 0. 0. TREASURER, COMMITTEE CHAIR 1.00 x x x 0. 0. 0. 0. (14) JAMES SELBERT 5.00 x 0. 0. 0. 0. 0. SECRETARY, COMMITTEE CHAIR 1.00 x x x 0. 0. 0. 0. 0. (15) SIRI MARSHALL 5.00 x 0. 0. 0. 0. 0. ASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 x x x 0. 0. 0. 0. 0. 0. (16) MARK LINEHAN 5.00 x x x x 0. 0. 0. 0. 0. 0. (17) THOMAS STURGESS 5.00 x x x x x x x x x x x x x x x x x x			Х		Х				0.	0.	0.
COMMITTEE CHAIR 1.00										_	_
TREASURER, COMMITTEE CHAIR 1.00 X X X 0. 0. 0. 0. (14) JAMES SELBERT 5.00 SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. (15) SIRI MARSHALL 5.00 SASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. (16) MARK LINEHAN 5.00 SASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. (17) THOMAS STURGESS 5.00 COMMITTEE CHAIR 1.00 X 0. 0. 0. 0. (18) STEVE WEINTRAUB 5.00 COMMITTEE CHAIR 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			Х		Х				0.	0.	0.
SECRETARY, COMMITTEE CHAIR 1.00 X X X 0. 0. 0. 0. 0.										_	_
SECRETARY, COMMITTEE CHAIR 1.00 X X X 0. 0. 0. (15) SIRI MARSHALL 5.00 ASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. (16) MARK LINEHAN 5.00 ASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. 0. (17) THOMAS STURGESS 5.00 ASSISTANT SECRETARY 0.			Х		Х				0.	0.	0.
SIRI MARSHALL											
ASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. (16) MARK LINEHAN 5.00			Х		Х				0.	0.	0.
COMMITTEE CHAIR 1.00 X X X 0. 0. 0. 0.											
ASSISTANT SECRETARY, COMMITTEE CHAIR 1.00 X X 0. 0. 0. 0. (17) THOMAS STURGESS 5.00 COMMITTEE CHAIR 1.00 X 0. 0. 0. 0. 0. (18) STEVE WEINTRAUB 5.00 COMMITTEE CHAIR 1.00 X 0. 0. 0. 0. 0.	,		Х		Х				0.	0.	0.
(17) THOMAS STURGESS 5.00 COMMITTEE CHAIR 1.00 X 0. 0. 0. (18) STEVE WEINTRAUB 5.00 0. 0. 0. 0. COMMITTEE CHAIR 1.00 X 0. 0. 0. 0.										_	_
COMMITTEE CHAIR 1.00 X 0. 0. 0. (18) STEVE WEINTRAUB 5.00 COMMITTEE CHAIR 0. 0. 0. 0.	-		Х		Х		_		0.	0.	0.
(18) STEVE WEINTRAUB 5.00 X 0. 0. 0. COMMITTEE CHAIR 1.00 X 0. 0. 0.											
COMMITTEE CHAIR 1.00 X 0. 0. 0.			Х				_		0.	0.	0.
										_	_
		1.00	Х	l]	1 0.	0.	

Form **990** (2019) 932007 01-20-20

DIRECT RELIEF 95-1831116

Form 990 (2019) DIRECT F	RELIEF								95-183111	6 Page 8
Part VII Section A. Officers, Directors	s, Trustees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(19) JANE OLSON	5.00									
COMMITTEE CHAIR	1.00	Х						0.	0.	0.
(20) STEVEN AMERIKANER	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(21) BITSY BECTON-BACON	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(22) DAVID A. BROWN	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(23) LOU BUGLIOLI	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(24) CHARLES FENZI, MD	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(25) PATRICK FITZGERALD	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(26) ELIZABETH GREEN, R.N.	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(27) JAMIE RUFFING, PHD	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
1b Subtotal								2,308,737.	0.	304,655.
c Total from continuation sheets to I	Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	·····		<u></u>	<u></u>	<u></u> .		_	2,308,737.	0.	304,655.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No line 1a? If "Yes," complete Schedule J for such individual 3 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 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

29

rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CROWE LLP		
PO BOX 51660, LOS ANGELES, CA 90051-5960	AUDITING SERVICES	177,148.
ATTAIN RECRUITING		
901 MADRONA DRIVE, NEW BRAUNFELS, TX 78132	CONSULTING SERVICES	154,108.
BIMARIAN FILMS LLC		
5951 ENCINA ROAD #107, GOLETA, CA 93117	VIDEO PRODUCTION SERVICES	113,534.
MOSS ADAMS LLP	ACCOUNTING AND AUDITING	
PO BOX 101822, PASADENA, CA 91189-1822	SERVICES	100,178.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 DIRECT RELIEF 95-1831116

Form 990_										
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable compensation	Estimated
	hours	(check all that apply)			app	ly)	compensation	amount of		
	per week					yee		from the	from related organizations	other compensation
	(list any	Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	Institutional trustee		yee	m pen				organizations
	below	idualt	ution	in 1	Key employee	est co	er			organizatione
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(28) BYRON SCOTT, MD	2.00									
DIRECTOR	1.00	х						0.	0.	0.
(29) JAMES MCGONIGLE	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
		ļ								
		ŀ								
					<u> </u>					
Total to Part VII, Section A, line 1c										

			<u> </u>		RELIEF	7				95-183111	.6 Page 9
Pa	rt \	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a re	esponse	or note to any lir	7.5	(B)	(C)	X_
								(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
25 0	1	а	Federated campaigns			1a	62,324.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
<u>6</u> 6		С	Fundraising events			1c					
ifts ar A			Related organizations			1d	7,740,628.				
S, G			Government grants (conti			1e					
r ion		f	All other contributions, gifts,	grant	s, and						
ib di			similar amounts not included	d abov	'e	1 f 1,	990,487,822.				
d C		g	Noncash contributions included in	lines 1	a-1f	1g \$ ¹ ,	821,968,213.				
<u>റ്റ്</u> മ		h	Total. Add lines 1a-1f					1,998,290,774.			
							Business Code				
<u>:</u>	2	a									
er v		b									
m S		C									
Program Service Revenue		d e									
Pro			All other program service	rever	1116						
			Total. Add lines 2a-2f								
	3		Investment income (include								
			other similar amounts)					1,274,067.			1,274,067.
	4		Income from investment of								
	5		Royalties	<u></u>			>				
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses					4			
			Rental income or (loss)	6с							
			Net rental income or (loss	s)	(') 0 -		(:) Other				
	7	а	Gross amount from sales of			curities	(ii) Other	-			
			assets other than inventory	7a	4,/2	21,746.	8,000.	4			
Φ		D	Less: cost or other basis and sales expenses	7b	4 71	L7,209.	11,868.				
evenue		_	Gain or (loss)		-, /-	4,537.		-			
eve			Net gain or (loss)					669.			669.
er R	8		Gross income from fundraisi								
Other			including \$								
			contributions reported on								
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from		-		_				
	9	а	Gross income from gamir								
			Part IV, line 19					4			
			Less: direct expenses								
	40		Net income or (loss) from			vities	>				
	10	а	Gross sales of inventory,			10					
		h	and allowances Less: cost of goods sold					1			
			Net income or (loss) from				•				
			. 131 moonto or hood, nom	34100			Business Code				
sno	11	а									
ane.		b									
Sells		С					_				
Miscellaneous Revenue			All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons				1,999,565,510.	0.	0.	1,274,736.

932009 01-20-20

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).

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	205 262 402	205 262 422		
	and domestic governments. See Part IV, line 21	305,060,182.	305,060,182.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,158,987,497.	1,158,987,497.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,544,472.	468,485.	798,448.	277,539
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	9,173,097.	6,206,788.	1,712,040.	1,254,269
8	Pension plan accruals and contributions (include	364 600	262 205	E0 4E0	E4 404
_	section 401(k) and 403(b) employer contributions)	364,622. 1,461,744.	263,027.	50,159. 253,973.	51,436 199,946
9	Other employee benefits		1,007,825.	·	
0	Payroll taxes	706,089.	453,978.	153,380.	98,731
1	Fees for services (nonemployees):				
a	Management	78,508.	9,637.	68,871.	
b	Legal	203,533.	87,506.	113,663.	2,364
C	Accounting	17,609.	07,300.	17,609.	2,30-
d	Lobbying Professional fundraising services. See Part IV, line 17	17,005.		17,005.	
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	3,131,417.	2,587,148.	358,259.	186,010
12	Advertising and promotion	114,132.	4,484.	38,633.	71,015
3	Office expenses	185,673.	150,974.	23,704.	10,995
14	Information technology	348,443.	211,533.	27,447.	109,463
5	Royalties				
16	Occupancy	734,768.	661,792.	47,626.	25,350
7	Travel	666,018.	600,537.	53,798.	11,683
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	296,176.	235,117.	24,854.	36,205
20	Interest	449,645.	410,937.	24,633.	14,075
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,280,918.	1,131,912.	86,154.	62,852
3	Insurance	478,391.	223,723.	246,181.	8,487
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INVENTORY ADJ-SEE SCH O	62,190,720.	62,190,720.		
b	FREIGHT AND TRANSPORTAT	8,548,555.	8,548,555.		
С	SUPPLIES	1,118,401.	1,025,270.	70,735.	22,396
d	BANK CHARGES	638,112.	936.	637,174.	2
е	All other expenses	2,041,073.	1,784,938.	180,778.	75,357
5	Total functional expenses. Add lines 1 through 24e	1,559,819,795.	1,552,313,501.	4,988,119.	2,518,17
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2019)

Part X | Balance Sheet DIRECT RELIEF 95-1831116 Page **11**

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,174,768.	1	3,967,819.
	2	Savings and temporary cash investments			80,301,745.	2	154,536,127.
	3	Pledges and grants receivable, net			2,170,887.	3	5,215,975.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			27,318.	7	69,163
Assets	8	Inventories for sale or use			386,361,039.	8	753,972,165
As	9	Donata del como como con el el efermo el electrone			3,077,609.	9	7,055,382
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		48,133,753.			
	b	Less: accumulated depreciation		8,336,919.	38,986,182.	10c	39,796,834
	11	Investments - publicly traded securities		, ,	4,661,515.		1,103,000
	12	Investments - other securities. See Part IV, lii			8,050,634.	12	
	13	Investments - program-related. See Part IV, li			, , ,	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		·····	2,123,327.	15	2,434,995
	16	Total assets. Add lines 1 through 15 (must e			527,935,024.	16	968,151,460
	17	Accounts payable and accrued expenses			3,618,546.	17	4,474,496
	18	Grants payable			. , ,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or f					
ijes	22	trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
E.	23	Secured mortgages and notes payable to un	•	·····	13,400,000.	23	0
	24	Unsecured notes and loans payable to unrela	•		20,200,000.	24	
	25	Other liabilities (including federal income tax.				24	
	25	parties, and other liabilities not included on li					
		of O decaded a D	•	· 1	5,180,398.	25	11,467,703
	06	of Schedule D			22,198,944.	26	15,942,199
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958,			22,130,344.	26	13,342,133
Ş			check here				
nce	07	and complete lines 27, 28, 32, and 33.			417,653,324.	27	810,348,462
ala	27	Net assets with depart restrictions	88,082,756.	28	141,860,799		
d B	28	Net assets with donor restrictions	00,002,730.	20	141,000,755		
Ë		Organizations that do not follow FASB AS	C 956, Check	nere 🕨 🗀			
ᅙ		and complete lines 29 through 33.				00	
şţ	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			EOE 736 000	31	052 200 201
ž	32	Total net assets or fund balances			505,736,080.	32	952,209,261.
	33	Total liabilities and net assets/fund balances			527,935,024.	33	968,151,460.

DIRECT RELIEF 95-1831116 Page **12** Form 990 (2019)

Pai	Tt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,999	,565,	510.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,559	,819,	795.	
3	Revenue less expenses. Subtract line 2 from line 1	3	439	,745,	715.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 505,736,0					
5	Net unrealized gains (losses) on investments	5	-	-730,	956.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7	,458,	422.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	952	,209,	261.	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b_	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2019)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization DIRECT RELIEF 95-1831116 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	772,063,768.	1114134242.	1231064403.	1432612920.	1998290774.	6548166107.
2	Tax revenues levied for the organ-						
	ization'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 through 3	772,063,768.	1114134242.	1231064403.	1432612920.	1998290774.	6548166107.
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)						3633469413.
6	Public support. Subtract line 5 from line 4.						2914696694.
	etion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	772,063,768.	1114134242.	1231064403.	1432612920.	1998290774.	6548166107.
	Gross income from interest,	, ,					
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,743.	63,167.	489,967.	1,420,677.	1,274,067.	3,266,621.
۵	Net income from unrelated business		, = , -	7			7 - 1 7 1 - 2
•	activities, whether or not the						
	business is regularly carried on	0.	82,424.	5,060.	0.	0.	87,484.
10	Other income. Do not include gain		,	-,		- •	,
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							6551520212.
12	Gross receipts from related activities,	oto (soo instructio	une)			12	201,462.
13	First five years. If the Form 990 is for	•	,	I fourth or fifth to			
.0	organization, check this box and stor				-		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (I	ine 6. column (f) di	vided by line 11. co	olumn (fl)		14	44.49 %
15	Public support percentage from 2018					15	41.01 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						. \Box
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization			•			
<u></u>	ato iodiradioni ii tile organizatio	and not officer a f	55% OIT III 10 10, 10e	., ,	, 5.100K tills 50X al	14 500 HISH GOLIOHS	

Schedule A (Form 990 or 990-EZ) 2019

Page 3

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support		1	Г	T	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						-
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2019 (I			oolumn (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				ne 13, column (i))		18	<u> </u>
	a 33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box ar						s.not
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Page 4

Т..

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
Ja		
3b		
3с		
4a		
4b		
4c		
Eo.		
5a		
5b		
5с		
6		
7		
0		
8		
9a		
9b		
30		
9с		
10a		
104		
10b		

Page 5

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
	7 1 1700 10 41 51 61 61 51 61 61 61 61 61 61 61 61 61 61 61 61 61	11c		
Sec	tion B. Type I Supporting Organizations	— т	1	
	Pid the director has been been been been been been been bee		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	non or type it eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 DIRECT RELIEF			95-1831116	Page 6
Pa		g Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instru	uctions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information
r art vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

Name of the organization

DIRECT RELIEF

95-1831116 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
1		\$ \$ 5,000,400. Pa	erson X ayroll oncash plete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
2	Name, address, and ZIF + 4	Pe Pa 4,013,140. (Com	erson X ayroll
(a)	(b)	(c) Total contributions Ty	(d)
No. 3	Name, address, and ZIP + 4	Pe Pa 1,380,000. (Com	erson X ayroll poncash plete Part II for ash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Pe Pa 1,369,055. (Com	erson X ayroll Doncash Dete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
5		Pe Pa 650,000. (Com	erson X eyroll concash plete Part II for each contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d)
No. 6	Name, audress, and ZIP + 4	Pe Pa 611,312. (Com	erson X ayroll Doncash Dete Part II for ash contributions.

	9-
Name of organization	Employer identification number
DIRECT RELIEF	95-1831116

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,001.	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions \$384,569.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 294,917.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$260,000.	Person X Payroll
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$63,908.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	INGING, AUGI 653, AND LIF + 4	\$ 562,815,504.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	n
13		Person Payroll Noncash X (Complete Part II for noncash contributions.	i .)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	n
14		Person Payroll Noncash X (Complete Part II for noncash contributions.	i .)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	on .
15		Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	
16	Name, address, and ZIF + 4	Person Payroll Noncash X (Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	n
17		Person Payroll Noncash X (Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributio	n
18		Person Payroll Noncash X (Complete Part II for	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Name, address, and ZIF + 4	\$ 47,980,804.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21		\$44,196,205.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No	Name, address, and ZIP + 4	* 34,836,194.	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
140.	ivanie, auu ess, anu Lif + 4	\$	Person Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
NO.	Name, audress, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PHARMACEUTICALS, MEDICAL SUPPLIES					
12						
		\$562,815,504.	07/01/19			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I	DVADVA CRUMT CAL C	(Coo monachono)				
13	PHARMACEUTICALS					
		\$\$	07/12/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PHARMACEUTICALS					
14						
		\$138,372,500.	09/18/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PHARMACEUTICALS					
15						
		\$\$118,975,353.	07/01/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PHARMACEUTICALS					
16						
		\$114,500,000.	08/19/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
17	PHARMACEUTICALS					
		\$113,956,210.	07/11/19			

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PHARMACEUTICALS					
18						
		\$	07/08/19			
(a) No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
raiti	PHARMACEUTICALS					
19	- Innuisibilities					
		\$	07/08/19			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PHARMACEUTICALS					
20						
		\$ 47,980,804.	07/01/19			
(a)						
No.	(b)	(c)	(d)			
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received			
Part I	PHARMACEUTICALS	,				
21	FIRMMEBUTTEALS					
		\$ \$ 44,196,205.	07/05/19			
(0)						
(a) No.	(b)	(c)	(d)			
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received			
Part I		(See Instructions.)				
	PHARMACEUTICALS					
	-	34,836,194.	07/01/19			
			·			
(a)		(c)				
No.	(b)	FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
		\$				

Name of or	rganization			Employer identification number
DIRECT R	ELIEF			95-1831116
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For ord	(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations e year. (Enter this info. once.) \$\Bigsir \\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	L gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No			Т	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		-		
		(e) Transfer of	gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a) T		
		(e) Transfer of		
-	Transferee's name, address, ar	na ZIP + 4	Re	lationship of transferor to transferee
	-			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	DIRECT REL				95-1831116
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶ \$.
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	e)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt funct	tion activities >\$	
2	Enter the amount of the filing organ	ization's funds contributed to otl	her organizations for se	ection 527	
	exempt function activities			> \$	i
3	Total exempt function expenditures			•	
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	• •	•	•	• •
	made payments. For each organiza	•	0 0		•
	contributions received that were propolitical action committee (PAC). If			•	e segregated fund or a
	. , ,		1	1	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Pa	rt II-A Complete if the org section 501(h)).	anizatio	n is exen	npt under sectior	501(c)(3) and file	d Form 5768 (ele	ection under
A C	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,						
	expenses, and share		, ,	• •			
<u>B</u> C	Limi	ts on Lobb	ying Expe	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence publ	ic opinion (d	grassroots lobbying)			
	Total lobbying expenditures to influ	•					
С							
d	A						
е	Total exempt purpose expenditure	s (add lines	s 1c and 1d)			
f	Lobbying nontaxable amount. Enter	er the amo	unt from the	following table in both	n columns.		
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000.			
_	Grassroots nontaxable amount (en		,				
h	Subtract line 1g from line 1a. If zer	o or less, e	nter -0				
i	Subtract line 1f from line 1c. If zero	-			•		
j			r line 1h or l	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this						Yes No
	(Some organizations t	hat made a	a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	f the five columns b	elow.
		Lobk	ying Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
_2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
<u>c</u>	Total lobbying expenditures						
	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?		Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X X			
	Grants to other organizations for lobbying purposes?	х	Α		17,309.	
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_ A	X		17,309.	
			X			
			21		17,309.	
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		17,303.	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(o), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		• •			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is	
_						
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cai				
_	expenses for which the section 527(f) tax was paid).		00			
	Current year					
	Carryover from last year		I			
_	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	avnenditure port veer?	Olitical	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
_	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,,	. ,	(
	II-B, LINE 1, LOBBYING ACTIVITIES:					
DIRE	CT RELIEF ENGAGED A PROFESSIONAL LOBBYING FIRM TO INFORM					
LEGI	SLATORS HOW THE PROPOSED BILL AB1181 WOULD IMPACT NON-PROFITS AND					
THEI	R FINANCIAL REPORTING. THE CALIFORNIA GOVERNOR TOOK UNDER					
CONS	IDERATION INPUT FROM THE STATES ATTORNEY GENERAL, FINANCIAL					
	The second secon					
ACCC	OUNTING STANDARDS BOARD (FASB), CALIFORNIA BOARD OF ACCOUNTANCY					

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 95-1831116

	DIRECT RELIEF		95-1831116
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of	· · ·	•
Pai		ganization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		activ, mio r.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space	Freservation of	a certified historic structure
2		find concentration contribution in the form	of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a quality of the tay year	ned conservation contribution in the form	
_	day of the tax year.		Held at the End of the Tax Year
a	-		
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	*	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
D :	organization's accounting for conservation easements.	CARL HELL COLL TO COLL COLL	lea d'arila a Assaula
Pai			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	400 A		. .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

932051 10-02-19

DIRECT RELIEF Schedule D (Form 990) 2019 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 36,975,634 27,758,883. 28,521,747. 29,086,980. 34,758,148. **1a** Beginning of year balance 384,988. 829,812. 6,680,042. 8,302,822. 919,851. Contributions 2,202,566. 2,233,294. 821,558, 2,236,006. -19,740. Net investment earnings, gains, and losses Grants or scholarships 2,687,197. 1,099,626. 3,177,271, 3,397,144, 6,348,440. Other expenditures for facilities 6,919,743. and programs 203,875. 270,021. 222,451. 200,467. 222,839. Administrative expenses 34,600,273. 36,975,634. 27,758,883. 28,521,747, 29,086,980. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 100.00 a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations Х 3a(ii) (ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value

Schedule D (Form 990) 2019

8,705,985.

1,211,614.

1,312,947.

39,796,834.

28,566,288.

e Other

basis (investment)

1a Land

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

d Equipment

basis (other)

8,705,985

30,155,856.

3,418,990

5,852,922.

depreciation

1,589,568.

2,207,376

4,539,975.

95-1831116 Page **3** DIRECT RELIEF

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year r	narket value
A = 1 1 1 2 2	(b) Book value	(c) Method of Valuation. Cook of Cha of year f	narrot value
Pinancial derivatives Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			aarkat valua
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year r	narket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line escription		Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7)	75.)	>	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line in the column (b) must equal Form 990, Part X of the Column (b) must equal Form 990, Pa		11e or 11f. See Form 990, Part X, line 25.	Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of Part X Other Liabilities. Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, line 25.	Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	Book value 9 , 60°
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line of art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION		11e or 11f. See Form 990, Part X, line 25.	9,60° 10,494,25
(7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line of the complete if the organization answered "Yes" of the or		11e or 11f. See Form 990, Part X, line 25.	9,60 10,494,25
(7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, col. (B) line of Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) OTHER CURRENT LIABILITIES (4) ACCRUED PAYROLL EXPENSES (5)		11e or 11f. See Form 990, Part X, line 25.	9,60° 10,494,25
(7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) OTHER CURRENT LIABILITIES (4) ACCRUED PAYROLL EXPENSES (5) (6)		11e or 11f. See Form 990, Part X, line 25.	9,60° 10,494,25
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) OTHER CURRENT LIABILITIES (4) ACCRUED PAYROLL EXPENSES (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	9,60
(7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line of Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) OTHER CURRENT LIABILITIES (4) ACCRUED PAYROLL EXPENSES (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	9,60 10,494,25
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) OTHER CURRENT LIABILITIES (4) ACCRUED PAYROLL EXPENSES (5) (6) (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25. (b)	9,60 10,494,25

Schedule D (Form 990) 2019

Pai	t XI	Reconciliation of Revenue per Audited Financial Statem	nents With Rev	enue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е	Add li	nes 2a through 2d			2e	
3	Subtra	act line 2e from line 1			3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial State		penses per F	return.	1
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1		expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a		ed services and use of facilities	I I		-	
b		vear adjustments			-	
С.		losses			-	
d		(Describe in Part XIII.)			-	
_		nes 2a through 2d			2e	
3		act line 2e from line 1			3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	45			
a		ment expenses not included on Form 990, Part VIII, line 7b			-	
b		(Describe in Part XIII.) nes 4a and 4b			10	
5					4c 5	
	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			<u> </u>	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h and	2h: Part V line 4	l· Part X	line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	•		r, r art A,	iiic 2, i ait Xi,
	La ana	is, and i arryin, into 24 and 15.7 not complete time part to provide any a				
PARI	V, L	INE 4:				
BOAF	D DES	IGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS O	CUSTODY OF			
THE	BOARD	RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD DE	ESIGNATED			
ENDO	WMENT	. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING				
ORG	NIZAT	ION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO OF	PERATE			
SOLE	LY AN	D EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PUR	RPOSES OF			
DIRE	CT RE	LIEF.THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FO	OR CURRENT			
AND	FUTUR	E OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES F	FUNDING TO			
PAY	FOR A	LL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MAN	NAGEMENT			
AND	GENER	AL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2020, THE DIF	RECT RELIEF			
FOUN	DATIO	N TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVER	RING ALL OF			
DTRE	CT RE	LIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMP	PENSATION			

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

DIRECT RELIEF

95-1831116

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the g	grants or assistance? X	Yes No
2	For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance out	side the
	United States.					
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	TRAL AMERICA AND CARIBBEAN			GRANTMAKING		424,635.
	T ASIA AND THE IFIC			GRANTMAKING		1,260,800.
ICE	OPE (INCLUDING LAND AND ENLAND)			GRANTMAKING		56,095.
	DLE EAST AND TH AFRICA			GRANTMAKING		5,000.
	TH AMERICA NADA AND MEXICO)			GRANTMAKING		805,609.
SOU	TH AMERICA			GRANTMAKING		117,581.
sou	TH ASIA			GRANTMAKING		1,206,047.
	-SAHARAN AFRICA	0	0	GRANTMAKING		1,287,927. 5,163,694.
ა a	ı Subtotal	1	ı			3,103,034.

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

9

9

Schedule F (Form 990) 2019

57,904,368.

1,163,068,062.

and 3b)

b Total from continuation

sheets to Part I
c Totals (add lines 3a

95-1831116 Page 1 DIRECT RELIEF

	DIRECT RELIE			95-1831	116 Page 1
Part I Continuation	n of Activities	s per Region	Schedule F (Form 990), Part I, line 3	3)	
(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 for region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	135,300,451.
EAST ASIA AND THE			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	35,190,146.
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	32,509,698.
MIDDLE EAST AND			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	86,352,716.
NORTH AMERICA (CANADA AND MEXICO)			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	4,697,269.
RUSSIA AND NEIGHBORING STATES			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	31,381,195.
SOUTH AMERICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	133,287,082.
SOUTH ASIA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL	58,508,388.
				PROVISION OF PHARMACEUTICALS, MEDICAL	
SUB-SAHARAN AFRICA NORTH AMERICA			GRANTMAKING	EQUIPMENT, AND SUPPLIES COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN	639,690,063.
(CANADA AND MEXICO)	1	1	PROGRAM SERVICES	MEXICO	44,257.
Totals					

Schedule F (Form 990) DIRECT RELIEF 95-1831116 Page 1

	DIRECT RELIE			95-1831116	Page 1
Part I Continuation	n of Activitie	s per Region	• (Schedule F (Form 990), Part I, line	3)	
(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 for region
				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN	
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	AFRICA COORDINATION OF MEDICAL	73,345.
SOUTH AMERICA	0	1	PROGRAM SERVICES	SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA	24 748
SOUTH AMERICA		1	FROGRAM SERVICES	AMERICA	24,748.
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN HAITI	10,466.
				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND	
SOUTH ASIA	0	1	PROGRAM SERVICES	MEDICAL CLINICS IN INDIA	31,364.
EUROPE (INCLUDING ICELAND AND				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE	
GREENLAND)	0	1	PROGRAM SERVICES	BALKANS	60,869.
EAST ASIA AND THE				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN ASEAN	
PACIFIC	1	2	PROGRAM SERVICES	REGION	131,869.
NORTH AMERICA					
(CANADA AND MEXICO)	0	0	INVESTMENTS		608,537.
					4 005
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		1,905.
Totals	3	9		1,	157,904,368.

Schedule F (Form 990) 2019

Part II Grants and Other

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

a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	COVID19 RELIEF &					
		AFRICA	RECOVERY	1,000,000.	ACCRUAL	0.		
			SULAWESI EARTHQUAKE RELIEF & RECOVERY	840,000.	WIRE	0.		
			NEPAL EARTHQUAKE RELIEF & RECOVERY	334,600.	WIRE	0.		
			SULAWESI EARTHQUAKE					
		SOUTH ASIA	RELIEF & RECOVERY STRENGTHENING	328,000.	WIRE	0.		
		NORTH AMERICA	HEALTHCARE SYSTEMS	230,000.	WIRE	0.		
			SULAWESI EARTHQUAKE RELIEF & RECOVERY	167,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTAL HEALTH PROGRAM	165,500.	WIRE	0.		
			TYPHOON HAIYAN RELIEF	130,000.	WIRE	0.		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

224 138

Schedule F (Form 990) 2019

Schedule F (Form 990)	DIRECT	RELIEF			95-183	L116		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	_
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)
		CENTRAL AMERICA AND THE CARIBBEAN	COVID19 RELIEF & RECOVERY	125,000.	WIRE	0.		
		EAST ASIA AND THE	DISASTER RELIEF & RECOVERY	104,300.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	100,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		100,000.	WIRE	0.		
		SOUTH ASIA	DISASTER RELIEF & RECOVERY, VASELINE HEALING MISSIONS PROGRAM	97,000.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	77,721.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	69,110.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER PROGRAM, EMERGENCY PREPARATION & RESPONSE	55,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	50,000.	WIRE	0.		

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
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)
		CENTRAL AMERICA	COVID19 RELIEF &					
			RECOVERY	50,000.	WIRE	0.		
			GOVERNA O RELIER O					
		SOUTH AMERICA	COVID19 RELIEF & RECOVERY	50,000.	WIRE	0.		
		GOLIMII AGTA	DISEASE PREVENTION &	E0 000	MIDE	0.		
		SOUTH ASIA	TREATMENT PROGRAM	50,000.	WIRE	0.		
			NEPAL EARTHQUAKE					
		SOUTH ASIA	RELIEF & RECOVERY	48,216.	WIRE	0.		
		CENTRAL AMERICA	HURRICANE MARIA					
		AND THE CARIBBEAN	RELIEF & RECOVERY	46,400.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND AND	MATERNAL & CHILD					
		GREENLAND)	HEALTH PROGRAM	35,218.	WIRE	0.		
			ONGOING PATIENT					
		SOUTH ASIA	SUPPORT	25,000.	 WIRE	0.		
				,				
		CENTRAL AMERICA AND THE CARIBBEAN	EMERGENCY PREPARATION & RESPONSE	25,000.	WIDE	0.		
		AND THE CARIBBEAN	A KESPONSE	23,000.	WIKE			
			COVID19 RELIEF &					
		SOUTH AMERICA	RECOVERY	23,260.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	r ugo z
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)
		SUB-SAHARAN	EBOLA RELIEF &					
		AFRICA	RECOVERY	20,000.	WIRE	0.		
				,		-		
			PHILIPPINES DISASTER					
		PACIFIC	RTELIEF & RECOVERY	19,500.	WIRE	0.		
		SUB-SAHARAN	VASELINE HEALING					
		AFRICA	MISSIONS PROGRAM	19,000.	WIRE	0.		
		a a	D. G. D.					
			DISEASE PREVENTION & TREATMENT PROGRAM	18,500.	MIDE	0.		
		AFRICA	TREATMENT TROGRAM	10,500.	WIKE	0.		
			INDIAN FLOODS RELIEF					
		SOUTH ASIA	& RECOVERY	16,400.	WIRE	0.		
			STRENGTHENING					
			HEALTHCARE SYSTEMS, COVID19 RELIEF &					
		AFRICA	RECOVERY	16,000.	WTRE	0.		
		III KI GII	REGOVERT	10,000.	MIKE.	3.		
		CENTRAL AMERICA	STRENGTHENING					
		AND THE CARIBBEAN	HEALTHCARE SYSTEMS	15,000.	WIRE	0.		
			VASELINE HEALING					
			MISSIONS PROGRAM	14,321.	 WIRE	0.		
				, ,				
		EUROPE (INCLUDING						
			GREECE WILDFIRE					
		GREENLAND)	RELIEF & RECOVERY	11,800.	WIRE	0.		

Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	r ugo z
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)
		SUB-SAHARAN	VASELINE HEALING					
			MISSIONS PROGRAM	10,396.	WIRE	0.		
			EBOLA RELIEF &					
			RECOVERY	10,000.	WIRE	0.		
			CHILDHOOD CANCER					
			PROGRAM	10,000.	 WIRE	0.		
				,				
		SOUTH AMERICA	MIGRANT CRISIS RELIEF	10,000.	WIRE	0.		
				, -				
			VASELINE HEALING MISSIONS PROGRAM	10,000.	WIRE	0.		
						- •		
		EUROPE (INCLUDING						
			DISEASE PREVENTION & TREATMENT PROGRAM	6,000.	WTRE	0.		
		ondendia,	TREATHER TROOMS	0,000.				
			STRENGTHENING HEALTHCARE SYSTEMS	5,964.	WIDE	0.		
		AND THE CARIBBEAN	HEADINCARE SISTEMS	3,304.	WIKE	0.		+
			SUPPORT OF RELATED					
			PARTY ORGANIZATION IN	E73 100	WIDE			
		NORTH AMERICA	MEXICO	573,109.	MIKE	0.		
			SUPPORT OF RELATED					
			PARTY ORGANIZATION IN					
		AFRICA	SOUTH AFRICA	30,000.	WIRE	0.		

Part II Continuation o	f Grants and Other	Assistance to Organizat	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		213,001,346.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		145,131,622.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		76,690,998.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	
		SOUTH AMERICA		0.		74,617,651.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
						1	1	WHOLESALE PRICE,
		SOUTH AMERICA		0.		35,739,931.	· ·	PURCHASED PRICE
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		29,965,400.		WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		25,898,912.	PHARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		25,470,535.	PHARMACEUTICALS	WHOLESALE PRICE
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					· ·	WHOLESALE PRICE,
		GREENLAND)		0.		21,704,552.		PURCHASED PRICE

Chedule F (FOITH 990)								Fage
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	* *	of cash grant	cash disbursement	non-cash	of non-cash	valuation (book, FN
	and Env (ii applicable)		grant	or cash grant	Casif disbursement	assistance	assistance	appraisal, other)
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		21,624,768.	PHARMACEUTICALS	WHOLESALE PRIC
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		20 718 703	PHARMACEUTICALS	WHOLESALE PRIC
		AFRICA		•		20,710,703.	INAMIACEOTICAES	WHODESALE TRIC
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		20,692,198.	PHARMACEUTICALS	WHOLESALE PRIC
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		19,515,856.	PHARMACEUTICALS	WHOLESALE PRIC
						, ,		
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		17,993,040.	I .	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					MEDICAL SUPPLIES,	WHOLESALE PRIC
		NORTH AFRICA		0.		16,927,211.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		GENEDAL AMEDICA					· ·	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		14,954,606.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		13,970,972.	,	WHOLESALE PRIC
						, ,		
		CENTRAL AMERICA		_				ESTIMATED
		AND THE CARIBBEAN		0.		11,577,262.	PHARMACEUTICALS	WHOLESALE PRIC

1	(b) IRS code section		(d) Durposs of	(a) Amount	(f) Mannar of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
								ESTIMATED
		SOUTH ASIA		0.		10,817,810.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		10,019,986.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		9,124,496.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		8,340,147.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					· ·	WHOLESALE PRICE
		AFRICA		0.		8,290,036.		PURCHASED PRIC
							PHARMACEUTICALS,	
		MIDDLE EAST AND					OTHER, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRIC
		NORTH AFRICA		0.		7,964,924.		PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		7,854,985.		PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		7,470,509.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		7,224,641.	PHARMACEUTICALS	WHOLESALE PRIC

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
							PHARMACEUTICALS,	
		CENTRAL AMERICA				1	MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		7,123,707.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		7,112,595.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SOUTH AMERICA		0.		6,933,847.	•	PURCHASED PRICE
						7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
								ESTIMATED
		SOUTH ASIA		0.		6,903,856.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		6,564,357.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		6,132,104.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
		BOOTH ASTA		0.		3,311,023.	MEDICAL SUFFLIES	FORCHASED FRICE
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		5,805,258.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		5,799,157.	PHARMACEUTICALS	WHOLESALE PRICE

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
								ESTIMATED
		SOUTH AMERICA		0.		5,767,490.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		5,577,940.	EQUIPMENT	WHOLESALE PRICE
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES,	ESTIMATED
		GREENLAND)		0.		5,546,315.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					· ·	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		5,196,580.		PURCHASED PRIC
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		5,017,540.	PHARMACEUTICALS	WHOLESALE PRIC
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		4,941,875.	PHARMACEUTICALS	WHOLESALE PRIC
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AFRICA		0.		4,865,484.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		4,571,121.	EÕOT LMEN.I.	PURCHASED PRIC
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		4,380,301.	EQUIPMENT	WHOLESALE PRIC

Scriedule F (Form 990)								Fage Z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and Env (ii applicable)		grant	of cash grant	Casii dispursement	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		4,265,813.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SOUTH ASIA		0.		4,129,829.	PHARMACEUTICALS	WHOLESALE PRICE
							DUADNA GRUMTOAT G	
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0,		4,000,302.		WHOLESALE PRICE
						1	PHARMACEUTICALS,	
		GENERAL AMERICA					OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA				1	SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		3,837,059.	EOOILMENI	PURCHASED PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	БСШТМУШБО
		NORTH AMERICA		0.		3,790,501.	•	WHOLESALE PRICE
		NORTH AMERICA		0.		3,750,501.	EQUITMENT	WHODESALE TRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		3,552,742.	•	WHOLESALE PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	
		CENTRAL AMERICA					SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		3,489,903.	· '	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		3,425,036.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		3,028,381.	EQUIPMENT	PURCHASED PRICE

Part II Continuation o	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		3,013,082.	EQUIPMENT	PURCHASED PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		2,929,620.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN		0.		2 025 005	· ·	WHOLESALE PRICE,
		AFRICA		0.		2,835,885.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		2,804,854.	EQUIPMENT	PURCHASED PRICE
		CUD CAUADAN						ЕСШТИХШЕГ
		SUB-SAHARAN AFRICA		0.		2 676 443	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
				•		2,070,113.		MICHELLINE TRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		2,640,769.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		2,639,028.		PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA		_		2 (22 262	MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		2,623,263.	EÕOT LWENJ,	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					·	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		2,601,835.	EQUIPMENT	PURCHASED PRICE

Part II Continuation of	f Grants and Other /	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		2,529,296.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		2,445,947.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		2,430,885.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		2,412,505.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		2,208,330.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		2,049,743.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	
		SOUTH AMERICA		0.		1,995,259.	EQUIPMENT	WHOLESALE PRICE
		EAST ASIA AND THE		_		l	PHARMACEUTICALS,	
		PACIFIC		0.		1,911,546.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE		_			MEDICAL SUPPLIES,	
		PACIFIC		0.		1,898,762.	EOOT SWENT.	PURCHASED PRICE

Part II Continuation o	f Grants and Other A	Assistance to Organizat	ions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
								ESTIMATED
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE PURCHASED PRICE
						, ,		
		SOUTH ASIA		0.		1,875,000.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1 871 318	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		Booth Main		<u> </u>		1,071,310.	I IMMERICACIO I TEMBO	MIODEDINE TRICE
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		1,838,661.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		1,605,933.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		1,513,241.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN		_			· ·	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		1,507,288.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		1,494,544.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.			MEDICAL SUPPLIES	WHOLESALE PRICE

(b) IRS code section nd EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
		grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM\ appraisal, other)
	RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
	NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE
	STATES		0.		1,471,792.	EQUIPMENT	PURCHASED PRICE
						DUADMACEIIMTCAI C	ESTIMATED
	SIIR-SAHARAN					l '	WHOLESALE PRICE
			0.				PURCHASED PRICE
					-,,		
							ESTIMATED
	SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
	AFRICA		0.		1,453,159.	MEDICAL SUPPLIES	PURCHASED PRICE
							ESTIMATED
	SIIB-SAHARAN					PHARMACEUTTCALS	WHOLESALE PRICE
			0.			· ·	PURCHASED PRICE
	EUROPE (INCLUDING						
	ICELAND AND						
	GREENLAND)		0.		1,344,409.	EQUIPMENT	PURCHASED PRICE
						PHARMACEUTICALS	
	CENTRAL AMERICA					· · · · · · · · · · · · · · · · · · ·	ESTIMATED
	AND THE CARIBBEAN		0.				WHOLESALE PRICE
	GUD GAUADAN					l '	ESTIMATED
			0				WHOLESALE PRICE PURCHASED PRICE
	AFRICA		0.		1,2/4,141.	EQUIFMENT	FORCHASED FRICE
						· · · · · · · · · · · · · · · · · · ·	ESTIMATED
	AFRICA		0.		1,236,550.		WHOLESALE PRICE
						· ·	
	ביא אמה אמדא אאזה חייים						EGMIMAMED.
			0				ESTIMATED WHOLESALE PRICE
		NEIGHBORING STATES SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA EUROPE (INCLUDING ICELAND AND GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA EAST ASIA AND THE PACIFIC	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA EUROPE (INCLUDING ICELAND AND GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA EAST ASIA AND THE	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA O. SUB-SAHARAN AFRICA O. EUROPE (INCLUDING ICELAND AND GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN O. SUB-SAHARAN AFRICA O. SUB-SAHARAN AFRICA O.	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA O. SUB-SAHARAN AFRICA O. EUROPE (INCLUDING ICELAND AND GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN O. SUB-SAHARAN AFRICA O. SUB-SAHARAN AFRICA O.	SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA O. 1,469,905. SUB-SAHARAN AFRICA O. 1,453,159. SUB-SAHARAN AFRICA O. 1,344,875. EUROPE (INCLUDING ICELAND AND GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN O. 1,326,564. SUB-SAHARAN AFRICA O. 1,274,141. SUB-SAHARAN AFRICA O. 1,274,141.	STATES 0. 1,471,792. EQUIPMENT PHARMACEUTICALS, MEDICAL SUPPLIES, AFRICA 0. 1,469,905. EQUIPMENT SUB-SAHARAN 0. 1,453,159. MEDICAL SUPPLIES SUB-SAHARAN 0. 1,453,159. MEDICAL SUPPLIES EUROPE (INCLUDING ICELAND AND GREENLAND) 0. 1,344,409. EQUIPMENT CENTRAL AMERICA 0. 1,344,409. EQUIPMENT PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL SUPPLIES, AND THE CARIBBEAN 0. 1,326,564. EQUIPMENT PHARMACEUTICALS, MEDICAL SUPPLIES, APRICA 0. 1,274,141. EQUIPMENT SUB-SAHARAN 0. 1,236,550. MEDICAL SUPPLIES, APRICA 0. 1,236,550. MEDICAL SUPPLIES OTHER, MEDICALS,

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		1,115,724.	PHARMACEUTICALS	WHOLESALE PRICE
								L
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		1,105,269.	· ·	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,102,617.	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,102,617.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,085,950.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		1,076,993.	· ·	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		1,073,369.	MEDICAL SUPPLIES	WHOLESALE PRICE
						, ,		
		SUB-SAHARAN AFRICA		0.		1 070 637	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		III KIOII		••		1,070,037.	тинименоттельь	WHOLEDIEL TRICE
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		1,068,911.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		1,067,558.	EQUIPMENT	PURCHASED PRICE

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES	ESTIMATED
		NORTH AFRICA		0.		1,066,999.	· ·	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AFRICA		0.		1,035,515.	EQUIPMENT	PURCHASED PRICE
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		0.		1,018,272.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		992,781.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH ASIA		0.		979,269.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA		0		000 117	SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		928,117.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		899,319.	EQUIPMENT	PURCHASED PRICE
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	WHOLESALE PRICE
		GREENLAND)		0.		884,037.	EQUIPMENT	PURCHASED PRICE

Part II Continuation o	f Grants and Other A	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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, FM\ appraisal, other)
		SOUTH AMERICA		0.		876,199.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		856,955.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		827 132.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND		_				ESTIMATED
		GREENLAND)		0.		793,802.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND				707 644	DUADMA GRUMT GAT G	ESTIMATED
		NORTH AFRICA		0.			PHARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND					MEDICAL SUPPLIES,	
		GREENLAND)		0.		775,308.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		771 626	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		REALCA		0.		//4,030.	FRANKCEUTICALS	MUODESALE PRICE
		SOUTH ASIA		0.		773,651.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

1	(b) IDC code coction		(d) Durpose of	(a) Amount	(f) Mannar of	(g) Amount of	(h) Description	(i) Method of
(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	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.			EQUIPMENT	WHOLESALE PRICE
		EUROPE (INCLUDING						
		ICELAND AND						ESTIMATED
		GREENLAND)		0.		718,440.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		706,027.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		MIDDLE EAST AND					PHARMACEUTICALS,	WHOLESALE PRICE
		NORTH AFRICA		0.		705,435.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	
		EAST ASIA AND THE					SUPPLIES,	ESTIMATED
		PACIFIC		0.		703,651.	EQUIPMENT	WHOLESALE PRIC
								ESTIMATED
		SOUTH AMERICA		0.		690,589.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.			EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		672,217.	MEDICAL SUPPLIES	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		669,150.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation o	f Grants and Other A	Assistance to Organizat	ions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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, FM\ appraisal, other)
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.		666,794.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		652,253.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		652,253.	PHARMACEUTICALS	WHOLESALE PRICE
						1	PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND NORTH AFRICA		0.		1	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE PURCHASED PRICE
		NORTH AFRICA		0.		044,529.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
						1	MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH ASIA		0.		634,372.	EQUIPMENT	PURCHASED PRICE
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		590,733.	PHARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.			EQUIPMENT	WHOLESALE PRICE
		111011110				301,331.	Ego111EM1	MICHELL TRICE
							DUADNA GRUTTERA S	полимет
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		DOUTH ASIA		0.		370,204.	MEDICAL SOLLDIES	MIODESADE PRICE
		EUROPE (INCLUDING						
		ICELAND AND						
		GREENLAND)		0.		573,003.	MEDICAL SUPPLIES	PURCHASED PRICE

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		557,375.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		556,337.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.		500,650.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AFRICA		0.		497,131.	EQUIPMENT	PURCHASED PRIC
								ESTIMATED
		SOUTH ASIA		0.		489,189.	PHARMACEUTICALS	WHOLESALE PRIC
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
							SUPPLIES,	WHOLESALE PRICE
		SOUTH ASIA		0.		481,028.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		473,314.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	
		CENTRAL AMERICA					SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		469,985.	EQUIPMENT	WHOLESALE PRIC
		RUSSIA AND						
		NEIGHBORING					PHARMACEUTICALS,	ESTIMATED
		STATES		0.		450,552.	MEDICAL SUPPLIES	WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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, FM\ appraisal, other)
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		446,872.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE					1	WHOLESALE PRICE
		PACIFIC		0.			EQUIPMENT	PURCHASED PRICE
						,	2	
		am a						
		SUB-SAHARAN AFRICA		0.		416 521	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		410,521.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN		_				ESTIMATED
		AFRICA		0.		401,486.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					· ·	WHOLESALE PRICE
		AFRICA		0.			EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.			EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	п сттил тпр
		NORTH AMERICA		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		NORTH TENDRICH		0.		305,455.	EQ011HEM1	WHOLIGHED TRICE
		aup annapan						поштилить
		SUB-SAHARAN AFRICA		0.		360 000	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		HINICA		0.		300,338.	FIARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE		_			PHARMACEUTICALS,	ESTIMATED
		PACIFIC		0.		361,273.	MEDICAL SUPPLIES	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		351,945.	EQUIPMENT	PURCHASED PRICE
							DILA DIVA GRUMTANI A	
		SOUTH AMERICA		0.		338 5/3	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		DOUTH AMERICA		· ·		330,343.	EQUITMENT	WHOLESALE TRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		331,494.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SOUTH ASIA		0.		322 218.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		320,071.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		311,398.	PHARMACEUTICALS	WHOLESALE PRICE
						,		
		CENTRAL AMERICA					· ·	ESTIMATED
		AND THE CARIBBEAN		0.		291,332.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.			EQUIPMENT	WHOLESALE PRICE
						,		
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		283,877.	MEDICAL SUPPLIES	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
								L
		GUD GAUADAN					PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN AFRICA		0.		272 127	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		AFRICA		0.		2/3,12/.	EQUIPMENT	PORCHASED PRICE
							PHARMACEUTICALS,	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.		1	EQUIPMENT	WHOLESALE PRICE
				-		,	_	
								ESTIMATED
		SOUTH AMERICA		0.		267,659.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		263,040.	PHARMACEUTICALS	WHOLESALE PRICE
		L						
		MIDDLE EAST AND				050 614		ESTIMATED
		NORTH AFRICA		0.		250,614.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		250 614	PHARMACEUTICALS	WHOLESALE PRICE
				•		200,021.		
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		247,860.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE,
		SOUTH AMERICA		0.		235,165.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA		_			MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		233,099.	EQUIPMENT	WHOLESALE PRICE

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRIC
		SOUTH AMERICA		0.		228,646.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					MEDICAL SUPPLIES,	WHOLESALE PRIC
		NORTH AFRICA		0.		220,544.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN				1	MEDICAL SUPPLIES,	WHOLESALE PRIC
		AFRICA		0.		205,405.	EQUIPMENT	PURCHASED PRIC
								ESTIMATED
		SOUTH ASIA		0.		202,884.	PHARMACEUTICALS	WHOLESALE PRIC
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AFRICA		0.		202,071.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS, OTHER, MEDICAL	ESTIMATED
							SUPPLIES,	WHOLESALE PRIC
		SOUTH AMERICA		0.		1	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRIC
		SOUTH ASIA		0.			EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA				1	MEDICAL SUPPLIES,	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		1	EQUIPMENT	PURCHASED PRIC
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		192,780.	PHARMACEUTICALS	WHOLESALE PRIC

Part II Continuation o	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
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)
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		0.		190,764.	EQUIPMENT	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		181,154.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		180,561.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		179,010.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		179,010.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		171,147.	EQUIPMENT	WHOLESALE PRICE
		EUROPE (INCLUDING						
		ICELAND AND						ESTIMATED
		GREENLAND)		0.		169,832.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		161,260.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		147,763.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		NORTH AMERICA		0.		147,661.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		147,188.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		143,208.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		143,208.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		141,872.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		134,797.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		131,732.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		123,645.	EQUIPMENT	WHOLESALE PRICE

Scriedule F (Form 990)								raye z
Part II Continuation o	f Grants and Other A	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	Т
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and Env (ii applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		122,656.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND				l	PHARMACEUTICALS,	
		NEIGHBORING					1	
		STATES		0.		120,147.	EQUIPMENT	WHOLESALE PRICE
							L	
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		NORTH AMERICA		0.		118,803.	EQUIPMENT	WHOLESALE PRICE
							DIIADMA GEIIMTGAI G	п сттилтер
		CENTED AL AMEDICA					PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA				116 015	MEDICAL SUPPLIES,	1
		AND THE CARIBBEAN		0.		110,015.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.			EQUIPMENT	PURCHASED PRICE
				••		113,372.	DQ 01111DIVI	TORGINION TRICK
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		111,121.	EQUIPMENT	PURCHASED PRICE
						,		
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		110,256.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA					,	ESTIMATED
		AND THE CARIBBEAN		0.		107,510.	OTHER	WHOLESALE PRICE
								L
		MIDDLE EAST AND		_		105.455		ESTIMATED
		NORTH AFRICA		0.		107,406.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		106,525.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		100,063.	OTHER, EQUIPMENT	PURCHASED PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		99,401.	MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
						, -		
								ESTIMATED
		CENTRAL AMERICA		0			PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		98,046.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SOUTH ASIA		0.		96,728.	PHARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE					PHARMACEUTICALS,	ESTIMATED
		PACIFIC		0.		90,149.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					MEDICAL SUPPLIES,	
		NORTH AFRICA		0.			EQUIPMENT	PURCHASED PRICE
							MEDICAL SUPPLIES,	
		NORTH AMERICA		0.			EQUIPMENT	PURCHASED PRICE
						,		
		L					PHARMACEUTICALS,	
		EAST ASIA AND THE		_		86 021	MEDICAL SUPPLIES,	
		PACIFIC		0.		86,021.	EQUIPMENT	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		85,850.	1	WHOLESALE PRICE
		EAST ASIA AND THE					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.			EQUIPMENT	WHOLESALE PRICE
						, .		
							PHARMACEUTICALS,	
		SUB-SAHARAN		_			MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		85,337.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		EAST ASIA AND THE				1	MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.		83,519.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		1	MEDICAL SUPPLIES	WHOLESALE PRICE
						, .		
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA		_			MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		77,725.	EQUIPMENT	PURCHASED PRICE
		SOUTH ASIA		0.		77,700.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		NORTH AMERICA		0.		74,832.	PHARMACEUTICALS	WHOLESALE PRICE
						,		
		SUB-SAHARAN		^		74 500	PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		/4,582.	MEDICAL SUPPLIES	WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
		SUB-SAHARAN AFRICA		0.		72,244.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EAST ASIA AND THE		0.		71,795.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		71,604.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		68,778.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE		0.		66,508.	MEDICAL SUPPLIES	PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		65,713.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		63,114.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		59 673.	PHARMACEUTICALS	WHOLESALE PRICE
				-		, , , , , ,		
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE,
		SOUTH AMERICA		0.		59,392.	EQUIPMENT	PURCHASED PRICE
								ECHIMAMED
							MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SOUTH AMERICA		0.		57 9 4 1.	EQUIPMENT	PURCHASED PRICE
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		EAST ASIA AND THE						
		PACIFIC		0.		55,914.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		EAST ASIA AND THE						WHOLESALE PRICE,
		PACIFIC		0.		55,757.	MEDICAL SUPPLIES	PURCHASED PRICE
						,		
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		54,976.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		53,153.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND				50.010		ESTIMATED
		NORTH AFRICA		0.		52,843.	PHARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		49,842.	PHARMACEUTICALS	WHOLESALE PRICE

Scriedule F (Form 990)								Fage Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
								ESTIMATED
		EAST ASIA AND THE						WHOLESALE PRICE,
		PACIFIC		0.		48,133.	EQUIPMENT	PURCHASED PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		48,078.	MEDICAL SUPPLIES	
		CENTRAL AMERICA		0		45 500		ESTIMATED
		AND THE CARIBBEAN		0.		47,529.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH AMERICA		0.		46,627.	MEDICAL SUPPLIES	WHOLESALE PRICE
		NODWY AMEDICA		0		46 576	DUA DWA GRUMT GA L G	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		40,570.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		0.		45,797.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		45,212.	MEDICAL SUPPLIES	WHOLESALE PRICE
		EAST ASIA AND THE						
		PACIFIC		0.		43,809.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN		_		42 505	·	1
		AFRICA		0.		43,725.	EQUIPMENT	PURCHASED PRICE

Part II Continuation o	f Grants and Other	Assistance to Organizat	tions or Entities Outside the l	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	
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)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		40,318.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH AMERICA		0.		40,011.	EQUIPMENT	PURCHASED PRICE
		SOUTH AMERICA		0.		40,011.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.			EQUIPMENT	WHOLESALE PRICE
		L						ESTIMATED
		EAST ASIA AND THE PACIFIC		0.		39 752	PHARMACEUTICALS	WHOLESALE PRICE, PURCHASED PRICE
		Merric		••		33,732.	тиминеноттельь	I OKCIMBED TRICE
								ESTIMATED
		SUB-SAHARAN				1	PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		39,690.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		NORTH AMERICA		0.		38,264.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		38,237.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		37,479.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
								ESTIMATED
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		35,903.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		AND THE CARIBBEAN		0.		32,303.	EQUIFMENT	FORCHASED FRICE
		EAST ASIA AND THE					MEDICAL SUPPLIES,	
		PACIFIC		0.			EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		32,433.	EQUIPMENT	PURCHASED PRICE
		MIDDLE EAST AND						ESTIMATED WHOLESALE PRICE,
		NORTH AFRICA		0.		32,323.	OTHER, EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		SOUTH AMERICA		0.		31,409.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		31,354.	OTHER, EQUIPMENT	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
				_			MEDICAL SUPPLIES,	WHOLESALE PRICE,
		SOUTH ASIA		0.		30,992.	EQUIPMENT	PURCHASED PRICE

Part II Continuation o	f Grants and Other A	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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, FM\ appraisal, other)
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		30,874.	OTHER	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		30,874.	OTHER	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN				1	MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		1	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		30,265.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		30,008.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.			EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		EAST ASIA AND THE						WHOLESALE PRICE
		PACIFIC		0.		28,683.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		26,159.	PHARMACEUTICALS	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
		EAST ASIA AND THE						
		PACIFIC		0.		25,501.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
						l	MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		l	EQUIPMENT	WHOLESALE PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		24,614.	MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
						,		
								ESTIMATED
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		AFRICA		0.		21,559.	EQUIPMENT	PURCHASED PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		21,358.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		19,467.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN				l	MEDICAL SUPPLIES,	1
		AFRICA		0.		19,202.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		l	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE

 Schedule F (Form 990)
 DIRECT RELIEF
 95-1831116
 Page 2

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND					DIIA DWA GELIERT GAT G	
		NEIGHBORING STATES		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SIAIES		0.		17,224.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.			EQUIPMENT	PURCHASED PRICE
				-		,		
		EAST ASIA AND THE						
		PACIFIC		0.		16,479.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	1
		AFRICA		0.		15,330.	EQUIPMENT	PURCHASED PRICE
		MODELL AMEDICA		0.		14 767	DUADMACRIMICAI C	ESTIMATED
		NORTH AMERICA		0.		14,767.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
				-		,		
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		14,250.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA				1	PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		14,082.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN						WHOLESALE PRICE,
		AFRICA		0.		14,064.	MEDICAL SUPPLIES	PURCHASED PRICE

Part II Continuation o	f Grants and Other A	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
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, FM\ appraisal, other)
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		13,835.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
								ЕСШТИЗМЕР
		EAST ASIA AND THE						ESTIMATED WHOLESALE PRICE
		PACIFIC		0.		12,707.	MEDICAL SUPPLIES	PURCHASED PRICE
						,		
								ESTIMATED
		SOUTH AMERICA		0.		12,350.	MEDICAL SUPPLIES	WHOLESALE PRICE
						,		
		GUD GAUADAN						поштил шпр
		SUB-SAHARAN AFRICA		0.		12 067	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
						22,557.		
		SOUTH AMERICA		0.		12,004.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.			EQUIPMENT	WHOLESALE PRICE
		DUGGIA AND						
		RUSSIA AND NEIGHBORING						ESTIMATED
		STATES		0.		9,984.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		GOLIMII AMEDICA		_		0 634	DUADMAGEUTTGALG	WHOLESALE PRICE
		SOUTH AMERICA		0.		9,031.	PHARMACEUTICALS	PURCHASED PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
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)
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
						·		
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		9,427.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
							PHARMACEUTICALS,	WHOLESALE PRICE,
		SOUTH ASIA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
				_		,		
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		9,136.	MEDICAL SUPPLIES	PURCHASED PRICE
		a=11mp11 11mp1a1					WEDTANI GUDDITHA	ESTIMATED
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		AND THE CARIBBEAN		0.		9,100.	EQUIPMENT	PORCHASED PRICE
								ESTIMATED
		SOUTH AMERICA		0.		9,100.	MEDICAL SUPPLIES	WHOLESALE PRICE
								ESTIMATED
		MIDDLE EAST AND				0.067	MEDICAL SUPPLIES,	1
		NORTH AFRICA		0.		9,067.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		NORTH AMERICA		0.			EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		8,574.	EQUIPMENT	PURCHASED PRICE

Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
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)
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
						,		
		EAST ASIA AND THE PACIFIC		0.		8,062.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		7,822.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		7,524.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6 958.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
				-		,		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2019 DIRECT RELIEF 95-1831116 Page 4

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

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

X Yes

Yes X No

Part IV | Foreign Forms

5

6

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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 AND DOES MAKE SITE VISITS TO GRANTEES TO ENSURE
COMPLIANCE WITH THE PROJECT PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT
COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE
SITUATIONS.
PART I, LINE 3:
THE ORGANIZATION USED ACCRUAL METHOD FOR ACCOUNTING FOR EXPENDITURES
OUTSIDE THE U.S.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2019
Open to Public

Inspection

Name of the organization **Employer identification number** 95-1831116 DIRECT RELIEF Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) NAFC COVID19-US, SAFETY NET SUPPORT NAFC FUNDING 1800 DIAGONAL ROAD, STE 600 56-2273242 501(C)(3) ALEXANDRIA , VA 22314 0 PROGRAM 2,280,000, DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD INTERCOMPANY TRANSFER OF SANTA BARBARA, CA 93117 20-5983698 501(C)(3) 0 FUNDS 1,320,042 GULF COAST HEALTH CENTER, INC 2548 MEMORIAL BLVD HURRICANE HARVEY, 76-0289927 501(C)(3) covid19-us PORT ARTHUR, TX 77640 941,060 0 TNICIATIVA COMUNITARIA DE INVESTIGACION - PO BOX 366535 -PUERTO RICO OPIOID 66-0483960 501(C)(3) PROGRAM SAN JUAN PR 00936 896 444 0. STEPHEN F AUSTIN COMM HEALTH CTR 10851 SCARSDALE BLVD., SUITE 160 HURRICANE HARVEY. covid19-us HOUSTON TX 77089 41-2273820 501(C)(3) 0. 703 396. COMMUNITY HEALTH CTR S. CENTRAL TEXAS - P.O. BOX 1890 - GONZALES TX 78629 74-1548089 501(C)(3) 686 290. 0 HURRICANE HARVEY 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1 578. Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
MIGRANT HEALTH CTR WESTERN REGION PO BOX 190 MAYAGUEZ, PR 00681	66-0427801	501(C)(3)	665,498.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MOBILE HEALTH, COVID19-US	
SPRING BRANCH COMM HEALTH CTR 800 SAM HOUSTON PKWY SOUTH HOUSTON, TX 77042	30-0198705	501(C)(3)	619,514.	0.			HURRICANE HARVEY,	
POR LOS NUESTROS CALLE JACARANDA #91 SAN JUAN, PR 00912	66-0776227	501(C)(3)	603,328.	0.			ABBVIE PR ENERGY PROJECTS	
VOCES PMB 290 JUAN C BORBON ST#35, STE 6 GUAYNABO, PR 00969	7 66-0798610	501(C)(3)	584,390.	0.			ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE POPULATIONS	
HOPE CLINIC 7001 CORPORATE, SUITE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	558,010.	0.			HURRICANE HARVEY, COVID19-US	
WEST SIDE COMMUNITY HEALTH SERVICES - 153 CESAR CHAVEZ ST - ST. PAUL, MN 55107	23-7156236	501(C)(3)	550,000.	0.			COVID19-US	
COSSMA, INC PO BOX 1330 CIDRA, PR 00739-1330	66-0434923	501(C)(3)	528,678.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MOBILE HEALTH	
SANTA BARBARA COUNTY FIRE DEPT 4410 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93110-1042	95-6002833	GOVERNMENT AGENCY	7 528,389.	0.			SANTA BARBARA COUNTY FIREHAWK	
HPM FOUNDATION 2020 AVE. BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)	500,520.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MOBILE HEALTH, COVID19-US	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVE. LOS ANGELES, CA 90011 95-3877793 501(C)(3) 500,000 0. covid19-us ZUFALL HEALTH CENTER 18 WEST BLACKWELL STREET DOVER, NJ 08876 22-3125397 501(C)(3) 500,000 0 COVID19-US SANSUM CLINIC PO BOX 1200 SANTA BARBARA, CA 93102-1200 95-6419205 501(C)(3) 500,000 0. covid19-us BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117 45-3792193 501(C)(3) 500,000, 0 covid19-us SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET 77-0496382 501(C)(3) SANTA BARBARA, CA 93103 0. 500,000, COVID19-US ORCHARD HOSPITAL 240 SPRUCE STREET GRIDLEY, CA 95948 94-1049467 501(C)(3) 0. 2018 CALIFORNIA WILDFIRES 500,000 HARBOR HEALTH SERVICES, INC. 1135 MORTON STREET 23-7100550 501(C)(3) covid19-us MATTAPAN MA 02126 500,000, 0. INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035 13-3273402 501(C)(3) 500,000. 0. covid19-us PANCARE OF FLORIDA INC 403 EAST 11TH STREET HURRICANE MICHAEL 91-2189932 501(C)(3) PANAMA CITY, FL 32401 490 880. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) AMISTAD COMM HEALTH CENTER, INC HURRICANE HARVEY 1533 SOUTH BROWNLEE BLVD HURRICANE FLORENCE, CORPUS CHRISTI, TX 78412 20-3008507 501(C)(3) 485,000 0. covid19-us SALUD INTEGRAL EN LA MONTANA ABBVIE PR INFRASTRUCTURE EQUIPMENT, ABBVIE PR PO BOX 515 NARANJITO, PR 00719 66-0329532 501(C)(3) 475,000 0 MOBILE HEALTH NORTH FLORIDA MEDICAL CENTERS INC. HURRICANE HARVEY, SUITE 2 2804 REMINGTON GREEN CIRCLE HURRICANE MICHAEL TALLAHASSEE, FL 32308 59-1915144 501(C)(3) 469,558 0. covid19-us GOSHEN MEDICAL CENTER 412 SW CENTER STREET, PO BOX 187 HURRICANE FLORENCE. 56-1209062 501(C)(3) 422,000. FAISON, NC 28341 0 COVID19-US TRIANGLE AREA NETWORK, INC. 1495 NORTH 7TH STREET HURRICANE HARVEY, 76-0226835 501(C)(3) BEAUMONT, TX 77702 0. covid19-us 418,488, TRI-COUNTY COMMUNITY HEALTH PO BOX 227 NEWTON GROVE, NC 28366 58-1319204 501(C)(3) 0. HURRICANE FLORENCE 408,156, PUERTO RICO OPIOID PROGRAM ABBVIE PR HOGAR DEL BUEN PASTOR INC 250 AVE CONSTITUCION MEDICALLY FRAGILE POPULATIONS SAN JUAN, PR 00901 66-0488299 372 182. 0. THE MAVEN PROJECT ST 105 1375 SUTTER ST BAYER HEMOPHILIA CAMPS. SAN FRANCISCO, CA 94109 46-5370676 501(C)(3) 353,400. 0. MAVEN PROJECT BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HURRICANE HARVEY. COVID19-US HOUSTON, TX 77031-2403 27-0653014 501(C)(3) 350 872. 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
CORP DE SERVICIOS MEDICO HATILLO PO BOX 907								
HATILLO, PR 00659-0907	66-0427194	501(C)(3)	312,290.	0.			ABBVIE PR MOBILE HEALTH	
PONCE MEDICAL SCHOOL FOUNDATION P.O. BOX 70004 PONCE, PR 00731	66-0379122	501(C)(3)	297,725.	0.			ABBVIE PR TELEHEALTH,	
COMMUNITY HEALTH OF SO FLORIDA, INC - 10300 SW 216 ST - MIAMI, FL 33190	59-1372690	501(C)(3)	291,479.	0.			HURRICANE IRMA - U.S., COVID19-US	
ACCESSHEALTH 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501(C)(3)	288,188.	0.			HURRICANE HARVEY, COVID19-US	
EASTWOOD HEALTH 412 TELEPHONE ROAD HOUSTON, TX 77023	76-0442781	501(C)(3)	278,922.	0.			HURRICANE HARVEY	
COMMUNITY HEALTH FDN OF PR INC MARGINAL SANTA CRUZ C-17 BAYAMON, PR 00961	66-0749601	501(C)(3)	252,534.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, COVID19-US	
ASOCIACION HOSPITALS DE PUERTO RICO - VILLA NEVAREZ 120 CALLE 2 STE 101 - SAN JUAN, PR 00927	66-0274483		250,000.	0.			PUERTO RICO OPIOID PROGRAM	
CORNELL SCOTT-HILL HEALTH CORP 400-428 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0870990	501(C)(3)	250,000.	0.			BD AWARDS PROGRAM, COVID19-US	
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	250,000.	0.			BD AWARDS PROGRAM, COVID19-US	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) MOUNTAIN PARK HEALTH CENTER 3003 N CENTRAL AVE. SUITE 1600 BD AWARDS PROGRAM PHOENIX, AZ 85012 86-0498020 501(C)(3) 250,000 0. covid19-us MAPLE CITY HEALTHCARE CTR 213 MIDDLEBURY STREET BD AWARDS PROGRAM GOSHEN, IN 46528 35-1749398 501(C)(3) 250,000 0 COVID19-US ASOCIACION PUERTORRIQUENA DIABETES 1608 CALLE BORI EDIF. ABBVIE PR MEDICALLY RIO PIEDRAS, PR 00927 66-0442165 501(C)(3) 249,000 0. FRAGILE POPULATIONS ASOCIACION DE SALUD PRIMARIA DE PR ABBVIE PR INFRASTRUCTURE, ALIANZA BUILDING #400 AVE. EQUIPMENT, ABBVIE PR 66-0419912 501(C)(3) RIO PIEDRAS, PR 00927 0 EMERGENCY PREP & RESP 244,800, HENRY J AUSTIN HEALTH CENTER 321 N WARREN STREET BD AWARDS PROGRAM 22-2682708 501(C)(3) 0. COVID19-US TRENTON, NJ 08618 239,000, SERVICIOS DE SALUD PRIMARIOS BARCELONETA INC - PO BOX 2045 -BARCELONETA, PR 00617 66-0426667 501(C)(3) 0. ABBVIE PR ENERGY PROJECTS 220,486, MEDCENTRO CONSEJO DE SALUD DE PR 1034 HOSTOS AVENUE 66-0292961 501(C)(3) PONCE, PR 00716-1115 211 560. 0. ABBVIE PR MOBILE HEALTH URBAN HEALTH PLAN 1065 SOUTHERN BLVD BRONX, NY 10459 23-7360305 501(C)(3) 200,000. 0. BD AWARDS PROGRAM COMM HEALTH CENTERS OF CENTRAL COAST - 150 TEJAS PLACE - NIPOMO. CA 93444 95-3253302 501(C)(3) 200 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
COASTAL HEALTH/WELLNESS - GALVESTON - PO BOX 939 - LA MARQUE, TX 77591	74-1665318	501(C)(3)	196,140.	0.			HURRICANE HARVEY, COVID19-US	
OXNARD FIREFIGHTERS FOUNDATION PO BOX 5503 OXNARD, CA 93031	45-5239547	501(C)(3)	183,000.	0.			ABBVIE PR MONITORING & EVALUATION, 2018 CALIFORNIA WILDFIRES	
PASADENA HEALTH CENTER, INC 908 SOUTHMORE, STE 100 PASADENA, TX 77573	20-0462905	501(C)(3)	180,862.	0.			HURRICANE HARVEY, COVID19-US	
LONE STAR FAMILY HEALTH CENTER 605 S CONROE MEDICAL DRIVE CONROE, TX 77304	30-0038860	501(C)(3)	175,000.	0.			HURRICANE HARVEY	
PENDER ALLIANCE FOR TEEN HEALTH 5380 NC HWY 53 W BURGAW, NC 28425	27-1851728	501(C)(3)	170,000.	0.			HURRICANE FLORENCE	
REGENTS OF THE UNIVERSITY OF CO 1800 MAIL STOP F428 DENVER, CO 80203	84-6000555	501(C)(3)	168,850.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE	
MATAGORDA EPISCOPAL HEALTH OUTREACH - 101 AVE F. NORTH - BAY CITY, TX 77414	20-0537948	501(C)(3)	167,522.	0.			HURRICANE HARVEY	
CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI FERRI, INC - MORSE ST. #46 VALENTINA CORNER - ARROYO, PR 00714	66-0496484	501(C)(3)	165,000.	0.			ABBVIE PR MOBILE HEALTH	
THE CENTER FOR MIND BODY MEDICINE 5225 CONNECTICUT AVE NW #414 WASHINGTON, DC 20015	52-1755744	501(C)(3)	163,024.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS	

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
THE DIMOCK CENTER 55 DIMOCK STREET ROXBURY, MA 02119	04-3487835	501(C)(3)	150,000.	0.			BD AWARDS PROGRAM, COVID19-US		
BALDWIN FAMILY HEALTH CARE 1615 MICHIGAN AVENUE BALDWIN, MI 49304	38-2053619	501(C)(3)	150,000.	0.			BD AWARDS PROGRAM, COVID19-US		
BOND COMMUNITY HEALTH CTR, INC 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	148,521.	0.			HURRICANE MICHAEL,		
EXTRA BASES PO BOX 4996 AGUADILLA, PR 00605	66-0594469	501(C)(3)	125,000.	0.			HURRICANE MARIA PUERTO RICO, ABBVIE PR MEDICALLY FRAGILE POPULATIONS		
LA MAESTRA FAMILY CLINIC INC. 4060 FAIRMONT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	125,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE, COVID19-US		
FIRE SERVICES TRAINING INSTITUTE NICHOLSON & SCHWARTZ SANTA BARBARA, CA 93101	20-5793662	501(C)(3)	118,499.	0.			AWARE & PREPARE		
FUNDACION INFANTIL RONALD MCDONALD 250 CONVENTO STREET SAN JUAN, PR 00912	66-0468226	501(C)(3)	114,437.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT		
BUTTE COUNTY SHERIFFS SEARCH & RESCUE - PO BOX 542 - CHICO, CA 95927	68-0424791	501(C)(3)	113,382.	0.			2018 CALIFORNIA WILDFIRES		
PUERTO RICO SCIENCE TECH RESEARCH PO BOX 363475 SAN JUAN, PR 00936-3475	66-0675963	501(C)(3)	112,000.	0.			ABBVIE PR TELEHEALTH		

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE RIO PIEDRAS, PR 00921 66-0433762 GOVERNMENT AGENCY 104,000 0. ABBVIE PR TELEHEALTH CORPORACION EL PUNTO EN LA MONTANA PO BOX 30183 PUERTO RICO OPIOID SAN JUAN, PR 00929 66-0714669 501(C)(3) 100,305 0 PROGRAM OUEENSCARE HEALTH CENTERS 950 SO. GRAND AVE, 2ND FLOOR SOUTH LOS ANGELES, CA 90015 95-3702136 501(C)(3) 100,000 0. BD AWARDS PROGRAM PETALUMA HEALTH CTR 1179 N. MCDOWELL BLVD CALIFORNIA WILDFIRES PETALUMA, CA 94954 68-0437840 501(C)(3) 100,000. 0 COVID19-US CONSEJO RENAL DE PUERTO RICO PO BOX 10542 ABBVIE PR MEDICALLY 66-0408212 501(C)(3) 0. FRAGILE POPULATIONS SAN JUAN, PR 00922 100,000. ERIE FAMILY HEALTH CENTER 1701 SUPERIOR STREET 3RD FLOOR BAXTER INNOVATION AWARDS CHICAGO IL 60622 36-3088628 501(C)(3) 0. covid19-us 100,000 US MIDWEST AND SOUTHERN UNITED NEIGHBORHOOD HEALTH 2711 FOSTER AVENUE STORMS & FLOODS, 62-1032792 501(C)(3) covid19-us NASHVILLE, TN 37210 98 975. 0. VECINO HEALTH CENTERS 424 HAHLO STREET HURRICANE HARVEY, HOUSTON, TX 77020 76-0622208 501(C)(3) 95,000. 0. covid19-us CENTRO DE SERV PRIMARIOS DE SALUD ABBVIE PR INFRASTRUCTURE EQUIPMENT, ABBVIE PR 3 CALLE ANTONIO ALCAZAR 66-0428922 501(C)(3) FLORIDA, PR 00650 94 000 0. MOBILE HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) ESPERANZA HEALTH 2001 S. CALIFORNIA AVE. SUITE 100 BAXTER INNOVATION AWARDS. CHICAGO, IL 60608 32-0115907 501(C)(3) 80,000 0. covid19-us HOGAR ALBERGUE PARA LOS NINOS APARTADO 1147 ABBVIE PR MEDICALLY MAYAQUEZ, PR 00681 66-0476875 501(C)(3) 78,945 0 FRACTIE POPULATIONS IBN SINA FOUNDATION 11226 S WILCREST DR HOUSTON, TX 77099 76-0698464 501(C)(3) 75,000 0. HURRICANE HARVEY CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STE D TEVA U.S. VIM GRANT STATE COLLEGE, PA 16803 25-1897969 501(C)(3) 75,000. 0 PROGRAM BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET. TEVA U.S. VIM GRANT 20-2633437 501(C)(3) SUITE 100 - HACKENSACK, NJ 07601 0. PROGRAM 75,000. VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE TEVA U.S. VIM GRANT STUART, FL 34994 65-1064420 501(C)(3) 0. PROGRAM 75,000 FREE CLINIC OF MERIDIAN 4707 POPLAR SPRINGS DRIVE TEVA U.S. VIM GRANT 45-5309446 501(C)(3) MERIDIAN, MS 39305 75 000. 0. PROGRAM PEG TAYLOR CTR FOR ADULT HEALTH CARE - 124 PARMAC ROAD - CHICO, CA 95926 68-0015216 501(C)(3) 74,860. 0. 2018 CALIFORNIA WILDFIRES TEXAS ASSOC OF CHARITABLE CLINICS PO BOX 684127 33-1115138 501(C)(3) AUSTIN, TX 78768 70 400 0. HURRICANE HARVEY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
HEALTHCARE FOR HOMELESS - HOUSTON 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)	70,000.	0.			HURRICANE HARVEY, COVID19-US	
JEFFERSON COUNTY PUBLIC HEALTH 1295 PEARL STREET BEAUMONT, TX 77701	64-0958101	501(C)(3)	65,617.	0.			HURRICANE HARVEY	
RESTORE HOPE FOUNDATION PO BOX 7097 ASHVILLE, NC 28802	84-3417263	501(C)(3)	65,000.	0.			HURRICANE DORIAN	
PRYMED MEDICAL CARE, INC PO BOX 1427 CIALES, PR 00638	66-0428120	501(C)(3)	60,000.	0.			ABBVIE PR MOBILE HEALTH, COVID19-US	
NEOMED CENTER, INC PO BOX 1277 GURABO, PR 00778	66-0485440	501(C)(3)	60,000.	0.			ABBVIE PR MOBILE HEALTH, ABBVIE PR EMERGENCY PREP & RESP	
MED CENTRO INC. 1034 HOSTOS AVENUE PONCE, PR 00716	66-0292961	501(C)(3)	60,000.	0.			ABBVIE PR MOBILE HEALTH, COVID19-US	
HOSPITAL GENERAL DE CASTANER PO BOX 1003 CASTANER, PR 00631-1003	66-0352014	501(C)(3)	60,000.	0.			ABBVIE PR MOBILE HEALTH, COVID19-US	
SANTA ROSA COMM HEALTH CENTER 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	60,000.	0.			CALIFORNIA WILDFIRES, COVID19-US	
COSTA SALUD COMM HEALTH CTR PO BOX 638 RINCON, PR 00677	66-0428488	501(C)(3)	60,000.	0.			ABBVIE PR MOBILE HEALTH, COVID19-US	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
CENTRO DE SERVICIOS PRIMARIOS PO BOX 697 PATILLAS, PR 00723	66-0430826	501(C)(3)	60,000.	0.			ABBVIE PR MOBILE HEALTH, ABBVIE PR EMERGENCY PREP & RESP	
UNITED HEALTH PARTNERS 12605 EAST FREEWAY SUITE 510 HOUSTON, TX 77015	61-1757254	501(c)(3)	58,900.	0.			HURRICANE HARVEY	
MOROVIS COMMUNITY HEALTH CENTER PO BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)	53,171.	0.			ABBVIE PR MOBILE HEALTH, COVID19-US	
TIBURCIO VASQUEZ HEALTH CENTER 22331 MISSION BLVD HAYWARD, CA 94541	23-7118361	501(C)(3)	50,000.	0.			COVID19-US	
INTERNATIONAL COMMUNITY HEALTH SERV - P.O. BOX 3007 - SEATTLE, WA 98114-3007	91-0947084	501(C)(3)	50,000.	0.			covid19-us	
INTERCOMMUNITY HEALTH CARE 800 CONNECTICUT BLVD, 4TH FLOOR EAST HARTFORD, CT 06108	06-0954809	501(C)(3)	50,000.	0.			COVID19-US	
BEAUFORT JASPER HAMPTON COMPREHENSIVE HEALTH SERVICES - PO BOX 357 - RIDGELAND, SC 29936	57-0523586	501(C)(3)	50,000.	0.			coVID19-US	
SOUTHSIDE COMMUNITY HEALTH SERVICES - 4243 4TH AVENUE S - MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)	50,000.	0.			COVID19-US	
BEACON CHRISTIAN COMMUNITY HLTH CTR - 2079 FOREST AVENUE - STATEN ISLAND, NY 10303	02-0703686	501(C)(3)	50,000.	0.			covid19-us	

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
(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
NNIS COMMUNITY HEALTH CENTERS, NC - 6450 LA HWY1 - BATCHELOR, LA							
0715	72-1505179	501(C)(3)	50,000.	0.			COVID19-US
TRI-CITIES COMMUNITY HEALTH				_			
PASCO, WA 99301	91-1138675	501(C)(3)	50,000.	0.			COVID19-US
TRILLIUM HEALTH, INC. 259 MONROE AVE ROCHESTER, NY 14607	16-1356734	501(C)(3)	50,000.	0.			covID19-US
ROCHESIER, NI 1400/	10-1330/34	301(C)(3)	30,000.	0.			COATD13-02
INDIAN HEALTH COUNCIL, INC. 50100 GOLSH RD.				_			
VALLEY CENTER, CA 92082	95-2506788	501(C)(3)	50,000.	0.			COVID19-US
ATASCOSA HEALTH CENTER, INC. 310 W OAKLAWN							
PLEASANTON, TX 78064	74-2089103	501(C)(3)	50,000.	0.			COVID19-US
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET							
BOSTON, MA 02215	04-2510564	501(C)(3)	50,000.	0.			COVID19-US
BEDFORD STUYVESANT FAMILY HEALTH CE - 1456 FULTON ST - BROOKLYN, NY							
11216	11-2412205	501(C)(3)	50,000.	0.			COVID19-US
FETTER HEALTH CARE NETWORK 51 NASSAU STREET							
CHARLESTON, SC 29403-5500	57-0604703	501(C)(3)	50,000.	0.			COVID19-US
VIA CARE COMMUNITY HEALTH CENTER 812 N. AVENUE 63							
LOS ANGELES, CA 90042	80-0699156	501(C)(3)	50,000.	0.			COVID19-US

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) ANCHORAGE NEIGHBORHOOD HEALTH CENTE - 4951 BUSINESS PARK BLVD. ANCHORAGE, AK 99503 92-0047965 501(C)(3) 50,000 0. covid19-us HEARTLAND MEDICAL CLINIC, INC. 346 MAINE STREET SUITE 150 LAWRENCE, KS 66044 48-1221800 501(C)(3) 50,000 0. COVID19-US VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 92084 95-2815615 501(C)(3) 50,000 0. COVID19-US VNA HEALTH CARE 400 NORTH HIGHLAND AVENUE AURORA, IL 60506 36-2182095 501(C)(3) 50,000. 0 covid19-us HEARTLAND HEALTH CENTERS 3048 N WILTON AVE, 2ND FLOOR 36-3843377 501(C)(3) CHICAGO, IL 60657 0. 50,000, COVID19-US VOCATIONAL INSTRUCTION PROJECT COMM - 770 EAST 176TH STREET BRONX, NY 10460 13-3224700 501(C)(3) 0. covid19-us 50,000 FUNDACION YO NO ME OUITO PO BOX 190816 ABBVIE PR MEDICALLY 66-0853785 501(C)(3) SAN JUAN, PR 00919 50,000, 0. FRAGILE POPULATIONS GA CARMICHAEL FAMILY HEALTH CENTER 1668 WEST PEACE STREET CANTON, MS 39046 64-0580940 501(C)(3) 50,000. 0. covid19-us UNIVERSAL COMMUNITY HEALTH CENTER 2801 S. SAN PEDRO ST. 27-0600887 501(C)(3) LOS ANGELES, CA 90011 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UNITY HEALTH CARE, INC 1100 NEW JERSEY AVE, SE SUITE 500 WASHINGTON, DC 20003 52-1572431 501(C)(3) 50,000 0. covid19-us HOUSING WORKS, INC. 57 WILLOUGHBY STREET, FLOOR 2 BROOKLYN, NY 11201 13-3826364 501(C)(3) 50,000 0. COVID19-US INDIAN HEALTH CENTER OF SANTA CLARA VALLEY - 1333 MERIDIAN AVENUE - SAN JOSE, CA 95125 94-2476242 501(C)(3) 50,000 0. covid19-us ILIULIUK FAMILY AND HEALTH SERVICES - 34 LAVELLE COURT PO BOX 144 - UNALASKA, AK 99685 92-0041961 501(C)(3) 50,000. 0 covid19-us WESTSIDE FAMILY HEALTHCARE 300 WATER STREET SUITE 200 22-2488654 501(C)(3) WILMINGTON, DE 19801 0. 50,000, COVID19-US GREATER ELGIN FAMILY CARE CENTER 370 SUMMIT ST 36-4249586 501(C)(3) 0. covid19-us ELGIN, IL 60120-3843 50,000 WHEELER CLINIC 91 NORTHWEST DRIVE 06-0867065 501(C)(3) PLAINVILLE, CT 06062 50 000 0. covid19-us WHITE BIRD CLINIC 341 E 12TH AVE EUGENE, OR 97401 93-0585814 501(C)(3) 50,000. 0. covid19-us WHITE MEMORIAL COMMUNITY HEALTH CEN - 1828 E CESAR E CHAVEZ AVE., 47-2212776 501(C)(3) SUITE 6 - LOS ANGELES, CA 90033 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) WHITEFOORD, INC. 1353 GEORGE W. BRUMLEY WAY, S.E. ATLANTA, GA 30317 58-2180056 501(C)(3) 50,000 0. covid19-us WHITTIER STREET HEALTH CENTER 1290 TREMONT STREET FREDERICA M. WI ROXBURY, MA 02120 04-2619517 501(C)(3) 50,000 0 COVID19-US HARBOR COMMUNITY CLINIC INC. DBA HA - 593 W. 6TH STREET - SAN PEDRO, CA 90731 23-7103245 501(C)(3) 50,000 0. covid19-us WHOLE FAMILY HEALTH CENTER, INC. 827 18TH STREET VERO BEACH, FL 32960 65-0715258 501(C)(3) 50,000. 0 covid19-us GREATER LAWRENCE FAMILY HEALTH CENT - 1 GRIFFIN BROOK DR. SUITE 04-2708824 501(C)(3) 101 - METHUEN, MA 01844 0. 50,000, COVID19-US WESTERN SIERRA MEDICAL CLINIC, INC 844 OLD TUNNEL RD GRASS VALLEY, CA 95945 94-2279011 501(C)(3) 0. covid19-us 50,000 WILLIAM F. RYAN COMMUNITY HLTH CTR 110 W. 97TH STREET 13-2884976 501(C)(3) NEW YORK, NY 10025 50 000 0. covid19-us WESTSIDE FAMILY HEALTH CENTER 3861 SEPULVEDA BLVD CULVER CITY, CA 90230 95-2931931 501(C)(3) 50,000. 0. covid19-us HERALD CHRISTIAN HEALTH CENTER 8841 GARVEY AVENUE 20-3492620 501(C)(3) ROSEMEAD, CA 91770 50 000. 0. covid19-us

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) GREATER BADEN MEDICAL SERVICES. INC - 7450 ALBERT ROAD, THIRD FLOOR SUITE - BRANDYWINE, MD 20613 52-0961414 501(C)(3) 50,000 0. covid19-us HEART OF OHIO FAMILY HEALTH CENTERS - 882 S. HAMILTON ROAD -COLUMBUS, OH 43213 38-3765547 501(C)(3) 50,000 0. COVID19-US UBI CARITA HEALTH MINISTRIES 4450 HIGHLAND AVE BEAUMONT, TX 77705 76-0558225 501(C)(3) 50,000 0. HURRICANE HARVEY FIRST CHOICE HEALTH CENTERS, INC. 94 CONNECTICUT BLVD 50,000. EAST HARTFORD, CT 06108 06-1416492 501(C)(3) 0 covid19-us BAKERSVILLE COMMUNITY MEDICAL CLINI - PO BOX 27 - BAKERSVILLE 56-1084427 501(C)(3) 0. NC 28705 50,000, COVID19-US AXESSPOINTE COMMUNITY HEALTH CENTER - 1400 S ARLINGTON ST, UNIT 38 - AKRON, OH 44306-3771 34-1735884 501(C)(3) 0. covid19-us 50,000 IBERIA COMPREHENSIVE COMMUNITY HEAL - 806 JEFFERSON TERRACE BLVD - NEW IBERIA, LA 70560 58-2164455 501(C)(3) 50 000 0. covid19-us FIRST CHOICE PRIMARY CARE PO BOX 4363 MACON, GA 31208-4363 20-4391090 501(C)(3) 50,000. 0. covid19-us AVENAL COMMUNITY HEALTH CENTER P.O. BOX 580 77-0425496 501(C)(3) AVENAL, CA 93204 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FIRST NATIONS COMMUNITY HEALTHSOURC - 5608 ZUNI ROAD SE -ALBUQUERQUE, NM 87108 85-0336893 501(C)(3) 50,000 0. covid19-us FIVE RIVERS HEALTH CENTERS 2261 PHILADELPHIA DRIVE DAYTON, OH 45406 45-0914398 501(C)(3) 50,000 0. COVID19-US AMERICAN INDIAN HEALTH AND SERVICES - 4141 STATE STREET SUITE B11 - SANTA BARBARA, CA 93110 77-0398793 501(C)(3) 50,000 0. COVID19-US HEART OF TEXAS COMMUNITY HEALTH CEN - 1600 PROVIDENCE DRIVE -WACO, TX 76707 74-2867580 501(C)(3) 50,000. 0. covid19-us HAPPI HEALTH 813 FRANKLIN STREET SE 82-1993081 501(C)(3) HUNTSVILLE, AL 35801 0. 50,000, COVID19-US HERITAGE HEALTH PO BOX 1387 94-3036820 501(C)(3) 0. covid19-us HAYDEN, ID 83835 50,000 NORTHLAND HEALTH CENTERS PO BOX 535 104 MAIN STREET 33-1029318 501(C)(3) TURTLE LAKE, ND 58575 50,000, 0. covid19-us CLINICAS DE SALUD DEL PUEBLO 852 E. DANENBERG DRIVE EL CENTRO, CA 92243 95-2657324 501(C)(3) 50,000. 0. covid19-us NORTHERN NEVADA HOPES 580 WEST 5TH STREET RENO, NV 89503 86-0865357 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) PUBLIC HEALTH MANAGEMENT CORPORATIO - 1500 MARKET STREET SUITE 1500 - PHILADELPHIA, PA 19102 23-7221025 501(C)(3) 50,000 0. covid19-us PUEBLO COMMUNITY HEALTH CENTER 112 E ROUTT AVE PUEBLO, CO 81004 84-0921521 501(C)(3) 50,000 0 COVID19-US R.O.A.D.S. COMMUNITY CARE CLINIC 121 S. LONG BEACH BLVD 4411 HARTLE COMPTON, CA 90221 45-0572757 501(C)(3) 50,000 0. covid19-us CLINICA MSR. OSCAR A. ROMERO 123 S. ALVARADO ST. LOS ANGELES, CA 90057 95-3881333 501(C)(3) 50,000. 0 covid19-us COMMUNITY HEALTH SYSTEMS, INC. 252 RURAL ACRES DRIVE 55-0490878 501(C)(3) BECKLEY, WV 25801 0. 50,000, COVID19-US CLINICA FAMILY HEALTH 1735 SOUTH PUBLIC ROAD LAFAYETTE CO 80026 84-0743432 501(C)(3) 0. covid19-us 50,000 COMMUNITY HEALTH SYSTEMS, INC. 22675 ALESSANDRO BLVD. 33-0056551 501(C)(3) MORENO VALLEY, CA 92553 50 000 0. covid19-us NORTH END COMMUNITY HEALTH COMMITEE - 332 HANOVER STREET -BOSTON, MA 02110 23-7089746 501(C)(3) 50,000. 0. covid19-us NORTH EAST MEDICAL SERVICES 2171 JUNIPERO SERRA BLVD SUITE 700 DALY CITY, CA 94014 94-1722562 501(C)(3) 50 000. 0. covid19-us

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) ROANE COUNTY FAMILY HEALTH CARE, IN - 146 WILLIAMS DRIVE - SPENCER WV 25276 55-0627933 501(C)(3) 50,000 0. covid19-us CHOTA COMMUNITY HEALTH SERVICES 4798 NEW HWY 68 MADISONVILLE, TN 37354 68-0560048 501(C)(3) 50,000 0. COVID19-US NEW HORIZON FAMILY HEALTH SERVICES 975 WEST FARIS ROAD GREENVILLE, SC 29605 57-0932597 501(C)(3) 50,000 0. COVID19-US CHIRICAHUA COMMUNITY HEALTH CENTERS - 1205 F AVENUE - DOUGLAS AZ 85607 86-0814898 501(C)(3) 50,000. 0. covid19-us CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 200A 95-2918844 501(C)(3) LOS ANGELES, CA 90012 0. 50,000, COVID19-US CORNERSTONE FAMILY HEALTHCARE 2570 US HIGHWAY 9W, #10 CORNWALL, NY 12518 06-1036715 501(C)(3) 0. covid19-us 50,000 NEW HANOVER COMMUNITY HEALTH CENTER - 925 N 4TH STREET -58-2003803 501(C)(3) WILMINGTON, NC 28401 50,000, 0. covid19-us SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048 95-2539105 501(C)(3) 50,000. 0. covid19-us SAC HEALTH SYSTEM 250 S. G STREET 33-0664371 501(C)(3) SAN BERNARDINO, CA 92410 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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		
SACOPEE VALLEY HEALTH CENTER 70 MAIN ST PORTER, ME 04068	01-0347381	501(C)(3)	50,000.	0.			COVID19-US		
SACRAMENTO NATIVE AMERICAN HEALTH (2020 J STREET SACRAMENTO, CA 95811	20-4287737	501(C)(3)	50,000.	0.			COVID19-US		
CHICAGO FAMILY HEALTH CENTER 9119 S. EXCHANGE AVE CHICAGO, IL 60617	36-2893854		50,000.	0.			COVID19-US		
THE ACHIEVABLE FOUNDATION 5840 UPLANDER WAY, SUITE 101 CULVER CITY, CA 90230	95-4552419	501(C)(3)	50,000.	0.			covID19-US		
CHERRY HEALTH 100 CHERRY ST. SE GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	50,000.	0.			covId19-us		
QUEENSCARE HEALTH CENTERS 950 SO. GRAND AVE, 2ND FLOOR SOUTH LOS ANGELES, CA 90015	95-3702136	501(C)(3)	50,000.	0.			COVID19-US		
NORTHEASTERN OKLAHOMA COMMUNITY HEA - 127 E. MAIN ST HULBERT, OK 74411	73-1622831	501(C)(3)	50,000.	0.			covID19-US		
UNIVERSITY COMMUNITY HEALTH SERVICE - 601 BENTON AVENUE - NASHVILLE, TN 37204	62-1438461	501(C)(3)	50,000.	0.			covid19-us		
FLORIDA COMMUNITY HEALTH CTRS, INC 5827 CORPORATE WAY WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	50,000.	0.			COVID19-US		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
HORIZON HEALTH CARE, INC.								
P.O. BOX 99								
HOWARD, SD 57349	46-0341255	501(C)(3)	50,000.	0.			COVID19-US	
ASIAN PACIFIC ISLANDER WELLNES CTR 730 POLK STREET, 4TH FLOOR	0.4. 0.0.64.00							
SAN FRANCISCO, CA 94109	94-3096109	501(C)(3)	50,000.	0.			COVID19-US	
HOPEWELL HEALTH CENTERS, INC. 1049 WESTERN AVENUE CHILLICOTHE, OH 45601	31-1155352	501(C)(3)	50,000.	0.			covid19-us	
FOOTHILL HEALTH CENTER, INC. DBA								
FO - 2670 S. WHITE ROAD, SUITE 200								
- SAN JOSE, CA 95148	77-0440944	501(C)(3)	50,000.	0.			COVID19-US	
ASIAN AMERICANS FOR COMMUNITY INVOL - 2400 MOORPARK AVE SUITE								
300 - SAN JOSE, CA 95128	94-2292491	501(C)(3)	50,000.	0.			COVID19-US	
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR. MARTIN LUTHER KING JR. AVE - MOBILE, AL 36603	63-0695975	501(C)(3)	50,000.	0.			COVID19-US	
HOLYOKE HEALTH CENTER, INC. 230 MAPLE STREET								
HOLYOKE, MA 01040	04-2492730	501(C)(3)	50,000.	0.			covid19-us	
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE.	03 5050000	501/3)/3)	50.000				2011710 172	
NORTH HOLLYWOOD, CA 91605	23-7050082	DU1(C)(3)	50,000.	0.			COVID19-US	
HIV/AIDS ALLIANCE FOR REGION TWO, 1	[
BATON ROUGE, LA 70806	72-1283359	501(C)(3)	50,000.	0.			COVID19-US	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) APLA HEALTH & WELLNESS 611 S. KINGLSEY DRIVE LOS ANGELES, CA 90005 84-1661910 501(C)(3) 50,000 0. covid19-us VENICE FAMILY CLINIC 604 ROSE AVE. VENICE, CA 90291 95-2769432 501(C)(3) 50,000 0. COVID19-US THE WELLNESS PLAN MEDICAL CENTERS 7700 SECOND AVENUE DETROIT, MI 48202 38-2008890 501(C)(3) 50,000 0. COVID19-US HILLTOWN COMMUNITY COMMUNITY CENTER - 58 OLD NORTH ROAD -WORTHINGTON, MA 01098 04-2161484 501(C)(3) 50,000. 0. covid19-us COMMUNITY HEALTH ASSOCIATION OF SPO - 611 NORTH IRON BRIDGE WAY -91-1641797 501(C)(3) 0. SPOKANE, WA 99202 50,000, COVID19-US RITTER CENTER 16 RITTER STREET SAN RAFAEL, CA 94901 94-2675517 501(C)(3) 0. covid19-us 50,000 COMMUNITY HEALTHCARE NETWORK, INC. 60 MADISON AVENUE FLOOR 5 13-3083068 501(C)(3) NEW YORK, NY 10010-1600 50,000, 0. covid19-us NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVENUE - SAN FERNANDO, CA 91340 23-7120632 501(C)(3) 50,000. 0. covid19-us NORTHEAST MISSISSIPPI HEALTH CARE P O BOX 698 64-0620763 501(C)(3) BYHALIA, MS 38611 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CLINCIAS DEL CAMINO REAL, INC 1040 FLYNN RD CAMARILLO, CA 93012 95-2977147 501(C)(3) 50,000 0. covid19-us NORTHEAST COMMUNITY CLINIC 2550 W. MAIN ST. SUITE 301 ALHAMBRA, CA 91801 95-2687213 501(C)(3) 50,000 0 COVID19-US COMMUNITY HLTH CTRS OF RICHMOND 439 PORT RICHMOND AVENUE STATEN ISLAND, NY 10302 51-0567466 501(C)(3) 50,000 0. covid19-us COMMUNITY MEDICAL CENTERS, INC. P.O. BOX 779, STOCKTON, CA 95201-07 STOCKTON, CA 95210-3339 94-2437106 501(C)(3) 50,000. 0 covid19-us COMMUNITY MEDICAL WELLNESS CENTERS 1360 E. ANAHEIM ST. SUITE 208 45-2424322 501(C)(3) LONG BEACH, CA 90813 0. 50,000, COVID19-US RICHFORD HEALTH CENTER, INC. 44 MAIN STREET, SUITE 200 RICHFORD, VT 05476 03-0215982 501(C)(3) 0. covid19-us 50,000 NORTH HUDSON COMMUNITY ACTION CORP 800 31ST STREET 22-1818699 501(C)(3) UNION CITY, NJ 07087 50 000. 0. covid19-us CARE FOR THE HOMELESS 30 EAST 33RD STREET - 5TH FLOOR NEW YORK, NY 10016-5337 13-3666994 501(C)(3) 50,000. 0. covid19-us SOUTHLAND INTEGRATED SERVICES INC. - 1618 W. 1ST ST. - SANTA 95-3403526 501(C)(3) ANA, CA 92703 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) COOK AREA HEALTH SERVICES, INC., DB - 20 5TH STREET SE - COOK, MN 55723 41-1344385 501(C)(3) 50,000 0. covid19-us WILMINGTON COMMUNITY CLINIC 1009 N. AVALON BLVD., WILMINGTON, CA 90744 95-3137803 501(C)(3) 50,000 0 COVID19-US GREATER MERIDIAN HEALTH CLINIC 2701 DAVIS STREET MERIDIAN, MS 39301 64-0732893 501(C)(3) 50,000 0. covid19-us LONGVIEW WELLNESS CENTER, INC. DBA 1107 E MARSHALL AVE 75-2723993 501(C)(3) LONGVIEW, TX 75601 50,000. 0 covid19-us LONG ISLAND SELECT HEALTHCARE, INC. - 159 CARLETON AVENUE -47-1001464 501(C)(3) CENTRAL ISLIP, NY 11722 0. COVID19-US 50,000, CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 92675 33-0574214 501(C)(3) 0. covid19-us 50,000 ST. THOMAS COMMUNITY HEALTH CENTER 1936 MAGAZINE STREET 14-1958494 501(C)(3) NEW ORLEANS, LA 70130 50 000. 0. covid19-us LONG ISLAND FOHC, INC. 1600 STEWART AVENUE, SUITE 300 WESTBURY, NY 11590 27-0216316 501(C)(3) 50,000. 0. covid19-us CAMILLUS HEALTH CENTER 336 NW 5TH STREET 65-0063921 501(C)(3) MIAMI, FL 33128 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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		
EQUITAS HEALTH 4400 NORTH HIGH STREET SUITE 300 COLUMBUS, OH 43214	31-1126780	501(c)(3)	50,000.	0.			COVID19-US		
ESCAMBIA COMMUNITY CLINICS, INC. D/ - 2315 W JACKSON ST - PENSACOLA, FL 32505-7552	59-3105246	501(C)(3)	50,000.	0.			covid19-us		
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77011	76-0442781	501(C)(3)	50,000.	0.			COVID19-US		
TAMPA FAMILY HEALTH CENTERS, INC. 302 W. FLETCHER AVE TAMPA, FL 33612	59-2420282	501(c)(3)	50,000.	0.			COVID19-US		
BRONXCARE HEALTH INTEGRATED SERVICE - 1650 SELWYN AVENUE APT 11H - BRONX, NY 10457	13-3929066	501(c)(3)	50,000.	0.			COVID19-US		
CAMUY HEALTH SERVICES, INC PO BOX 660 CAMUY, PR 00627	66-0428652	501(C)(3)	50,000.	0.			covid19-Us		
FAMILY HEALTH SERVICES 794 EASTLAND DR. TWIN FALLS, ID 83301	82-0371093	501(c)(3)	50,000.	0.			COVID19-US		
FAMILY HEALTH CENTER OF WORCESTER, 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	50,000.	0.			COVID19-US		
ST. VINCENT DE PAUL VILLAGE FAMILY 1501 IMPERIAL AVE SAN DIEGO, CA 92101	33-0492302	501(C)(3)	50,000.	0.			COVID19-US		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) LOS ANGELES CHRISTIAN HEALTH CENTER - 202 W 1ST STREET, SUITE 4-0432 - LOS ANGELES, CA 90012 95-4315734 501(C)(3) 50,000 0. covid19-us EL RIO SANTA CRUZ NEIGHBORHOOD HEAL - 839 W. CONGRESS ST. -TUCSON, AZ 85745 86-0285857 501(C)(3) 50,000 0 COVID19-US LOWELL COMMUNITY HEALTH CENTER 161 JACKSON STREET LOWELL, MA 01852 04-2881348 501(C)(3) 50,000 0. covid19-us LA CLINICA DEL PUEBLO 2831 15TH ST NW WASHINGTON, DC 20009 52-1942551 501(C)(3) 50,000. 0 covid19-us MARANA HEALTH CENTER, INC. 13395 N. MARANA MAIN ST. 86-6053462 501(C)(3) 0. COVID19-US MARANA, AZ 85653 50,000, EZRA MEDICAL CENTER 1312 38TH STREET BROOKLYN, NY 11218 11-3535388 501(C)(3) 0. covid19-us 50,000, START COMMUNITY HEALTH CENTER 235 CIVIC CENTER BLVD 58-1687098 501(C)(3) HOUMA, LA 70360 50 000. 0. covid19-us LIVINGSTON COMMUNITY HEALTH 600 B STREET, BLDG. A LIVINGSTON, CA 95334 94-1719656 501(C)(3) 50,000. 0. covid19-us LIVINGSTONE COMMUNITY DEVELOPMENT 12362 BEACH BLVD. #10 27-0947808 501(C)(3) STANTON, CA 90680 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) KEDREN COMMUNITY HEALTH 4211 SOUTH AVALON BOULEVARD LOS ANGELES, CA 90011 95-2459796 501(C)(3) 50,000 0. covid19-us ST. JOHN'S WELL CHILD & FAMILY CENT - 808 W 58TH ST. - LOS ANGELES, CA 90037 95-4067758 501(C)(3) 50,000 0. covid19-us PARK DUVALLE COMMUNITY HEALTH CENTE - 3015 WILSON AVE -LOUISVILLE, KY 40211 61-0666209 501(C)(3) 50,000 0. COVID19-US MARILLAC COMMUNITY HEALTH CENTER DB - PO BOX 4148 - NEW ORLEANS, LA 70178-4148 27-3046997 501(C)(3) 50,000. 0. covid19-us MACOUPIN COMMUNITY HEALTH CENTERS 805 N. BROAD 30-0152342 501(C)(3) 0. CARLINVILLE, IL 62626 50,000, COVID19-US EL CENTRO DEL BARRIO DBA CENTROMED 3750 COMMERCIAL AVE SAN ANTONIO, TX 78221 74-1787031 501(C)(3) 0. covid19-us 50,000, EL PROYECTO DEL BARRIO, INC 8932 WOODMAN AVENUE 95-2662606 501(C)(3) ARLETA, CA 91331 50,000, 0. covid19-us LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 01901 04-2525066 501(C)(3) 50,000. 0. covid19-us EL PUEBLO HEALTH SERVICES 121 CALLE DEL PRESIDENTE BERNALILLO, NM 87004 85-0245858 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) THE DAILY PLANET 517 W GRACE STREET RICHMOND, VA 23220 54-0900368 501(C)(3) 50,000 0. covid19-us FAMILY HEALTH SERVICES OF DARKE COU - 5735 MEEKER ROAD -GREENVILLE, OH 45331 34-1119524 501(C)(3) 50,000 0 COVID19-US JWCH INSTITUTE INC. 5650 JILLSON STREET COMMERCE, CA 90040 95-2289916 501(C)(3) 50,000 0. covid19-us THE FLOATING HOSPITAL, INC. 41-40 27TH STREET 50,000. LONG ISLAND CITY, NY 11101 13-1624169 501(C)(3) 0 covid19-us JEFFERSON COMPREHENSIVE HEALTH CENT - P. O. BOX 98 - FAYETTE, MS 64-0667610 501(C)(3) 0. 39069 50,000, COVID19-US BEHAVIORAL HEALTH SERVICES INC 2501 W EL SEGUNDO BLVD SUITE B HAWTHORNE, CA 90250 95-2838006 501(C)(3) 0. covid19-us 50,000 THE WAHIAWA CENTER FOR COMMUNITY HE - 302 CALIFORNIA AVENUE STE 106 45-5114944 501(C)(3) - WAHIAWA, HI 96786 50 000. 0. covid19-us FAMILY HEALTH CARE CENTERS OF GREAT - 6513 GARFIELD AVE - BELL GARDENS, CA 90201 95-1641454 501(C)(3) 50,000. 0. covid19-us KANSAS CITY CARE CLINIC DBA KC CARE - 3515 BROADWAY BLVD. -KANSAS CITY, MO 64111 43-0967292 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) BORREGO COMMUNITY HEALTH FOUNDATION - P.O. BOX 2369 -BORREGO SPRINGS, CA 91915 33-0440021 501(C)(3) 50,000 0. covid19-us FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102-4541 95-2833205 501(C)(3) 50,000 0 COVID19-US BOSTON HEALTH CARE FOR THE HOMELESS - 780 ALBANY STREET -BOSTON, MA 02118 04-3160480 501(C)(3) 50,000 0. covid19-us LA COMUNIDAD HISPANA (LCH) 731 W. CYPRESS STREET KENNETT SQUARE, PA 19348 23-2041915 501(C)(3) 50,000. 0 covid19-us MARY'S CTR FOR MATERNAL/CHILD CARE 2333 ONTARIO ROAD, NW 52-1594116 501(C)(3) WASHINGTON, DC 20009 0. 50,000, COVID19-US LA CLINICA DE LA RAZA, INC. P.O. BOX 22210 OAKLAND, CA 94601 94-1744108 501(C)(3) 0. covid19-us 50,000 KOREAN HEALTH, EDUCATION, INFORMATI - 3727 WEST 6TH STREET 95-4074660 501(C)(3) SUITE 210 - LOS ANGELES CA 90020 50 000 0. covid19-us BREVARD HEALTH ALLIANCE, INC 4315 WOODLAND PARK DR. MELBOURNE, FL 32935 90-0068515 501(C)(3) 50,000. 0. covid19-us SPECTRA HEALTH 212 SOUTH 4TH STREET SUITE 200 GRAND FORKS, ND 58201 27-0056777 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Orgar	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(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
BOUNDARY REGIONAL COMMUNITY							
HEALTH, - P.O. BOX 2160 -							
SANDPOINT, ID 83864	04-3634356	501(C)(3)	50,000.	0.			COVID19-US
,							
BELINGTON COMMUNITY MEDICAL							
SERVICE - 70 N. STURMER ST -							
BELINGTON, WV 26250	23-7310126	501(C)(3)	50,000.	0.			COVID19-US
T.H.E. HEALTH AND WELLNESS CENTERS							
3834 S. WESTERN AVENUE							
LOS ANGELES, CA 90062	23-7351622	501(C)(3)	50,000.	0.			COVID19-US
FAMILY REACH FOUNDATION							
142 BERKELEY ST , 4TH FL							
BOSTON, MA 02116	91-2192211	501(C)(3)	50,000.	0.			HURRICANE HARVEY
BETHEL FAMILY CLINIC							
PO BOX 1908							
BETHEL, AK 99559	92-0089260	501(C)(3)	50,000.	0.			COVID19-US
2211122, Inc 33303	32 0003200	301(0)(3)	30,000.	•			0071213 05
MATAGORDA EPISCOPAL HEALTH							
OUTREACH - 101 AVENUE F NORTH -							
BAY CITY, TX 77414	20-0537948	501(C)(3)	50,000.	0.			COVID19-US
MASHBURN MEDICAL CENTER							
P.O. BOX 69							
MARSHALL, NC 28753	56-0986537	501(C)(3)	50,000.	0.			COVID19-US
BLACK RIVER HEALTH SERVICES INC							
PO BOX 1488				_			
BURGAAW, NC 28425	23-7356223	501(C)(3)	50,000.	0.			COVID19-US
MUE CUATIMATIONA CENMED							
THE CHAUTAUQUA CENTER 319 CENTRAL AVENUE SUITE B							
	27-3512018	501(C)(3)	50,000.	0.			COVID19-US
DUNKIRK, NY 14048	21-3312010	301(0)(3)	1 30,000.	0.			COATDI3-09

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) BORINOUEN MEDICAL CENTER 3601 FEDERAL HIGHWAY MIAMI, FL 33137-3795 59-1417397 501(C)(3) 50,000 0. covid19-us BIGHORN VALLEY HEALTH CENTER, INC. 10 4TH STREET WEST STE B HARDIN, MT 59034 27-3113428 501(C)(3) 50,000 0 COVID19-US SOUTHWEST VIRGINIA COMMUNITY HEALTH - 13191 GLENBROOK AVE. -MEADOWVIEW, VA 24361-3328 54-2046110 501(C)(3) 50,000 0. covid19-us BIG SPRINGS MEDICAL ASSOCIATION INC - PO BOX 157 - ELLINGTON, MO 43-1068291 501(C)(3) 50,000. 0 covid19-us 63638 FAMILY HEALTHCARE 301 NP AVENUE 45-0430628 501(C)(3) 0. COVID19-US FARGO, ND 58102 50,000, BEVERLYCARE 101 E BEVERLY BOULEVARD, SUITE 303 MONTEBELLO, CA 90640 47-1545656 501(C)(3) 0. covid19-us 50,000 JESSIE TRICE COMMUNITY HEALTH SYSTE - 5607 NW 27TH AVENUE SUITE 1 - MIAMI, FL 33142 59-1235617 501(C)(3) 50 000 0. covid19-us THE HEALTHCARE CONNECTION 1401 STEFFEN AVE. CINCINNATI, OH 45215 31-0822524 501(C)(3) 50,000. 0. covid19-us EDWARD M. KENNEDY COMMUNITY HEALTH 650 LINCOLN STREET 04-2513817 501(C)(3) WORCESTER, MA 01605 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) FAMILY HEALTHCARE NETWORK 305 E. CENTER AVE. VISALIA, CA 93291 94-2525145 501(C)(3) 50,000 0. covid19-us THE LAKES COMMUNITY HEALTH CENTER D 7665 US HIGHWAY 2 IRON RIVER, WI 54847 35-2297925 501(C)(3) 50,000 0 COVID19-US BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002 13-2697725 501(C)(3) 50,000 0. covid19-us FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST. 36-4346917 501(C)(3) HARVEY, IL 60426 50,000. 0 covid19-us GATEWAY COMMUNITY HEALTH CENTER. IN - 1515 PAPPAS ST. - LAREDO, TX 74-2553409 501(C)(3) 78045 0. COVID19-US 50,000, ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVENUE HEALDSBURG, CA 95448 94-2308748 501(C)(3) 0. covid19-us 50,000 ALL FOR HEALTH, HEALTH FOR ALL INC 519 E BROADWAY 95-4773684 501(C)(3) GLENDALE, CA 91205 50,000, 0. covid19-us HEALTHRIGHT 360 1563 MISSION STREET SAN FRANCISCO, CA 94103 94-6129071 501(C)(3) 50,000. 0. covid19-us WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HIGHWAY 99-0273205 501(C)(3) WAIMANALO, HI 96795 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) HEALTHPOINT FAMILY CARE 1401 MADISON AVENUE COVINGTON, KY 41011 61-0729915 501(C)(3) 50,000 0. covid19-us HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057 91-0884412 501(C)(3) 50,000 0. COVID19-US HEALTHNET, INC. 3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203 35-1579827 501(C)(3) 50,000 0. COVID19-US WATTS HEALTHCARE CORPORATION 10300 COMPTON AVENUE LOS ANGELES, CA 90002 75-3046480 501(C)(3) 50,000. 0 covid19-us GENESIS COMMUNITY HEALTH, INC 2623 S SEACREST BLVD 80-0374741 501(C)(3) BOYNTON BEACH, FL 33435 0. COVID19-US 50,000, ALTAMED HEALTH SERVICES CORP. 2040 CAMFIELD AVENUE COMMERCE, CA 90040 95-2810095 501(C)(3) 0. covid19-us 50,000 GASTON FAMILY HEALTH SERVICES 991 W. HUDSON BLVD. 58-1958398 501(C)(3) GASTONIA, NC 28052-4358 50,000, 0. covid19-us WINTON HILLS MEDICAL AND HEALTH CEN - 1019 LINN ST - CINCINNATI, OH 45203 23-7241323 501(C)(3) 50,000. 0. covid19-us GREATER NEW BEDFORD COMMUNITY HEALT - 874 PURCHASE STREET - NEW BEDFORD, MA 02740 04-2675800 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	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
HAMILTON HEALTH CENTER							
110 SOUTH 17TH STREET							
HARRISBURG, PA 17104	23-1858363	501(C)(3)	50,000.	0.			COVID19-US
		(-, (-,		- •			
YAKIMA NEIGHBORHOOD HEALTH							
SERVICES - 12 SOUTH 8TH ST PO BOX							
2605 - YAKIMA, WA 98907-2605	91-0928817	501(C)(3)	50,000.	0.			COVID19-US
,			,				
YAKUTAT TLINGIT TRIBE/YAKUTAT							
COMMU - PO BOX 112 - YAKUTAT, AK							
99689	92-0092584	501(C)(3)	50,000.	0.			covid19-us
AARON E. HENRY COMMUNITY HEALTH							
SER - 510 HWY 322 POST OFFICE							
DRAWER 1216 - CLARKSDALE, MS 38614	64-0624495	501(C)(3)	50,000.	0.			COVID19-US
AAA COMPREHENSIVE HEALTHCARE, INC.							
7451 LANKERSHIM BLVD				_			
NORTH HOLLYWOOD, CA 91605	27-0735908	501(C)(3)	50,000.	0.			COVID19-US
CDEATED DRIVE WILLIAM COMMUNITY							
GREATER PRINCE WILLIAM COMMUNITY							
HE - 4379 RIDGEWOOD CENTER DRIVE, SUITE - WOODBRIDGE, VA 22192	83-0435138	E01/G\/2\	50,000.	0.			COVID19-US
SUITE - WOODBRIDGE, VA 22192	83-0433138	301(C)(3)	30,000.	0.			COVIDIA-02
HARVARD STREET NEIGHBORHOOD HEALTH							
632 BLUE HILL AVE.							
DORCHESTER, MA 02121	04-2600042	501(C)(3)	50,000.	0.			COVID19-US
				- •			
HEALTH ACCESS FOR ALL							
1919 WEST 7TH ST 2ND FLOOR							
LOS ANGELES, CA 90057	46-2972741	501(C)(3)	50,000.	0.			COVID19-US
GARDNER FAMILY HEALTH NETWORK,							
INC 160 E. VIRGINIA							
STREET-SUITE 100 - SAN JOSE, CA							
95112	94-1743078	501(C)(3)	50,000.	0.			covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
HEALTHCARE NETWORK OF SW FLORIDA								
1454 MADISON AVE W								
IMMOKALEE, FL 34142	59-1741277	501(C)(3)	50,000.	0.			COVID19-US	
WESTERN NORTH CAROLINA COMMUNITY HE - 257 BILTMORE AVE - ASHEVILLE,								
NC 28801	56-1852922	501(C)(3)	50,000.	0.			COVID19-US	
GOLDEN VALLEY HEALTH CENTERS 737 W. CHILDS AVE	04 010000	E01/G)/2)	F0.000	2			g0VVD10, vg	
MERCED, CA 95341	94-2196086	501(C)(3)	50,000.	0.			COVID19-US	
AHS FAMILY HEALTH CENTER 2424 W. PETERSON AVENUE	04 05 67 664		50.000					
CHICAGO, IL 60659	01-0567661	501(C)(3)	50,000.	0.			COVID19-US	
HEALTHCARE CHOICES NY, INC. 6209 16TH AVENUE								
BROOKLYN, NY 11204	11-3488520	501(C)(3)	50,000.	0.			COVID19-US	
STRIDE COMMUNITY HEALTH CENTER 2255 S. ONEIDA ST DENVER, CO 80224	74-2477108	E01/G)/2)	50,000.	0.			COVID19-US	
DENVER, CO 00224	74-2477100	501(0)(3)	30,000.	0.			COVID19-05	
SU CLINICA 1706 TREASURE HILLS BLVD								
HARLINGEN, TX 78550	74-2357970	501(C)(3)	50,000.	0.			COVID19-US	
BROWNSVILLE COMMUNITY HEALTH CLINIC - 191 E. 22ND STREET -								
BROWNSVILLE, TX 78521	74-2176836	501(C)(3)	50,000.	0.			COVID19-US	
LANA'I COMMUNITY HEALTH CENTER PO BOX 630142								
LANA'I CITY, HI 96763	20-2509287	501(C)(3)	50,000.	0.			COVID19-US	

Schedule I (Form 990)

	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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		
BROWNSVILLE COMMUNITY DEVELOPMENT (592 ROCKAWAY AVENUE BROOKLYN, NY 11212	11-2544630	501(C)(3)	50,000.	0.			covID19-US		
BROCKTON NEIGHBORHOOD HEALTH CENTER - 63 MAIN ST BROCKTON, MA 02301	04-3165044		50,000.	0.			COVID19-US		
LAKEWOOD RESOURCE & REFERRAL CTR 1771 MADISON AVENUE LAKEWOOD, NJ 08701	20-1324142	501(C)(3)	50,000.	0.			covID19-US		
SUNCOAST COMMUNITY HEALTH CENTERS, 13110 ELK MOUNTAIN DRIVE RIVERVIEW, FL 33579	59-1741303	501(C)(3)	50,000.	0.			coVID19-US		
BROWARD COMM/FAMILY HEALTH CTRS 5010 HOLLYWOOD BLVD. STE 100-B HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	50,000.	0.			covid19-us		
SUNSET PARK HEALTH COUNCIL INC. DBA - 150 55TH STREET - BROOKLYN, NY 11220	20-2508411	501(C)(3)	50,000.	0.			coVID19-US		
SSTAR FAMILY HEALTHCARE CENTER, STA - 386/400 STANLEY ST - FALL RIVER, MA 02720	04-2604426	501(C)(3)	50,000.	0.			coVID19-US		
SUNSHINE COMMUNITY HEALTH CENTER HC 89 BOX 8190 TALKEETNA, AK 99676	92-0117838	501(C)(3)	50,000.	0.			coVID19-US		
LAKELAND IMMEDIATE CARE CENTER D/B/ - 261 M-62 - CASSOPOLIS, MI 49031	38-3082107	501(C)(3)	50,000.	0.			covID19-US		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FAMILY CENTERS, INC. 40 ARCH STREET GREENWICH, CT 06830-6525 06-0646656 501(C)(3) 50,000 0. covid19-us LEGACY MEDICAL CARE, INC. 121 S. WILKE RD STE 606 ARLINGTON HEIGHTS, IL 60005 46-3256854 501(C)(3) 50,000 0 COVID19-US ADVANTAGE CARE HEALTH CENTERS 189 WHEATLEY ROAD BROOKVILLE, NY 11545 75-3097539 501(C)(3) 50,000 0. covid19-us HEALTH WEST, INC. 500 SOUTH 11TH AVENUE SUITE 400 POCATRELLO, ID 83201 82-0324100 501(C)(3) 50,000. 0 covid19-us ADVANCE COMMUNITY HEALTH 1001 ROCK OUARRY ROAD 56-1004791 501(C)(3) RALEIGH, NC 27610 0. 50,000, COVID19-US WEST COUNTY HEALTH CENTERS 14045 MILL STREET P.O. BOX 1449 GUERNEVILLE, CA 95446 23-7310613 501(C)(3) 0. covid19-us 50,000, HEALTH SERVICE ALLIANCE 13193 CENTRAL AVE., SUITE 100 13-4257391 501(C)(3) CHINO, CA 91710 50 000 0. covid19-us WEST HAWAII COMMUNITY HEALTH CENTER - 75-5751 KUAKINI HWY.. SUITE 203 - KAILUA KONA, HI 96740 20-0495394 501(C)(3) 50,000. 0. covid19-us HEALTH CTR OF SOUTHEAST TEXAS 307 N WILLIAM BARNETT AVENUE CLEVELAND, TX 77327 56-2508501 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) HEALTH AND LIFE ORGANIZATION, INC. 3030 EXPLORER DRIVE SACRAMENTO, CA 95827 02-0714551 501(C)(3) 50,000 0. covid19-us THUNDER BAY COMMUNITY HEALTH SERVIC - 15774 STATE STREET -HILLMAN, MI 49746 38-2290337 501(C)(3) 50,000 0 COVID19-US THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE SUITE 330 WARWICK, RI 02886 05-0355097 501(C)(3) 50,000 0. covid19-us ISLANDS COMMUNITY MEDICAL SERVICES. - 15 MEDICAL CENTER LOOP - VINALHAVEN, ME 04863 01-6012835 501(C)(3) 50,000. 0 covid19-us SUMMIT COMMUNITY CARE CLINIC PO BOX 4337 20-1139635 501(C)(3) 0. COVID19-US FRISCO, CO 80443 50,000, LIFELONG MEDICAL CARE 2344 STXTH STREET BERKELEY, CA 94710 94-2502308 501(C)(3) 0. covid19-us 50,000 STEDMAN-WADE HEALTH SERVICES, INC. PO BOX 449 56-1214119 501(C)(3) WADE NC 28395 50 000 0. covid19-us FAIRFIELD COMMUNITY HEALTH CENTER 207 S BROAD STREET LANCASTER, OH 43130 27-1092132 501(C)(3) 50,000. 0. covid19-us STIGLER HEALTH & WELLNESS CENTER. 1505 E. MAIN STREET 20-0368759 501(C)(3) STIGLER, OK 74462 50 000. 0. covid19-us

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CONNECTICUT INSTITUTE FOR COMMUNITI - 120 MAIN STREET, 4TH FLOOR - DANBURY, CT 06810 91-2187143 501(C)(3) 50,000 0. covid19-us CHEYENNE HEALTH AND WELLNESS, DBA, 2508 E. FOX FARM ROAD 1A CHEYENNE, WY 82007 87-0718984 501(C)(3) 50,000 0 COVID19-US NHAN HOA COMPREHENSIVE HEALTH CARE 7761 GARDEN GROVE BLVD. GARDEN GROVE, CA 92841 33-0477323 501(C)(3) 50,000 0. covid19-us SAN DIEGO AMERICAN INDIAN HEALTH CE - 2602 FIRST AVENUE SUITE 210 SAN DIEGO, CA 92103 95-3397369 501(C)(3) 50,000. 0 covid19-us SAN YSIDRO HEALTH 1601 PRECISION PARK LANE 95-2801772 501(C)(3) SAN DIEGO, CA 92173 0. COVID19-US 50,000, CHASE BREXTON HEALTH SERVICES. INC. - 1111 NORTH CHARLES STREET BALTIMORE, MD 21201 52-1638592 501(C)(3) 0. covid19-us 50,000 NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY 54-1849891 501(C)(3) ALEXANDRIA, VA 22306 50 000 0. covid19-us NEIGHBORCARE HEALTH 1200 12TH AVE S SUITE #901 SEATTLE, WA 98115 91-0893287 501(C)(3) 50,000. 0. covid19-us CHARLES DREW HEALTH CENTER 2915 GRANT STREET 47-0666715 501(C)(3) OMAHA, NE 68132 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other								
(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	
METRO COMMUNITY HEALTH CENTERS,								
INC - 979 CROSS BRONX EXPRESSWAY								
SERVICE - BRONX, NY 10460	46-1317334	501(C)(3)	50,000.	0.			covid19-us	
SOUTH COUNTY COMMUNITY HEALTH CENTE - 1885 BAY RD EAST PALO								
ALTO, CA 94303	94-3372130	501(C)(3)	50,000.	0.			covid19-us	
NEIGHBORHOOD IMPROVEMENT PROJECT, 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	I 31-1591242	501(C)(3)	50,000.	0.			COVID19-US	
AUGUSTA, GA 30300	31 1331242	301(0)(3)	30,000.	0.			COVIDIO 05	
SAN FRANCISCO MEDICAL CENTER OUTPAT - 229 7TH ST - SAN FRANCISCO, CA 94103-4003	23-7304921	501(C)(3)	50,000.	0.			covid19-us	
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY								
SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	50,000.	0.			COVID19-US	
SOUTH BAY FAMILY HEALTH CARE 23430 HAWTHORNE BLVD. , SUITE 210 TORRANCE, CA 90505	23-7049937	501(C)(3)	50,000.	0.			covId19-us	
MCR HEALTH 700 8TH AVENUE WEST SUITE 101								
PALMETTO, FL 34219	59-1773262	501(C)(3)	50,000.	0.			COVID19-US	
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE	46.455	504 (5) (0)		_				
BUFFALO, NY 14207	16-1294447	501(C)(3)	50,000.	0.			COVID19-US	
MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD PO BOX 459	59_1304645	501(C)(3)	50,000.	0.			COVID19-US	
COLBERT, GA 30628	58-1394645	001(0)(0)	1 30,000.	U.			COATD13-09	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant non-cash (book, FMV, assistance appraisal, other) DOTHOUSE HEALTH 1353 DORCHESTER AVENUE DORCHESTER, MI 02122 23-7125970 501(C)(3) 50,000 0. covid19-us SAN DIEGO FAMILY CARE 6973 LINDA VISTA ROAD SAN DIEGO, CA 92111 95-2700856 501(C)(3) 50,000 0. COVID19-US COUNTY OF SANTA CRUZ HEALTH SERVICE - 1080 EMELINE AVE. -SANTA CRUZ, CA 95060 94-6000534 501(C)(3) 50,000 0. COVID19-US CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915 74-2505561 501(C)(3) 50,000. 0. covid19-us EAST BOSTON NEIGHBORHOOD HEALTH CEN - 10 GOVE STREET - BOSTON, MA 23-7425849 501(C)(3) 0. 02128 50,000, COVID19-US NEIGHBORHOOD OUTREACH ACCESS TO HEA - 7500 N. DREAMY DRAW DR., SUITE 145 - PHOENIX, AZ 85258 27-3188239 501(C)(3) 0. covid19-us 50,000 COVENANT COMMUNITY CARE 559 WEST GRAND BLVD. 38-3533998 501(C)(3) DETROIT, MI 48216 50,000, 0. covid19-us MIAMI BEACH COMMUNITY HEALTH CENTER - 11645 BISCAYNE BOULEVARD SUITE 207 - MIAMI, FL 33181 59-1829984 501(C)(3) 50,000. 0. covid19-us SOUTHEAST MISSISSIPPI RURAL HEALTH P.O. BOX 1729 5488 US HWY 49 64-0625076 501(C)(3) HATTIESBURG, MS 39403-1729 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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		
SOUTHEAST HEALTHCARE									
PO BOX 1809									
COLUMBUS, OH 43216-1809	31-0940189	501(C)(3)	50,000.	0.			COVID19-US		
00201202, 011 10220 2005	01 0710107			•					
DIVERSITY HEALTH CENTER, INC.									
301 FRASER DR FRASER DRIVE, SUITE	 В								
HINESVILLE, GA 31313-3712	20-5746618	501(C)(3)	50,000.	0.			covid19-us		
ROCKING HORSE COMMUNITY HEALTH									
CENT - 651 S. LIMESTONE STREET -									
SPRINGFIELD, OH 43078-8230	31-1593544	501(C)(3)	50,000.	0.			COVID19-US		
MENDOCINO COAST CLINICS									
205 SOUTH STREET	60 0060000	E01/G\/2\	F0 000	0			GOVID10 119		
FORT BRAGG, CA 95437	68-0262003	501(C)(3)	50,000.	0.			COVID19-US		
NEIGHBORHOOD HEALTHCARE									
425 N DATE STREET									
ESCONDIDO, CA 95025	95-2796316	501(C)(3)	50,000.	0.			COVID19-US		
EBECKETZO, CII 350ZO	33 2730310	301(3)(3)	30,000.				6011213 62		
SALUD PARA LA GENTE									
P.O. BOX 1870									
WATSONVILLE, CA 95077-1870	94-2705747	501(C)(3)	50,000.	0.			covid19-us		
NEIGHBORHOOD MEDICAL CENTER									
438 W. BREVARD STREET									
TALLAHASSE, FL 32301	23-7422549	501(C)(3)	50,000.	0.			covid19-us		
NEIGHBORHOOD HEALTH CARE INC. DBA	IA IA								
4115 BRIDGE AVE., SUITE 300				_					
CLEVELAND, OH 44113	34-1300581	DU1(C)(3)	50,000.	0.			COVID19-US		
CADOLINA FAMILA RESIME GENMEDO									
CAROLINA FAMILY HEALTH CENTERS, INC - 303 GREEN STREET EAST -									
WILSON, NC 27893	58-2079819	501(C)(3)	50,000.	0.			COVID19-US		
	1 30 2073019	P01(C)(3)	1 30,000.	0.			00,101, 00		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) COLORADO COALITION FOR THE HOMELESS - 2111 CHAMPA STREET -DENVER, CO 80205 84-0951575 501(C)(3) 50,000 0. covid19-us PRIM CARE PROV - HEALTHY FELICIANA 11990 JACKSON STREET, PO BOX 395 CLINTON, LA 70722 72-1443732 501(C)(3) 50,000 0. COVID19-US CODMAN SOUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER, MA 02124 04-2678774 501(C)(3) 50,000 0. covid19-us NUESTRA CLINICA DEL VALLE, INC. P.O. BOX 1689 PHARR, TX 78589 74-1721807 501(C)(3) 50,000. 0 covid19-us PRIMARY HEALTH CARE CENTER OF DADE, - 205 JENKINS ROAD -58-1410404 501(C)(3) 0. ROSSVILLE, GA 30741 50,000, COVID19-US NORTON SOUND HEALTH CORPORATION PO BOX 966 1000 GREG KRUSCHEK AVE NOME AK 99762 92-0041488 501(C)(3) 0. covid19-us 50,000 COASTAL FAMILY HEALTH CENTER, INC. P.O. BOX 475 64-0592416 501(C)(3) BILOXI, MS 39530 50,000, 0. covid19-us NORTHWEST HEALTH SERVICES INC 2303 VILLAGE DRIVE ST. JOSEPH, MO 64506 43-1323669 501(C)(3) 50,000. 0. covid19-us COASTAL COMMUNITY HEALTH SERVICES 106 SHOPPERS WAY, SUITE 114 46-1859206 501(C)(3) BRUNSWICK, GA 31525 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) PROJECT HEALTH, INC. 1425 S. HWY. 301 SUMTERVILLE, FL 33585 59-1664577 501(C)(3) 50,000 0. covid19-us OHIO HILLS HEALTH SERVICES 101 EAST MAIN STREET BARNESVILLE, OH 43713 34-1192599 501(C)(3) 50,000 0 COVID19-US OMNI FAMILY HEALTH 4900 CALIFORNIA AVENUE SUITE 400B BAKERSFIELD, CA 93309 95-3218000 501(C)(3) 50,000 0. covid19-us SALUD FAMILY HEALTH CENTERS 203 S. ROLLIE AVENUE 84-0613540 501(C)(3) FORT LUPTON, CO 80621 50,000. 0 covid19-us COMMUNITY HEALTH CENTERS, INC. 2621 SOUTH 3270 WEST 74-2412898 501(C)(3) WEST VALLEY CITY, UT 84119 0. COVID19-US 50,000, PREMIER COMMUNITY HEALTHCARE GROUP, - PO BOX 232 - DADE CITY, FL 33526 59-1964612 501(C)(3) 0. covid19-us 50,000 COMMUNITY HEALTH CARE SYSTEMS. INC. - 116 SMITH STREET -58-2001101 501(C)(3) covid19-us TENNILLE GA 31089 50 000 0. COMMUNITY HEALTH CTRS OF PINELLAS 1344 22ND ST SOUTH ST PETERSBURG, FL 33712 59-2097521 501(C)(3) 50,000. 0. covid19-us GREENE COUNTY HEALTH CARE, INC. 7 PROFESSIONAL DRIVE 56-0992353 501(C)(3) SNOW HILL, NC 28580 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921 62-0637925 501(C)(3) 50,000 0. covid19-us COMMUNITY ACTION AGENCY OF COLUMBIA - 7880 LINCOLE PL -LISBON, OH 44432 34-6565185 501(C)(3) 50,000 0. COVID19-US COMMUNICARE HEALTH CENTERS 3066 E. COMMERCE ST. SAN ANTONIO, TX 78220 74-1724391 501(C)(3) 50,000 0. COVID19-US COMMUNICARE HEALTH CENTERS PO BOX 1260 94-2188574 501(C)(3) 50,000. 0 covid19-us DAVIS, CA 95617 POINT WASHINGTON MEDICAL CLINIC 1290 N. CO. HWY 395 83-1125021 501(C)(3) SANTA ROSA BEACH, FL 32459 0. 50,000, HURRICANE MICHAEL POMONA COMMUNITY HEALTH CENTER DBA 1450 EAST HOLT AVENUE POMONA, CA 91767 22-3914738 501(C)(3) 0. covid19-us 50,000 ODYSSEY HOUSE LOUISIANA, INC. 1125 N. TONTI STREET 72-0743677 501(C)(3) NEW ORLEANS, LA 70122 50,000, 0. covid19-us COMM HEALTH CTRS - SO CENTRAL TEXAS - PO BOX 1890 - GONZALES, TX 78629 74-1548089 501(C)(3) 50,000. 0. covid19-us PORTLAND COMMUNITY HEALTH CENTER 180 PARK AVENUE 45-4960453 501(C)(3) PORTLAND, ME 04102 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) COMM HEALTH & SOCIAL SERV CTR, INC 5635 WEST FORT STREET DETROIT, MI 48043 38-3094394 501(C)(3) 50,000 0. covid19-us COLUMBUS NEIGHBORHOOD HEALTH CENTER - 2780 AIRPORT DRIVE SUITE 100 - COLUMBUS, OH 43219 31-1533908 501(C)(3) 50,000 0 COVID19-US PORTSMOUTH COMMUNITY HEALTH CENTER. - 664 LINCOLN STREET -PORTSMOUTH, VA 23704 54-1626757 501(C)(3) 50,000 0. covid19-us ODA PRIMARY HEALTH CARE NETWORK 74 WALLABOUT STREET BROOKLYN, NY 11249 11-2329960 501(C)(3) 50,000. 0 covid19-us EAST HARLEM COUNCIL FOR HUMAN SERVI - 2265 THIRD AVENUE - NEW 13-6213532 501(C)(3) 0. YORK, NY 10035-2231 50,000, COVID19-US COMMUNITY HEALTH CARE, INC. 500 W. RIVER DRIVE DAVENPORT, IA 52801 42-1060724 501(C)(3) 0. covid19-us 50,000 OZARK TRICOUNTY HEALTH CARE CONSORT - 475 NELSON AVE PO BOX 43-1752799 501(C)(3) 758 - NEOSHO, MO 64850 50 000 0. covid19-us ONEWORLD COMMUNITY HEALTH CENTERS 4920 SOUTH 30TH STREET, SUITE 103 OMAHA, NE 68132 47-0548990 501(C)(3) 50,000. 0. covid19-us PIEDMONT HEALTH SERVICES INC. 88 VILCOM CENTER DRIVE, SUITE 110 CHAPEL HILL, NC 27514 56-0952737 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) ONE COMMUNITY HEALTH 849 PACIFIC AVE HOOD RIVER, OR 97031 93-0910794 501(C)(3) 50,000 0. covid19-us COASTAL BEND WELLNESS FOUNDATION 2882 HOLLY CORPUS CHRISTI, TX 78415 74-2429518 501(C)(3) 50,000 0. COVID19-US COMMUNITY HEALTH PROGRAMS, INC. 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230 04-2582119 501(C)(3) 50,000 0. COVID19-US PROJECT RENEWAL, INC. 200 VARICK STREET, 9TH FLOOR NEW YORK, NY 10014 13-2602882 501(C)(3) 50,000. 0 covid19-us COAL COUNTRY COMMUNITY HEALTH CENTE - 1312 HIGHWAY 49 N -11-3686120 501(C)(3) 0. BEULAH, ND 58523 50,000, COVID19-US ROANOKE CHOWAN COMM HLTH CTR 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910 42-1638714 501(C)(3) 0. covid19-us 50,000 COMPASS COMMUNITY HEALTH 1634 11TH STREET 45-5385046 501(C)(3) PORTSMOUTH, OH 45662 50,000, 0. covid19-us CIRCLE HEALTH SERVICES 12201 EUCLID CLEVELAND, OH 44106 23-7078501 501(C)(3) 50,000. 0. covid19-us MATTHEW WALKER COMPREHENSIVE HEALTH - 1035 14TH AVENUE NORTH -NASHVILLE, TN 37208 62-1035426 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation or assistance if applicable cash grant non-cash non-cash assistance (book, FMV, assistance appraisal, other) COMPREHENSIVE COMMUNITY HEALTH CENT - 801 SOUTH CHEVY CHASE DRIVE SUITE 2 - GLENDALE, CA 91205 42-1553807 501(C)(3) 50,000 0. covid19-us ROCHESTER PRIMARY CARE NETWORK DBA 1 SOUTH WASHINGTON STREET SUITE 300 ROCHESTER, NY 14614 16-1293681 501(C)(3) 50,000 0. COVID19-US OPEN DOOR COMMUNITY HEALTH CENTERS 1275 8TH STREET ARCATA, CA 95521 95-2671433 501(C)(3) 50,000 0. COVID19-US PARTNERSHIP COMMUNITY HEALTH CENTER - 5337 W. GRANDE MARKET DR - APPLETON, WI 54913 20-2090446 501(C)(3) 50,000. 0 covid19-us OPEN DOOR FAMILY MEDICAL CTR, INC. 165 MAIN STREET 13-2813103 501(C)(3) 0. OSSINING, NY 10562 50,000, COVID19-US OPERATION SAMAHAN, INC. DBA SAMAHAN - 1428 HIGHLAND AVENUE -NATIONAL CITY, CA 91950 95-3008798 501(C)(3) 0. covid19-us 50,000 COMMUNITY HEALTH ALLIANCE OF PASADE - 455 W. MONTANA ST. -95-4536824 501(C)(3) PASADENA CA 91103 50 000 0. covid19-us COMMUNITY HEALTH & EMER SERV 13245 KESSLER ROAD CAIRO, IL 62914 37-1100482 501(C)(3) 50,000. 0. covid19-us COMMUNITY HEALTH CENTER OF FORT DOD - 126 N 10TH ST - FORT DODGE. IA 50501 20-0597324 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) PEDIATRIC AND FAMILY MEDICAL CENTER - 1530 S. OLIVE STREET -LOS ANGELES, CA 90015 95-1690966 501(C)(3) 50,000 0. covid19-us OUTREACH HEALTH SERVICES, INC. PO BOX 527 130 N. HIGH ST SHUBUTA, MS 39360 64-0736857 501(C)(3) 50,000 0 COVID19-US OUTREACH COMMUNITY HEALTH CENTERS 711 WEST CAPITOL DRIVE MILWAUKEE, WI 53206 39-1353282 501(C)(3) 50,000 0. covid19-us PENINSULA COMMUNITY HEALTH SERVICES - PO BOX 2949 230 E 50,000. MARYDALE AVE - SOLDOTNA, AK 99669 92-0177803 501(C)(3) 0 covid19-us PENINSULA COMMUNITY HEALTH SERVICES - 400 WARREN AVENUE SUITE 94-3079770 501(C)(3) 0. 200 - BREMERTON, WA 98337 50,000, COVID19-US COMMUNITY HEALTH CENTER OF FRANKLIN - 102 MAIN STREET -GREENFIELD, MA 01301 04-3312968 501(C)(3) 0. covid19-us 50,000 PENOBSCOT COMMUNITY HEALTH CENTER PO BOX 2100 01-0514750 501(C)(3) BANGOR, ME 04402 50 000 0. covid19-us OUTER CAPE HEALTH SERVICES P.O. BOX 598 710 ROUTE 28 HARWICH PORT, MA 02646 04-2509828 501(C)(3) 50,000. 0. covid19-us COMMUNITY HEALTH CENTER OF LUBBOCK - 1610 5TH STREET -LUBBOCK, TX 79401 75-2424925 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) COMMUNITY HEALTH CENTER OF SOUTHEAS - 3011 N MICHIGAN ST -PITTSBURG, KS 66762 75-3002264 501(C)(3) 50,000 0. covid19-us CENTRO DE SALUD DE LARES, INC PO BOX 379 ABBVIE PR EMERGENCY PREP LARES, PR 00669 66-0426506 501(C)(3) 50,000 0 & RESP LA CLINICA DEL VALLE FAMILY HEALTH 931 CHEVY WAY MEDFORD, OR 97504 94-3096772 501(C)(3) 50,000 0. covid19-us SERVE THE PEOPLE COMMUNITY HEALTH 1206 EAST 17TH STREET SUITE 101 SANTA ANA, CA 92701 27-0421556 501(C)(3) 50,000. 0 covid19-us DE NOVO HEALTH CARE 803 E ROSECRANS AVE 26-0577510 501(C)(3) COMPTON, CA 90221 0. COVID19-US 50,000, SHACKELFORD COUNTY COMMUNITY RESOUR - 725 PATE ST - ALBANY, TX 76430-3225 75-2541970 501(C)(3) 0. covid19-us 50,000 SOUTH CENTRAL PRIMARY CARE CENTER 204 E. 4TH STREET PO BOX 749 58-2019024 501(C)(3) OCILLA, GA 31774 50 000 0. covid19-us SOUTH END COMMUNITY HEALTH CENTER 1601 WASHINGTON STREET BOSTON, MA 02118 04-2456134 501(C)(3) 50,000. 0. covid19-us SHARE OUR SELVES CORPORATION 1550 SUPERIOR AVE 95-3222316 501(C)(3) COSTA MESA, CA 92627 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) MORTON COMPREHENSIVE HEALTH SERVICE - P.O. BOX 481090 - TULSA OK 74148 73-1177858 501(C)(3) 50,000 0. covid19-us SCHENECTADY FAMILY HEALTH SERVICES - 1044 STATE STREET -SCHENECTADY, NY 12307 14-1636222 501(C)(3) 50,000 0 COVID19-US SERENITY CARE HEALTH GROUP 515 S. FLOWER ST. 18TH FL. LOS ANGELES, CA 90071 27-1882511 501(C)(3) 50,000 0. covid19-us CURTIS V.COOPER PRIMARY HEALTH CARE - 106 E. BROAD STREET -SAVANNAH, GA 31401 58-1136296 501(C)(3) 50,000. 0 covid19-us MISSION NEIGHBORHOOD HEALTH CENTER 240 SHOTWELL STREET 94-2284365 501(C)(3) SAN FRANCISCO, CA 94110 0. COVID19-US 50,000, SCHOOL HEALTH CLINICS OF SANTA CLAR - 6840 VIA DEL ORO, #210 -SAN JOSE, CA 95119 77-0031679 501(C)(3) 0. covid19-us 50,000 SEATTLE INDIAN HEALTH BOARD 611 12TH AVE S. 91-0869056 501(C)(3) SEATTLE, WA 98144 50 000 0. covid19-us CENTRAL FLORIDA FAMILY HEALTH CTR 4930 EAST LAKE MARY BLVD SANFORD, FL 32771 59-1741286 501(C)(3) 50,000. 0. covid19-us SEA MAR COMMUNITY HEALTH CENTERS 1040 S. HENDERSON ST. 91-1020139 501(C)(3) SEATTLE, WA 98108 50 000. 0. covid19-us

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) DAVIS STREET PRIMARY CARE CLINIC 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577 94-3121699 501(C)(3) 50,000 0. covid19-us CENTRAL MISSISSIPPI HEALTH SERVICES - 1134 WINTER STREET -JACKSON, MS 39204 64-0426295 501(C)(3) 50,000 0 COVID19-US CARESOUTH CAROLINA, INC. 205 S. 5TH ST. HARTSVILLE, SC 29550 57-0664826 501(C)(3) 50,000 0. covid19-us CENTRAL NEIGHBORHOOD HEALTH FOUNDAT - 714 W. OLYMPIC BLVD. SUITE 801 - LOS ANGELES, CA 90015 75-2986675 501(C)(3) 50,000. 0 covid19-us SOUTHCENTRAL FOUNDATION 4501 DIPLOMACY DRIVE ANCHORAGE, AK 99508 92-0086076 501(C)(3) 0. 50,000, COVID19-US SOUTH TEXAS RURAL HEALTH SERVICES P.O. BOX 599 COTULLA, TX 78014 74-1905196 501(C)(3) 0. covid19-us 50,000 SHASTA COMMUNITY HEALTH CENTER 1035 PLACER ST. 68-0165855 501(C)(3) REDDING, CA 96001 50 000 0. covid19-us SIHF HEALTHCARE 2041 GOOSE LAKE ROAD SAUGET, IL 62206 37-1158318 501(C)(3) 50,000. 0. covid19-us CRUSADER CENTRAL CLINIC ASSOCIATION - 1200 WEST STATE STREET - ROCKFORD, IL 61102 23-7076080 501(C)(3) 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) MISSION CITY COMMUNITY NETWORK 8527 SEPULVEDA BLVD NORTH HILLS, CA 91343 95-4226189 501(C)(3) 50,000 0. covid19-us MILWAUKEE HEALTH SERVICES 2555 N DR MARTIN L KING DRIVE MILWAUKEE, WI 53212 39-1664109 501(C)(3) 50,000 0 COVID19-US CCI HEALTH & WELLNESS SERVICES 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910 52-0988386 501(C)(3) 50,000 0. covid19-us MUSKINGUM VALLEY HEALTH CENTERS 716 ADAIR AVE ZANESVILLE, OH 43701 20-8814374 501(C)(3) 50,000. 0 covid19-us CRESCENTCARE 1631 ELYSIAN FIELDS AVENUE 72-1059635 501(C)(3) NEW ORLEANS, LA 70117 0. COVID19-US 50,000, SHINGLETOWN MEDICAL CENTER 31292 ALPINE MEADOWS ROAD SHINGLETOWN, CA 96088 68-0063054 501(C)(3) 0. covid19-us 50,000 MISSION EAST DALLAS AND METROPLEX 4550 GUS THOMASSON ROAD SUITE 40 MESQUITE, TX 75150 72-2935803 501(C)(3) 50 000 0. covid19-us MOUNTAIN VALLEYS HEALTH CENTERS 554-850 MEDICAL CENTER DRIVE P.O. B BIEBER, CA 96009 94-2533006 501(C)(3) 50,000. 0. covid19-us COWLITZ FAMILY HEALTH CENTER 1057 12TH AVE 91-0896241 501(C)(3) LONGVIEW, WA 97632 50 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant non-cash (book, FMV, assistance appraisal, other) DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262-3702 33-0068583 501(C)(3) 50,000 0. covid19-us CENTRO MEDICO COMMUNITY CLINIC 1307 W SIXTH ST STE 113 CORONA, CA 92882 33-0986880 501(C)(3) 50,000 0 COVID19-US SOUTHEAST COMMUNITY HEALTH SYSTEMS P O BOX 770 ZACHARY, LA 70791 72-1212880 501(C)(3) 50,000 0. covid19-us CENTRAL CITY COMMUNITY HEALTH CENTE - 1000 SAN GABRIEL BLVD. SUITE 200 - ROSEMEAD, CA 91770 95-4492570 501(C)(3) 50,000. 0 covid19-us CARE RESOURCE COMMUNITY HEALTH CENT - 3510 BISCAYNE BLVD. -59-2564198 501(C)(3) 0. MIAMI, FL 33137 49,997. COVID19-US SAN JUDAS COMMUNITY HEALTH CENTER 1080 N. WESTERN AVE. LOS ANGELES, CA 90029 81-3135863 501(C)(3) 0. covid19-us 49,985. PRIMARY HEALTH SERVICES CENTER P O BOX 7495 72-1347028 501(C)(3) MONROE, LA 71201 49 900. 0. covid19-us THE WRIGHT CENTER MEDICAL GROUP DBA - 501 S. WASHINGTON AVE, SUITE 1000 - SCRANTON, PA 18505-3814 23-2772504 501(C)(3) 49,787. 0. covid19-us CLINICA SIERRA VISTA 1430 TRUXTUN AVE #400 BAKERSFIELD, CA 93301 95-2707101 501(C)(3) 49,500. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NORTH TEXAS AREA COMMUNITY HEALTH 2332 BEVERLY HILLS DRIVE FORT WORTH, TX 76114 54-2117989 501(C)(3) 49,400 0. covid19-us COMMUNITY CLINIC OF MAUI, INC. DBA 1881 NANI STREET WAILUKU, HI 96793 99-0303304 501(C)(3) 49,260 0 COVID19-US JERICHO ROAD COMMUNITY HEALTH CTR 184 BARTON STREET BUFFALO, NY 14213 42-1571876 501(C)(3) 49,208 0. covid19-us TANDEM HEALTH SC 1278 N. LAFAYETTE DRIVE POST OFFICE SUMTER, SC 29150 57-1095992 501(C)(3) 49,196, 0 covid19-us DENVER INDIAN HEALTH AND FAMILY SER - 2880 W HOLDEN PL - DENVER 84-0724261 501(C)(3) 0. COVID19-US CO 80204 49,153. HEALTHSOURCE OF OHIO, INC. 424 WARDS CORNER RD SUITE 200 LOVELAND OH 45140 31-0884250 501(C)(3) 0. covid19-us 49,140 CENTRAL VIRGINIA HEALTH SERVICES PO BOX 220 25892 N. JAMES MADISON H NEW CANTON, VA 23123 54-0887287 501(C)(3) 49 058. 0. covid19-us SOUTH BOSTON COMMUNITY HEALTH CENTE - 409 WEST BROADWAY - SOUTH BOSTON, MA 02127 04-2682152 501(C)(3) 48,987. 0. covid19-us TENDER CARE COMMUNITY CLINIC, INC 7862 EAST FIRESTONE BLVD. 81-2610616 501(C)(3) DOWNEY, CA 90241 48 817. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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		
EL DORADO COMMUNITY HEALTH CENTERS 4327 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667	42-1533531	501(C)(3)	48,726.	0.			COVID19-US		
IM SULZBACHER CTR FOR THE HOMELESS 611 EAST ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	48,000.	0.			covid19-us		
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD. QUEENSBURY, NY 12804	14-1628237	501(C)(3)	48,000.	0.			covID19-us		
MOUNTAIN FAMILY HEALTH CENTERS 2700 GILSTRAP COURT STE 100 GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	48,000.	0.			covID19-us		
CAPITAL AREA HEALTH NETWORK 2809 NORTH AVENUE RICHMOND, VA 23222	54-1884190	501(C)(3)	48,000.	0.			covId19-us		
JOSEPH P. ADDABBO FAMILY HEALTH CTR - 6200 BEACH CHANNEL DRIVE - AVERNE, NY 11231	06-1181226	501(C)(3)	47,400.	0.			COVID19-US		
FAMILY HEALTH PARTNERSHIP 401 E. CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	45,270.	0.			BAXTER INNOVATION AWARDS		
SUNRISE COMMUNITY HEALTH 2930 11TH AVE EVANS, CO 80620 CENTER FOR FAMILY HEALTH &	84-0613289	501(C)(3)	45,000.	0.			COVID19-US		
EDUCATIO - 8727 VAN NUYS BLVD. SUITE 201 - PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	45,000.	0.			COVID19-US		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) MANET COMMUNITY HEALTH CENTER 110 WEST SQUANTUM STREET QUINCY, MA 02171 04-2646695 501(C)(3) 45,000 0. covid19-us TRENTON MEDICAL CENTER, INC. DBA PA - 23343 NW COUNTY ROAD 236 -HIGH SPRINGS, FL 32643 59-2871302 501(C)(3) 0 COVID19-US 44,148 COMMUNITY HEALTH 2611 W. CHICAGO AVE CHICAGO, IL 60622 36-3831793 501(C)(3) 42,854 0. BAXTER INNOVATION AWARDS HEALTHREACH COMMUNITY CLINIC 400 E. STATESVILLE AVE SUITE 300 MOORSEVILLE, NC 28115 20-1020941 501(C)(3) 0 HURRICANE FLORENCE 41,350, HIS BRANCHES, INC. 340 ARNETT BLVD 23-7060337 501(C)(3) ROCHESTER, NY 14619 0. 40,466. COVID19-US TRAVERSE HEALTH CLINIC AND COALITIO - 1719 S. GARFIELD AVE. -TRAVERSE CITY, MI 49686 30-0224028 501(C)(3) 0. covid19-us 40,000 NORTH ORANGE COUNTY REGIONAL HEALTH - 901 WEST ORANGETHORPE 33-0970731 501(C)(3) AVENUE - FULLERTON CA 92832 40 000 0. covid19-us GEORGIA HIGHLANDS MEDICAL SERVICES 475 TRIBBLE GAP ROAD CUMMING, GA 30040 58-1338038 501(C)(3) 40,000. 0. covid19-us SAN FERNANDO COMMUNITY HOSPITAL DBA - 732 MOTT STREET SUITE 51-0142144 501(C)(3) 100/110 - SAN FERNANDO, CA 91340 40 000. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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	
EAST VALLEY COMMUNITY HEALTH CENTER - 420 S. GLENDORA AVE WEST COVINA, CA 91790	23-7068586	501(C)(3)	40,000.	0.			covid19-us	
NORTHWEST COLORADO HEALTH 940 CENTRAL PARK DRIVE, SUITE 101 STEAMBOAT SPRINGS, CO 80487	84-0564998	501(c)(3)	40,000.	0.			covid19-us	
HEALTH SERVICES OF NORTH TEXAS, INC - 4401 N. I-35, STE. 312 - DENTON, TX 76207	75-2252866	501(C)(3)	40,000.	0.			covid19-us	
BUTTE COUNTY DEPT OF PUBLIC HEALTH 202 MIRA LOMA DRIVE OROVILLE, CA 95965	94-6000506		39,525.	0.			2018 CALIFORNIA WILDFIRES	
LONG VALLEY HEALTH CENTER 50 BRANSCOMB ROAD LAYTONVILLE, CA 95454	94-2536128	501(C)(3)	39,293.	0.			covid19-us	
LORAIN COUNTY HEALTH & DENTISTRY 1205 BROADWAY LORAIN, OH 44052	34-1957404	501(C)(3)	36,291.	0.			covid19-us	
CHARTER OAK HEALTH CENTER, INC. 21 GRAND STREET HARTFORD, CT 06106	06-0986747	501(C)(3)	35,000.	0.			coVID19-US	
BUILD HEALTH INTERNATIONAL ST 1208 100 CUMMINGS CENTER BEVERLY, MA 01915	46-4300024	501(C)(3)	33,842.	0.			HURRICANE DORIAN	
INSTITUTO NUEVA ESCUELA INC 1101 ESQ. PONCE DE LEON PASEO DIEGO SAN JUAN, PR 00925) 66-0725105	501(C)(3)	33,386.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS	

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	
(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
SAMUEL DIXON FAMILY HEALTH CENTER, 25115 AVE STANFORD SUITE A-104 VALENCIA, CA 91355	95-4278726	501(C)(3)	33,000.	0.			COVID19-US
FAIRVIEW COMMUNITY HEALTH CENTER 225 NATCHEZ TRACE AVE BOWLING GREEN, KY 42103	61-1386859	501(C)(3)	30,000.	0.			COVID19-US
LAKE SUPERIOR COMMUNITY HEALTH CENT - 4325 GRAND AVENUE - DULUTH, MN 55807	23-7167576	501(C)(3)	30,000.	0.			COVID19-US
KNOX COUNTY COMMUNITY HEALTH CENTER - 11660 UPPER GILCHRIST ROAD - MOUNT VERNON, OH 43050	31-6400072	501(C)(3)	30,000.	0.			COVID19-US
KODIAK ISLAND HEALTH CARE FOUNDATIO - 1911 E REZANOF DRIVE - KODIAK, AK 99615	92-0146203	501(C)(3)	30,000.	0.			COVID19-US
SANTA CRUZ COMMUNITY HEALTH CENTERS - 125 WATER STREET, SUITE A-2 - SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	30,000.	0.			COVID19-US
THE TEXAS INSTITUTE OF HEALTH 8121 BROADWAY ST. #103 HOUSTON, TX 77061	46-1267820	501(C)(3)	29,000.	0.			HURRICANE HARVEY
COUNTY OF MEDINA AUDITOR, DBA MEDIN - 4800 LEDGEWOOD DRIVE - MEDINA, OH 44256	34-6001851	501(C)(3)	28,935.	0.			COVID19-US
WINTERS HEALTHCARE 172 E. GRANT AVENUE WINTERS, CA 95694-1780	68-0454670	501(C)(3)	26,400.	0.			covID19-US

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) COSSAO-CORP DE SERV SALUD PRIMARIA PO BOX 2113 ABBVIE PR INFRASTRUCTURE, SAN JUAN, PR 00929 66-0812599 501(C)(3) 25,000 0. EOUIPMENT ABACO WINDING BAY RELIEF FUND INC 50 N LAURA ST, STE 3900 JACKSONVILLIE, FL 32202 84-2933646 501(C)(3) 25,000 0 HURRICANE DORIAN HANA HEALTH P.O. BOX 807 HANA, HI 96713 99-0326154 501(C)(3) 25,000 0. covid19-us PERSON FAMILY MEDICAL CENTER, INC. 702 N. MAIN ST. 58-1387324 501(C)(3) ROXBORO, NC 27573 25,000. 0 covid19-us CHARITABLE PHARMACY OF CENTRAL OHIO - 200 E. LIVINGSTON AVE -27-0147099 501(C)(3) COLUMBUS, OH 43215 0. 25,000, HIKMA SIGNATURE PROGRAM AMITE COUNTY MEDICAL SERVICES. INC. - P.O. BOX 511 - LIBERTY, MS 64-0632268 501(C)(3) 0. covid19-us 39645 24,570. SOUTH PLAINS RURAL HEALTH SERVICES . - 1000 FM 300 -75-2123252 501(C)(3) LEVELLAND, TX 79336 20 000 0. covid19-us MEDICAL RESOURCE CENTER FOR RANDOLP - 1831 N. FAYETTEVILLE ST - ASHEBORO, NC 27203 56-1799394 501(C)(3) 18,293. 0. covid19-us AMMONOOSUC COMMUNITY HEALTH SERVICE - 25 MOUNT EUSTIS -51-0137745 501(C)(3) LITTLETON, NH 03561 17,750. 0. covid19-us

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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	
TEXAS ASSOC OF COMMUNITY HEALTH CENTERS - 5900 SOUTHWEST PARKWAY #3 - AUSTIN, TX 78735	74-2308695	501(C)(3)	16,302.	0.			HURRICANE HARVEY	
ALTURA CENTERS FOR HEALTH 1201 N CHERRY STREET TULARE, CA 93274	77-0465378	501(C)(3)	16,200.	0.			covID19-us	
SOUTH COVE COMMUNITY HEALTH CENTER 145 SOUTH ST BOSTON, MA 02111	04-2501818	501(C)(3)	13,500.	0.			covID19-us	
INNER CITY HEALTH CENTER 3800 YORK DENVER, CO 80205	74-2426085	501(C)(3)	10,000.	0.			covID19-us	
SB COUNTY SEARCH & RESCUE, INC 66 S SAN ANTONIO ROAD SANTA BARBARA, CA 93110	95-6193608	501(C)(3)	10,000.	0.			2018 CALIFORNIA WILDFIRES	
HEALTHPROMED FOUNDATION AVE BORINQUEN #2020 BO OBRERO SANTURCE, PR 00915	66-0437924	501(C)(3)	10,000.	0.			ABBVIE PR MOBILE HEALTH	
CENTRO INTEGRADOS DE SERV DE SALUD P.O. BOX 379 LARES, PR 00669	66-0426506	501(C)(3)	10,000.	0.			ABBVIE PR MOBILE HEALTH	
PRAIRIESTAR HEALTH CENTER 2700 E. 30TH AVENUE HUTCHINSON, KS 67502	48-1154210	501(C)(3)	10,000.	0.			covid19-us	
CONCILIO DE SALUD INTEGRAL DE LOIZA - CARRETERA 187, INTERSECCION 188 - LOIZA, PR 00772	66-0314649	501(C)(3)	10,000.	0.			ABBVIE PR MOBILE HEALTH	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH, CA 90806 95-1643332 501(C)(3) 10,000 0. covid19-us GOOD NEIGHBOR COMMUNITY HEALTH CENT - 4321 41ST AVENUE -COLUMBUS, NE 68601 13-4249732 501(C)(3) 7,500 0 COVID19-US SHAWNEE MENTAL HEALTH CENTER, INC. 901 WASHINGTON STREET PORTMSOUTH, OH 45662 31-0843758 501(C)(3) 7,440 0. COVID19-US ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR WELVISTA PHARMACEUTICALS 121 GREYSTONE BLVD PRICE MEDICAL LOW-INCOME, UNINSURED 32,126,976. PURCHASED COLUMBIA, SC 29210 56-2034627 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NC MEDASSIST WHOLESALE MEDICAL HEALTH CENTERS FOR 4428 TAGGART CREEK ROAD, SUITE 101 PRICE SUPPLIES LOW-INCOME, UNINSURED 56-2018957 501(C)(3) CHARLOTTE, NC 28208 17,769,585. PURCHASED EQUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR NORTH HUDSON COMMUNITY ACTION WHOLESALE MEDICAL CORPORATION - ADMINISTRATION - 800 PRICE SUPPLIES. LOW-INCOME, UNINSURED 5,268,116. PURCHASED 31ST STREET - UNION CITY NJ 07087 22-1818699 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR AGAPE CLINIC 4104 JUNIUS STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 2 835 633 PURCHASED EOUIPMENT PATIENTS DALLAS TX 75246 14-1847977 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR COMMUNITYHEALTH 2611 W. CHICAGO AVENUE PRICE. MEDICAL LOW-INCOME, UNINSURED 2,650,699, PURCHASED CHICAGO, IL 60622 36-3831793 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & TRUMAN MEDICAL CENTERS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2301 HOLMES STREET PRICE MEDICAL LOW-INCOME, UNINSURED KANSAS CITY, MO 64108 44-0661018 501(C)(3) 0. 2 638 015 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & ST VINCENT DE PAUL CHARITABLE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PHARMACY - 1146 BANK ST. -PRICE MEDICAL LOW-INCOME, UNINSURED 2,432,135, PURCHASED CINCINNATI, OH 45214 30-0272954 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS JEFFERSON COMPREHENSIVE HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 405 MAIN STREET -PRICE SUPPLIES LOW-INCOME UNINSURED FAYETTE, MS 39069 64-0667610 501(C)(3) 0 2,039,918, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NORTH JEFFERSON COUNTY CLINIC WHOLESALE HEALTH CENTERS FOR OTHER PHARMACY - 1295 PEARL STREET -MEDICAL PRICE LOW-INCOME UNINSURED BEAUMONT, TX 77701 74-6000291 0. 1,935,510, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR COVE HOUSE FREE CLINIC WHOLESALE 108 EAST HALSTEAD STREET PRICE SUPPLIES LOW-INCOME, UNINSURED COPPERAS COVE, TX 76522 74-2764062 501(C)(3) 1,925,074, PURCHASED EOUTPMENT PATTENTS 0 ESTIMATED SUPPORT TO US CLINICS & UNC HEALTH CARE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 4400 EMPEROR BLVD PRICE MEDICAL LOW-INCOME, UNINSURED 1,901,206, PURCHASED SUPPLIES PATIENTS DURHAM, NC 27703 56-1118388 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PUERTO RICO DEPARTMENT OF HEALTH WHOLESALE OTHER HEALTH CENTERS FOR BO MONACTLLOS PRICE MEDICAL LOW-INCOME, UNINSURED 1,764,872. PURCHASED 66-0437470 SUPPLIES PATTENTS SAN JUAN PR 00921-0619 0. PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GREATER HARTFORD HARM REDUCTION ESTIMATED COALITION, INC. - 28 GRAND STREET WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 1,741,177. PRICE EOUIPMENT PATIENTS - HARTFORD CT 06106 47-4312705 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY HEALTH AND EMERGENCY SERVICES - 13245 KESSLER ROAD -PRICE SUPPLIES. LOW-INCOME, UNINSURED 1,627,749, PURCHASED CAIRO, IL 62914 37-1100482 501(C)(3) 0. EOUIPMENT PATTENTS NORTH CENTRAL NURSING CLINICS DBA ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FAMILY HEALTH CLINICS OF WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED BULINGTON, CARROLL CO - 901 PRINCE SUPPLIES. WILLIAM ROAD SUITE A - DELPHI 26-1553382 501(C)(3) 1 625 002, PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
FAMILY CARE HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
401 HOLLY HILLS AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
ST. LOUIS, MO 63111	23-7076112	501(C)(3)	0.	1,622,457.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CABIN CREEK HEALTH SYSTEMS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
104 ALEX LANE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CHARLESTON, WV 25304	55-0709223	501(C)(3)	0.	1,598,099.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
KINTEGRA FAMILY MEDICINE - HUDSON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
991 W. HUDSON BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
GASTONIA, NC 28052	58-1958398	501(C)(3)	0.	1,557,174.	PURCHASED	EQUIPMENT	PATIENTS	
,				, ,			SUPPORT TO US CLINICS &	
IOWA HARM REDUCTION COALITIONS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR	
1216 2ND AVENUE SE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED	
CEDAR RAPIDS, IA 52403	82-1864287	501(C)(3)	0.	1,443,692.		SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
MIAMI BEACH COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
CENTER - 710 ALTON ROAD - MIAMI					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
BEACH, FL 33139	59-1829984	501(C)(3)	0.	1,401,545.	,	SUPPLIES	PATIENTS	
				_,,	ESTIMATED		SUPPORT TO US CLINICS &	
ODA PRIMARY CARE HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
74 WALLABOUT AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
BROOKLYN, NY 11249	11-2329960	501(C)(3)	0.	1,349,884.	,	SUPPLIES	PATIENTS	
				1,015,001.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
URBAN HEALTH PLAN, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
1065 SOUTHERN BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
BRONX, NY 10459	23-7360305	501(C)(3)	0.	1,318,540.	,	EQUIPMENT	PATIENTS	
EKONZ, NI 10433	23 7300303	501(0)(3)	•••	1,310,340.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CENTER FOR HEALING & HOPE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR	
902 S. MAIN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	1,267,088.	,	EQUIPMENT	PATIENTS	
SOUTH, IN TOZZO	02 0300311	501(0)(3)	1	1,207,000.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
A+ COUNSELING CENTER AND A+ HEALTH					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR	
CENTER - 10351 SOUTHERN MARYLAND						l'		
	EQ 201022F	E01/G)/3)		1 256 244	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
BLVD DUNKIRK, MD 20754	59-3812335	DOT(C)(3)	0.	1,256,244.	PURCHASED	EQUIPMENT	PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS COMMUNITY HEALTH OF EAST WHOLESALE MEDICAL HEALTH CENTERS FOR TENNESSEE, INC. - 130 INDEPENDENCE PRICE SUPPLIES LOW-INCOME, UNINSURED 1,228,791, PURCHASED LN. - LAFOLLETTE, TN 37766 58-1470587 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS NO AIDS TASK FORCE DBA CRESCENT WHOLESALE MEDICAL HEALTH CENTERS FOR CARE - 1631 ELYSTAN FIELDS AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED - NEW ORLEANS, LA 70117 72-1059635 501(C)(3) 0 1,219,490, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS FUNDACION MANOS JUNTAS WHOLESALE MEDICAL HEALTH CENTERS FOR 1145 WEST INTERSTATE 240 SERVICE RO PRICE SUPPLIES LOW-INCOME UNINSURED OKLAHOMA CITY, OK 73139 73-1523135 501(C)(3) 0. 1,203,171, PURCHASED EOUIPMENT PATIENTS CHOICE HEALTH NETWORK HARM SUPPORT TO US CLINICS & HEALTH CENTERS FOR REDUCTION PROGRAM - 900 EAST HILL ESTIMATED PHARMACEUTICALS AVENUE SUITE #285 - KNOXVILLE, TN WHOLESALE MEDICAL LOW-INCOME, UNINSURED 37915 62-1698383 501(C)(3) 0 1,182,523. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HAVEN FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 800 HOWARD AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 1,167,082, PURCHASED 06-0646973 501(C)(3) EOUIPMENT PATIENTS NEW HAVEN, CT 06519 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE HALEY CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 122 WEST CENTRAL AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 1,128,566. PURCHASED WINTER HAVEN FL 33880 59-0766974 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY HEALTH CARE CLINIC 900 N FRANKLIN AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS NORMAL IL 61761 37-1316328 501(C)(3) 0. 1 116 053, PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CHRIST CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 25722 KINGSLAND BLVD., SUITE 101 PRICE SUPPLIES LOW-INCOME, UNINSURED 1,100,659, PURCHASED KATY TX 77494 35-2179708 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & NYC HEALTH + HOSPITALS WHOLESALE HEALTH CENTERS FOR 125 WORTH STREET PRICE PHARMACEUTICALS LOW-INCOME, UNINSURED NEW YORK, NY 10013 13-2655001 501(C)(3) 1 090 303, PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SOUTH BROWARD COMMUNITY HEALTH ESTIMATED SUPPORT TO US CLINICS & SERVICES MEMORIAL HALLANDALE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PHARMACY - 1750 E. HALLANDALE PRICE MEDICAL LOW-INCOME, UNINSURED 1,089,485, PURCHASED SUPPLIES BEACH BLVD - HALLANDALE BEACH, FL 59-6014973 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & ESTIMATED MATTHEW 25, INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 413 EAST JEFFERSON BLVD. PRICE MEDICAL LOW-INCOME UNINSURED FORT WAYNE IN 46802 35-1484951 501(C)(3) 0 1,063,410, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH PARTNERS WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 112 WEST LEWIS STREET PRICE MEDICAL LOW-INCOME UNINSURED LIVINGSTON, MT 59047 84-1420492 501(C)(3) 0. 1,019,739, PURCHASED SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR EAST CENTRAL MS HEALTH CARE, INC. WHOLESALE PHARMACEUTICALS 1490 HIGHWAY 487 PRICE MEDICAL LOW-INCOME, UNINSURED 983 388 PURCHASED SEBASTOPOL, MS 39359 64-0610471 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OTHER HEALTH CENTERS FOR EXCELTH, INC. 1515 POYDRAS STREET PRICE MEDICAL LOW-INCOME, UNINSURED 72-1193464 501(C)(3) 953,803, PURCHASED SUPPLIES PATIENTS NEW ORLEANS, LA 70112 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SOUTHWEST BOULEVARD FAMILY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CARE - 300 SOUTHWEST BLVD. -PRICE SUPPLIES LOW-INCOME, UNINSURED 937,040, PURCHASED KANSAS CITY KS 66103 48-1067752 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTHLAND COMMUNITY HEALTH CENTER ADMINISTRATION - 104 N. MAIN PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS STREET - TURTLE LAKE ND 58575 33-1029318 501(C)(3) 0. 931 622 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HANDS OF GRACE MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1861 WATSON BLVD. PRICE. SUPPLIES. LOW-INCOME, UNINSURED WARNER ROBINS, GA 31093 83-4709039 501(C)(3) 0. 923 761 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY CARE CENTER FOR FORSYTH WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 2135 NEW WALKERTOWN ROAD PRICE LOW-INCOME, UNINSURED SUPPLIES. - WINSTON SALEM, NC 27101 58-1403699 501(C)(3) 0. 918 431 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS EOUALHEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR PO BOX 1575 PRICE SUPPLIES LOW-INCOME, UNINSURED 913,502, PURCHASED BROOKLINE MA 02446 27-3645742 501(C)(3) 0. EOUIPMENT PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & DBA VIRGINIA B. ANDES VOLUNTEER ESTIMATED WHOLESALE COMMUNITY CLINIC VOLUNTEERS IN OTHER HEALTH CENTERS FOR MEDICINE ALLIANCE - 21297 OLEAN PRICE MEDICAL LOW-INCOME UNINSURED BLVD UNIT B - PORT CHARLOTTE, FL 65-0958642 501(C)(3) 0 908,991, PURCHASED SUPPLIES PATTENTS SOUTHEAST COMMUNITY HEALTH SYSTEMS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MOBILE MEDICAL UNIT - 336 E WHOLESALE OTHER HEALTH CENTERS FOR MEDICAL RAILROAD AVE. - INDEPENDENCE LA PRICE LOW-INCOME UNINSURED 72-1212880 501(C)(3) 70443 0. 905 196 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR SALUD FAMILY HEALTH CENTERS WHOLESALE ADMINISTRATION - 203 SOUTH ROLLIE PRICE SUPPLIES LOW-INCOME, UNINSURED AVE - FORT LUPTON, CO 80621 84-0613540 501(C)(3) 0 901,990, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 95-2637633 501(C)(3) 891,609, PURCHASED EOUIPMENT PATIENTS LAGUNA BEACH, CA 92651 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GRACE MEDICAL HOME WHOLESALE MEDICAL HEALTH CENTERS FOR 1417 EAST CONCORD STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 890,770, PURCHASED ORLANDO FL 32803 26-1817966 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR THE FREE MEDICAL CLINIC PHARMACEUTICALS 1875 HARDEN STREET PRICE MEDICAL LOW-INCOME, UNINSURED 882 569 PURCHASED SUPPLIES PATIENTS COLUMBIA SC 29204 57-0779279 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HORIZON HEALTH CARE, INC. ADMINISTRATION - 109 NORTH MAIN PRICE. SUPPLIES. LOW-INCOME, UNINSURED STREET - HOWARD, SD 57349 46-0341255 501(C)(3) 0. 846 824 PURCHASED EOUIPMENT PATTENTS ALBEMARLE HOSPITAL FOUNDATION DRA ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY CARE CLINIC - 918 WHOLESALE MEDICAL HEALTH CENTERS FOR GREENLEAF STREET - ELIZABETH CITY PRICE LOW-INCOME, UNINSURED SUPPLIES. NC 27909 43-2031990 501(C)(3) 0. 841 301 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	art II.)	raye
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION ARLINGTON MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
210 W. SOUTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	826,175.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CHERRY STREET SERVICES, INC HEART					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
OF THE CITY PHARMACY - 100 CHERRY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STREET SE - GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	0.	823,664.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OPEN DOOR HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
151 NW 11 STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	811,912.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
HARM REDUCTION COALITION					ESTIMATED		HEALTH CENTERS FOR
1111 BROADWAY					WHOLESALE		LOW-INCOME, UNINSURED
OAKLAND, CA 94607	94-3204958	501(C)(3)	0.	810,372.	PRICE	PHARMACEUTICALS	PATIENTS
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AMISTAD COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1533 SOUTH BROWNLEE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	802,213.	PURCHASED	EQUIPMENT	PATIENTS
HEALTH SERVICES, INC. RIVER				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REGIONAL HEALTH CENTER - 1845					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CHERRY STREET - MONTGOMERY, AL					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
36106	63-0568762	501(C)(3)	0.	789 595.	PURCHASED	EQUIPMENT	PATIENTS
				, , , , , , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EUNICE COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
450 MOOSA BLVD, STE. E					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EUNICE, LA 70535	27-0213992	501(C)(3)	0.	784 990.	PURCHASED	EQUIPMENT	PATIENTS
				, , , , , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GREATER KILLEEN FREE CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
718 N. 2ND STREET, STE. A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	781 425	PURCHASED	EQUIPMENT	PATIENTS
, /			· · · · ·		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAN JOSE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2615 FANNIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77002	76-0373703	501 (C) (3)	0.	771 836	PURCHASED	SUPPLIES,	PATIENTS
100510N, 1A //00Z	10 0313103	501(0)(3)	1 0.	1/4,030.	r orchwoen	POLITIES,	F111 THI I O

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS CAMILLUS HEALTH CONCERN INC. WHOLESALE OTHER HEALTH CENTERS FOR 336 NW 5TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 763 331. PURCHASED MIAMI, FL 33128 65-0063921 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS MISSION OF MERCY - ARIZONA CLINICS WHOLESALE MEDICAL HEALTH CENTERS FOR 360 E. CORONADO ROAD STE 160 PRICE SUPPLIES LOW-INCOME UNINSURED PHOENIX, AZ 85004 86-0704883 501(C)(3) 0 752,737, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTERS OF SOUTH WHOLESALE HEALTH CENTERS FOR OTHER CENTRAL TEXAS - 229 ST GEORGE MEDICAL PRICE LOW-INCOME UNINSURED GONZALES, TX 78629 74-1548089 501(C)(3) 0. 729,707. PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR NEW JERSEY HARM REDUCTION ESTIMATED COALITION - 137 W. HANOVER STREET WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 727,050. PRICE - TRENTON, NJ 08618 91-1435394 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR GRACE HEALTHCARE SERVICES CORP DBA GRACE PHARMACY - 1329 SW 16TH PRICE SUPPLIES LOW-INCOME, UNINSURED 81-4300044 501(C)(3) 726,102, PURCHASED EOUIPMENT PATIENTS STREET - GAINESVILLE, FL 32610 0. SANTA BARBARA NEIGHBORHOOD CLINICS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EASTSIDE NEIGHBORHOOD CLINIC - 915 WHOLESALE MEDICAL HEALTH CENTERS FOR N. MILPAS STREET - SANTA BARBARA, PRICE SUPPLIES LOW-INCOME, UNINSURED 715,145, PURCHASED CA 93103 77-0496382 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HARDEMAN COUNTY COMMUNITY HEALTH CENTER - 629 NUCKOLLS ROAD -PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS BOLIVAR TN 38008 58-1995646 501(C)(3) 0. 712 642 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HOPE CLINIC 203 NORTH STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED BAYBORO, NC 28515 56-2114681 501(C)(3) 0. 703 778 PURCHASED EOUIPMENT PATTENTS SOCIETY OF ST. VINCENT DE PAUL ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CHARITABLE PHARMACY OF NORTH TEXAS WHOLESALE MEDICAL HEALTH CENTERS FOR DBA ST. VINCEN - 5750 PINELAND PRICE LOW-INCOME, UNINSURED SUPPLIES. DRIVE SUITE 280 - DALLAS TX 26-3273175 501(C)(3) 0. 695 357 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS LA COMUNIDAD HISPANA WHOLESALE MEDICAL HEALTH CENTERS FOR 731 W. CYPRESS STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 692,472, PURCHASED KENNETT SQUARE, PA 19348 23-2041915 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS NOVA SCRIPTS CENTRAL INC PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 6400 ARLINGTON BLVD #120 PRICE SUPPLIES LOW-INCOME UNINSURED FALLS CHURCH, VA 22042 65-1275162 501(C)(3) 0 686,290, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MILAN PUSKAR HEALTH RIGHT WHOLESALE MEDICAL HEALTH CENTERS FOR 341 SPRUCE STREET PRICE SUPPLIES LOW-INCOME UNINSURED MORGANTOWN, WV 26505 31-1118673 501(C)(3) 0. 682 103 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HTV ALLTANCE WHOLESALE 1195A CITY VIEW STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 681,426, PURCHASED EUGENE, OR 97402 93-0963546 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH SERVICES OF NORTH TEXAS WHOLESALE MEDICAL HEALTH CENTERS FOR 4401 N I-35, SUITE 312 PRICE SUPPLIES LOW-INCOME, UNINSURED 75-2252866 501(C)(3) 679,876, PURCHASED DENTON, TX 76207 EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY MEDICAL WELLNESS CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR USA - 1360 E ANAHETM STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 677,469, PURCHASED LONG BEACH CA 90813 45-2424322 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS NAPLES FL 34102 59-3546884 501(C)(3) 0. 676 031 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & VOLUNTEERS IN MEDICINE WHOLESALE MEDICAL HEALTH CENTERS FOR 41 EAST DUVAL STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED JACKSONVILLE, FL 32202 75-3002172 501(C)(3) 0. 674 571 PURCHASED EOUIPMENT PATTENTS COMMUNITY HEALTH CENTERS INC. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MARY MAHONEY MEMORIAL HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 12716 NE 36TH STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. SPENCER, OK 73084 73-0930123 501(C)(3) 0. 670 152 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS CAPE FEAR CLINIC INC WHOLESALE OTHER HEALTH CENTERS FOR 1605 DOCTORS CIRCLE PRICE MEDICAL LOW-INCOME, UNINSURED 641,615, PURCHASED WILMINGTON, NC 28401 56-1984630 501(C)(3) 0. SUPPLIES PATTENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS FREE CLINICS OF HENDERSON COUNTY WHOLESALE MEDICAL HEALTH CENTERS FOR 841 CASE STREET PRICE SUPPLIES LOW-INCOME UNINSURED HENDERSONVILLE, NC 28792 56-2212024 501(C)(3) 0 640,836. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS RAPIDES PRIMARY HEALTH CARE CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 1217 WILLOW GLEN RIVER ROAD PRICE SUPPLIES LOW-INCOME UNINSURED ALEXANDRIA, LA 71302 72-1252422 501(C)(3) 0. 638,770. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ST. JOSEPH SOCIAL WELFARE BOARD WHOLESALE 904 S. 10TH, SUITE A PRICE SUPPLIES LOW-INCOME, UNINSURED ST. JOSEPH, MO 64503 80-0308973 501(C)(3) 0 636,380, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SAMUEL DIXON FAMILY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 25115 AVENUE STANFORD SUITE A-104 PRICE SUPPLIES LOW-INCOME, UNINSURED 633,377. PURCHASED 95-4278726 501(C)(3) EOUIPMENT PATIENTS VALENCIA, CA 91355 0. JOHNSON CITY COMMUNITY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTER EAST TENNESSEE STATE WHOLESALE MEDICAL HEALTH CENTERS FOR UNIVERSITY - 2151 CENTURY LANE -PRICE SUPPLIES. LOW-INCOME, UNINSURED 630,307, PURCHASED JOHNSON CITY TN 37604 62-6021046 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CARE BEYOND THE BOULEVARD, INC. 636 TAUROMEE AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS KANSAS CITY KS 66101 83-1122028 501(C)(3) 0. 625 327 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SULZBACHER HEALTH CENTER WHOLESALE HEALTH CENTERS FOR OTHER 611 EAST ADAMS STREET PRICE. MEDICAL LOW-INCOME, UNINSURED JACKSONVILLE, FL 32202 59-3229898 501(C)(3) 0. 618 340 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WESTMINSTER FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED 2103 MONTROSE AVENUE, STE. E SUPPLIES. MONTROSE, CA 91020 77-0563241 501(C)(3) 0. 618 267 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHILADELPHIA DEPARTMENT OF PUBLIC WHOLESALE HEALTH DISTRICT HEALTH CENTERS -PHARMACEUTICALS HEALTH CENTERS FOR 1101 MARKET STREET - PHILADELPHIA PRICE MEDICAL LOW-INCOME, UNINSURED 612,674, PURCHASED PA 19107 23-6003047 0. SUPPLIES PATIENTS CENTRO DE SERVICIOS PRIMARIOS DE SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS SALUD DE PATILLAS, INC. - 99 CALLE WHOLESALE MEDICAL HEALTH CENTERS FOR GUILLERMO RIEFKOHL STREET -PRICE SUPPLIES LOW-INCOME UNINSURED PATILLAS, PR 00723 66-0430826 501(C)(3) 0 607,563. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & UPHAM'S CORNER HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 415 COLUMBIA ROAD PRICE SUPPLIES LOW-INCOME UNINSURED DORCHESTER, MA 02125 23-7211732 501(C)(3) 0. 604,990. PURCHASED EOUIPMENT PATTENTS HIGHLANDS HEALTH LAUREL HIGHLANDS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR FREE & CHARITABLE CLINIC - 315 WHOLESALE LOCUST STREET - JOHNSTOWN PA PRICE SUPPLIES LOW-INCOME, UNINSURED 603 328 PURCHASED 15901 23-2922409 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PANCARE OF FLORIDA, INC. CHC BAY WHOLESALE OTHER HEALTH CENTERS FOR COUNTY - 1612 FRANKFORD AVENUE -PRICE MEDICAL LOW-INCOME UNINSURED 91-2189932 501(C)(3) 589,455, PURCHASED SUPPLIES PATIENTS PANAMA CITY, FL 32401 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & N.E.W. COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 622 BODART STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 585,711. PURCHASED GREEN BAY WI 54301 39-1200636 501(C)(3) EOUIPMENT PATTENTS 0 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PROJECT H.O.P.E. INC. 519-525 WEST STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS CAMDEN NJ 08103 20-4133180 501(C)(3) 0. 580 735 PURCHASED CENTRO DE SALUD FAMILIAR DR. JULIO ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PALMIERI FERRI, INC. - CALLE MORSE WHOLESALE OTHER HEALTH CENTERS FOR #46 ESQUINA VALENTINA - ARROYO PRICE. MEDICAL LOW-INCOME, UNINSURED PR 00714 66-0496484 501(C)(3) 0. 580 694 PURCHASED SUPPLIES PATTENTS SERVICIOS DE SALUD PRIMARIOS DE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BARCELONETA, INC. DBA ATLANTIC WHOLESALE MEDICAL HEALTH CENTERS FOR MEDICAL CENTER - CARR. 2 1995 -PRICE SUPPLIES. LOW-INCOME, UNINSURED BARCELONETA, PR 00617 66-0426667 501(C)(3) 0. 569 483 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS GOOD SAMARITAN CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 615 NORTH B STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 569,098, PURCHASED FORT SMITH, AR 72901 71-0863639 501(C)(3) 0. EOUIPMENT PATIENTS MIGRANT HEALTH CENTER WESTERN PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE REGION, INC. - CALLE RAMN E. OTHER HEALTH CENTERS FOR BETANCES #491 SUR - MAYAGEZ PR PRICE MEDICAL LOW-INCOME UNINSURED 00680 66-0427801 501(C)(3) 0 568,476, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & KINSTON COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 324 N. OUEEN STREET PRICE SUPPLIES LOW-INCOME UNINSURED KINSTON, NC 28501 56-1833275 501(C)(3) 0. 566,589. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR SANTA BARBARA COUNTY EXECUTIVE WHOLESALE OFFICE - 105 EAST ANAPAMU STREET PRICE SUPPLIES LOW-INCOME, UNINSURED SUITE 3 - SANTA BARBARA, CA 93103 95-6002833 0 566,265, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR VIRGINIA HARM REDUCTION COALITION 1917 FRANKLIN ROAD SW PRICE SUPPLIES LOW-INCOME, UNINSURED ROANOKE, VA 24014 83-2479145 501(C)(3) 563,215, PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CORPORACION SANOS WHOLESALE MEDICAL HEALTH CENTERS FOR APARTADO 1025 PRICE SUPPLIES. LOW-INCOME, UNINSURED 562,952, PURCHASED 66-0671421 501(C)(3) EOUIPMENT PATTENTS CAGUAS PR 00726 0. BIG SPRINGS MEDICAL ASSOCIATION ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR DBA MISSOURI HIGHLANDS HEALTH CARE - 110 SOUTH SECOND STREET -PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS ELLINGTON, MO 63638 43-1068291 501(C)(3) 0. 556 685 PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SHEPHERD MEDICATION ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE MANAGEMENT - 1256 UNION AVENUE -SUPPLIES. LOW-INCOME, UNINSURED MEMPHIS, TN 38104 547,964. PRICE 46-3313048 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & FEDERAL BUREAU OF PRISONS ESTIMATED HEALTH CENTERS FOR WHOLESALE MEDICAL LOW-INCOME, UNINSURED 320 FIRST STREET, NW SUPPLIES WASHINGTON, DC 20534 543 043 PRICE PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & SANTA BARBARA COTTAGE HOSPITAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 400 WEST PUEBLO STREET PRICE MEDICAL LOW-INCOME, UNINSURED 536,677. PURCHASED SUPPLIES SANTA BARBARA, CA 93105 95-1644629 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS PASADENA HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 908 SOUTHMORE AVE SUITE 100 PRICE SUPPLIES LOW-INCOME UNINSURED PASADENA, TX 77502 20-0462905 501(C)(3) 0 532,884. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & ZUCKERBERG SAN FRANCISCO GENERAL WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 1001 POTRERO AVENUE PRICE MEDICAL LOW-INCOME UNINSURED SAN FRANCISCO, CA 94117 94-3189424 0. 532,627. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GREENVILLE FREE MEDICAL CLINIC WHOLESALE 600 ARLINGTON AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 527,215. PURCHASED GREENVILLE, SC 29601 57-0855205 501(C)(3) 0 EOUIPMENT PATTENTS SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR NEXT HARM REDUCTION ESTIMATED 22 WEST 27TH STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 83-1333112 501(C)(3) 524,521. PRICE SUPPLIES PATIENTS NEW YORK, NY 10001 0. GRANVILLE VANCE PUBLIC HEALTH PHARMACEUTICALS SUPPORT TO US CLINICS & GRANVILLE COUNTY HEALTH DEPARTMENT ESTIMATED MEDICAL HEALTH CENTERS FOR - 101 HUNT DRIVE - OXFORD, NC WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 521,853. PRICE 56-1060453 EOUIPMENT PATTENTS 27565 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR RURAL MEDICAL SERVICE INC. NEWPORT - 207 MURRAY DRIVE -PRICE SUPPLIES. LOW-INCOME, UNINSURED 518 549 PURCHASED EOUIPMENT PATIENTS NEWPORT TN 37821 62-1102683 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR SOUTHEAST MISSISSIPPI RURAL HEALTH OTHER INITIATIVE - 5488 US HWY 49 -PRICE. MEDICAL LOW-INCOME, UNINSURED HATTIESBURG, MS 39401 64-0625076 501(C)(3) 0. 518 408 PURCHASED SUPPLIES PATTENTS DAVID RAINES COMMUNITY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTERS SHREVEPORT PHARMACY - 1625 WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED DAVID RAINES ROAD - SHREVEPORT, LA SUPPLIES. 71107 58-2000630 501(C)(3) 0. 517 167 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other As	ssistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLAIBORNE COUNTY FAMILY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CENTER - 2045 HIGHWAY 61 NORTH -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PORT GIBSON, MS 39150	64-0651149	501(C)(3)	0.	512,949.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELLNESS POINTE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1107 E. MARSHALL AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	512,642.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ONEWORLD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4920 SOUTH 30TH STREET, STE. 103					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OMAHA, NE 68107	47-0548990	501(C)(3)	0.	499,385.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BORINQUEN HEALTH CARE CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3601 N FEDERAL HWY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MIAMI, FL 33137-3795	59-1417397	501(C)(3)	0.	495,276.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GULF COAST HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2548 MEMORIAL BLVD.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	491,416.	PURCHASED	SUPPLIES,	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
NCADA					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
9355 OLIVE BLVD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ST. LOUIS, MO 63132	43-0827852	501(C)(3)	0.	490,535.	PRICE	EQUIPMENT	PATIENTS
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNITED HEALTH PARTNERS (UHP)					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
12605 EAST FREEWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOUSTON, TX 77015	61-1757254	501(C)(3)	0.	489,968.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
CHARITABLE PHARMACY OF CENTRAL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
OHIO - 200 EAST LIVINGSTON AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	488,795.	PURCHASED	, SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REDWOODS RURAL HEALTH CENTER INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
-		I	I	l	I	ľ	
101 WEST COAST ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SEMO HEALTH NETWORK SOUTHEAST WHOLESALE MEDICAL HEALTH CENTERS FOR MISSOURI HEALTH NETWORK - 311 MAIN PRICE SUPPLIES LOW-INCOME, UNINSURED 487,195. PURCHASED STREET - NEW MADRID, MO 63869 43-1253101 501(C)(3) 0. EOUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH REACH COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 400 EAST STATESVILLE AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED MOORESVILLE, NC 28115 20-1020941 501(C)(3) 0 485 613 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & SANTA CLARA COUNTY BETTER HEALTH WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS PHARMACY - 725 E. SANTA CLARA PRICE MEDICAL LOW-INCOME UNINSURED STREET #202 - SAN JOSE, CA 95112 94-6400533 0. 478,361. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR VOLUNTEERS IN MEDICINE HILTON HEAD WHOLESALE TSLAND - 15 NORTHRIDGE DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED HILTON HEAD, SC 29926 57-0959206 501(C)(3) 0 475,633, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR INTERCAMBIOS PUERTO RICO, INC. 165 CALLE DIEGO ZALDUONDO (ALTOS) PRICE SUPPLIES LOW-INCOME, UNINSURED FAJARDO, PR 00738 66-0731885 501(C)(3) 475 190 PURCHASED PATIENTS 0. EOUIPMENT ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ALAMEDA COUNTY HEALTH CARE FOR WHOLESALE MEDICAL HEALTH CENTERS FOR HOMELESS PROGRAM - 384 14TH PRICE SUPPLIES LOW-INCOME, UNINSURED 471,383, PURCHASED STREET - OAKLAND CA 94612 94-6000501 EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MED CENTRO, INC. WHOLESALE HEALTH CENTERS FOR OTHER 1034 HOSTOS AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS PONCE PR 00716 66-0292961 501(C)(3) 0. 468 108 PURCHASED SUPPLIES PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED MEDICAL HEALTH CENTERS FOR ODYSSEY HOUSE COMMUNITY HEALTH WHOLESALE CENTER - 1125 N. TONTI STREET -SUPPLIES. LOW-INCOME, UNINSURED 465,940, PRICE NEW ORLEANS, LA 70119 72-0743677 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ST. GABRIEL EASTSIDE COMMUNITY WHOLESALE OTHER HEALTH CENTERS FOR HEALTH CENTER - 5760 MONTICELLO PRICE MEDICAL LOW-INCOME, UNINSURED STREET - ST. GABRIEL, LA 70776 72-1241592 501(C)(3) 465 254 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ICNA RELIEF USA PROGRAMS INC DBA ESTIMATED PHARMACEUTICALS SHIFA FREE CLINIC - 1092 JOHNNIE WHOLESALE MEDICAL HEALTH CENTERS FOR DODDS BLVD, SUITE 108 - MOUNT PRICE SUPPLIES LOW-INCOME, UNINSURED 463,951. PURCHASED PLEASANT, SC 29464 04-3810161 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE CENTIA MEDICATION ACCESS PROGRAM PHARMACEUTICALS HEALTH CENTERS FOR CMAP - 1101 4TH STREET, SUITE 203 PRICE MEDICAL LOW-INCOME UNINSURED - ALEXANDRIA, LA 71301 02-0751416 501(C)(3) 0 462,295. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TREASURE COAST COMMUNITY HEALTH WHOLESALE OTHER HEALTH CENTERS FOR PHARMACY - 12196 COUNTY ROAD 512 MEDICAL PRICE LOW-INCOME UNINSURED 59-3219191 501(C)(3) FELLSMERE, FL 32948 0. 454,273. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HANNIBAL FREE CLINIC WHOLESALE 160 PROGRESS ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED HANNIBAL, MO 63401 14-1979983 501(C)(3) 0 445,410, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR GOOD NEWS CARE CENTER 7855 SW 104TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 59-0914210 501(C)(3) 432,538, PURCHASED EQUIPMENT PATIENTS MIAMI, FL 33156 0. ESTIMATED SUPPORT TO US CLINICS & WESLEY COMMUNITY AND HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTERS - 1300 SOUTH 10TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 430 287. PURCHASED PHOENIX AZ 85034 86-0133770 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR ALCONA HEALTH CENTERS PHARMACEUTICALS 177 N. BARLOW ROAD PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS LINCOLN MI 48742 38-2170985 501(C)(3) 0. 429 965 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LIGHTHOUSE MEDICAL MINISTRIES WHOLESALE MEDICAL HEALTH CENTERS FOR 2801 S. ROBINSON AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED OKLAHOMA CITY, OK 73109 20-0503733 501(C)(3) 0. 428 274 PURCHASED EOUIPMENT PATTENTS NORTHERN KENTUCKY INDEPENDENT PHARMACEUTICALS SUPPORT TO US CLINICS & DISTRICT HEALTH DEPARTMENT - 610 ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE LOW-INCOME, UNINSURED MEDICAL VILLAGE DRIVE - EDGEWOOD SUPPLIES. KY 41017 61-1008505 425 719 PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS WOVEN HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR ONE MEDICAL PARKWAY PRICE SUPPLIES. LOW-INCOME, UNINSURED 425,269. PURCHASED FARMERS BRANCH, TX 75234 75-2616002 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS PROTOTYPE HEALTH, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 205 E. SOUTHERN AVE. SUITE 103 PRICE SUPPLIES LOW-INCOME UNINSURED MESA, AZ 85210 86-0975231 501(C)(3) 0 422,942. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEAL THE CITY FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 609 S CAROLINA PRICE SUPPLIES LOW-INCOME UNINSURED 46-5694050 501(C)(3) AMARILLO, TX 79106 0. 421,413, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HOPE MEDICAL CLINIC MEDICAL HEALTH CENTERS FOR WHOLESALE 150 BEACH DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED DESTIN, FL 32541 420,686. PURCHASED 26-3811078 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OPEN ARMS CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 109 BIG A ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 418,093. PURCHASED 20-3296577 501(C)(3) EOUIPMENT PATIENTS TOCCOA, GA 30577 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HOPELIGHT MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1351 COLLYER STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 416,539, PURCHASED LONGMONT CO 80501 46-4657471 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR MERCI CLINIC 1315 TATUM DRIVE PRICE SUPPLIES. LOW-INCOME, UNINSURED 414 698 PURCHASED EOUIPMENT PATIENTS NEW BERN NC 28560 56-2034052 501(C)(3) 0. CURTIS V. COOPER PRIMARY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WESTSIDE URBAN HEALTH CENTER - 106 WHOLESALE MEDICAL HEALTH CENTERS FOR E BROAD ST - SAVANNAH, GA PRICE SUPPLIES LOW-INCOME, UNINSURED 31401-2917 58-1136296 501(C)(3) 0. 411 868 PURCHASED EOUIPMENT PATTENTS VOCES COALICION DE VACUNACION DE ESTIMATED SUPPORT TO US CLINICS & PUERTO RICO - PBM 290 JUAN C WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR BORBON STREET 37 - GUAYNABO, PR PRICE MEDICAL LOW-INCOME, UNINSURED 00969 66-0798610 501(C)(3) 0. 409 227 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ST. VINCENT DE PAUL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
420 W. WATKINS					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	405,124.	PURCHASED	EQUIPMENT	PATIENTS	
HUMBOLDT COUNTY DEPARTMENT OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
HEALTH & HUMAN SERVICES PUBLIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
HEALTH, COMMUNITY W - 908 7TH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
STREET - EUREKA, CA 95501	94-6000513		0.	399,660.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
WHITE BIRD CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
341 E. 12TH AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
EUGENE, OR 97401	93-0585814	501(C)(3)	0.	395,460.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
WEST VIRGINIA HEALTH RIGHT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
1520 EAST WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	393,615.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
RWJBARNABAS HEALTH					WHOLESALE		HEALTH CENTERS FOR	
95 OLD SHORT HILLS ROAD					PRICE,	PHARMACEUTICALS	LOW-INCOME, UNINSURED	
WEST ORANGE, NJ 07052	22-2405279		0.	393,512.	PURCHASED	, EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CORNERSTONE FAMILY HEALTHCARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
2570 U.S. HIGHWAY 9W					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CORNWALL, NY 12518	06-1036715	501(C)(3)	0.	392,633.	PURCHASED	EQUIPMENT	PATIENTS	
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COVENANT COMMUNITY CARE STREET					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
OUTREACH - 559 WEST GRAND BLVD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
DETROIT, MI 48216	38-3533998	501(C)(3)	0.	390,817.	PURCHASED	EQUIPMENT	PATIENTS	
·				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &	
TEXAS OVERDOSE NALOXONE INITIATIVE					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
1909 38 1/2 STREET					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED	
AUSTIN, TX 78751	74-2752554	501(C)(3)	0.	390,400.		EQUIPMENT	PATIENTS	
· · · · · · · · · · · · · · · · · · ·		-		, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
GREENE COUNTY HEALTH CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
7 PROFESSIONAL DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
SNOW HILL, NC 28580	56-0992353	501(C)(3)	0.	379.777.	PURCHASED	EQUIPMENT	PATIENTS	
		<u> </u>		, , , , , , ,		1	<u> </u>	

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & THE CHRIS ATWOOD FOUNDATION ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 11890 SUNRISE VALLEY DRIVE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 379,590, PRICE RESTON, VA 20191 46-2749211 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED NHAN HOA COMPREHENSIVE HEALTH CARE WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 7761 GARDEN GROVE BLVD. PRICE SUPPLIES LOW-INCOME UNINSURED GARDEN GROVE, CA 92841 33-0477323 501(C)(3) 0 378,762, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS ASIAN HUMAN SERVICES FAMILY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 2424 W. PETERSON AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED CHICAGO, IL 60659 01-0567661 501(C)(3) 0. 367,550, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GOOD SAMARITAN HEALTH SERVICES WHOLESALE 1422 B EAST 71ST STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 73-1559561 501(C)(3) 0 363,283, PURCHASED EOUTPMENT PATTENTS TULSA, OK 74136 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ASIAN PACIFIC HEALTH CARE VENTURE INC - 1530 HILLHURST AVENUE - LOS PRICE SUPPLIES LOW-INCOME, UNINSURED 362,661. PURCHASED 95-4177752 501(C)(3) EOUIPMENT PATIENTS ANGELES, CA 90027 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BARTZ-ALTADONNA COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 43322 GINGHAM AVE. -PRICE SUPPLIES LOW-INCOME, UNINSURED 361,247. PURCHASED LANCASTER CA 93535 27-3261289 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS SOMERSET NJ 08873 31-1812810 501(C)(3) 0. 361 213 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BETHESDA HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 409 W. FERGUSON PRICE. SUPPLIES. LOW-INCOME, UNINSURED 361,186. PURCHASED TYLER TX 75702 26-0036674 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTHNET OF ROCK COUNTY INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 23 WEST MILWAUKEE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. JANESVILLE, WI 53548 39-1778804 501(C)(3) 360 042 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS SMITH MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 99 BASKERVILL DRIVE PRICE SUPPLIES. LOW-INCOME, UNINSURED 358,700, PURCHASED PAWLEYS ISLAND, SC 29585 57-0786699 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE COMMUNITY HELPING HANDS CLINIC MEDICAL HEALTH CENTERS FOR 34C COURTHOUSE SOUARE PRICE SUPPLIES LOW-INCOME UNINSURED CLEVELAND, GA 30528 64-0950194 501(C)(3) 0 352,448, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SNAKE RIVER COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 215 TENTH STREET PRICE SUPPLIES LOW-INCOME UNINSURED LEWISTON, ID 83501 31-1726460 501(C)(3) 0. 350,959, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CITRUS HEALTH NETWORK, INC. MEDICAL HEALTH CENTERS FOR WHOLESALE 4175 W 20TH AVE PRICE SUPPLIES LOW-INCOME, UNINSURED HIALEAH, FL 33012-5874 59-1865751 501(C)(3) 0 349,766, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALING HANDS HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 245 MIDWAY MEDICAL PARK PRICE SUPPLIES LOW-INCOME, UNINSURED 347,464. PURCHASED BRISTOL, TN 37620 62-1677000 501(C)(3) EQUIPMENT PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & STEPHEN F AUSTIN COMMUNITY HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR NETWORK - 218 E. HOUSE STREET PRICE MEDICAL LOW-INCOME, UNINSURED 346,596, PURCHASED 41-2273820 501(C)(3) SUPPLIES PATTENTS ALVIN TX 77511 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR FAMILY HEALTH SERVICES ADMINISTRATION - 794 EASTLAND DR PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS TWIN FALLS ID 83301 82-0371093 501(C)(3) 0. 344 082 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & KATY TRAIL COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR SEDALTA - 821 WESTWOOD DRIVE -PRICE SUPPLIES LOW-INCOME, UNINSURED SEDALIA, MO 65301 43-1879853 501(C)(3) 0. 341 791 PURCHASED EOUIPMENT PATTENTS CAROLINA FAMILY HEALTH CENTERS ESTIMATED SUPPORT TO US CLINICS & WILSON COMMUNITY HEALTH CENTER -WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE MEDICAL LOW-INCOME, UNINSURED 303 EAST GREEN STREET - WILSON, NC 27893 58-2079819 501(C)(3) 0. 338 009 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS FETTER HEALTH CARE NETWORK WHOLESALE OTHER HEALTH CENTERS FOR 51 NASSAU STREET PRICE MEDICAL LOW-INCOME, UNINSURED 332 195 PURCHASED CHARLESTON, SC 29403 57-0604703 501(C)(3) 0. SUPPLIES PATTENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE GOOD SAMARITAN HEALTH CLINIC OF MEDICAL HEALTH CENTERS FOR PASCO - 5334 ASPEN STREET - NEW PRICE SUPPLIES LOW-INCOME UNINSURED PORT RICHEY, FL 34652 59-3072334 501(C)(3) 0 331,965, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH WEST - LAVA CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 85 SOUTH 5TH WEST PRICE SUPPLIES LOW-INCOME UNINSURED 82-0324100 501(C)(3) LAVA HOT SPRINGS, ID 83246 0. 326,422. PURCHASED EOUIPMENT PATIENTS GREATER HICKORY COOPERATIVE SUPPORT TO US CLINICS & HEALTH CENTERS FOR CHRISTIAN MINISTRY COMMUNITY ESTIMATED PHARMACEUTICALS HEALTH CENTER - 31 1ST AVENUE SE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 326,056. PRICE SUPPLIES HICKORY, NC 28602 56-0934855 501(C)(3) 0 PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ST. MICHAEL'S MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1005 WEST 18TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 82-5246184 501(C)(3) 324,514. PURCHASED EOUIPMENT PATIENTS ANNISTON, AL 36201 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ZUFALL HEALTH CENTER DOVER WHOLESALE MEDICAL HEALTH CENTERS FOR 18 WEST BLACKWELL PRICE SUPPLIES LOW-INCOME, UNINSURED 323 624. PURCHASED DOVER NJ 07801 22-3125397 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR FLAGLER COUNTY FREE CLINIC PHARMACEUTICALS 703 E. MOODY BLVD. PRICE MEDICAL LOW-INCOME, UNINSURED 320 271 PURCHASED SUPPLIES PATIENTS BUNNELL FL 32110 20-5036975 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & GOOD SHEPHERD MINISTRIES OF WHOLESALE MEDICAL HEALTH CENTERS FOR OKLAHOMA INC. - 222 NW 12TH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED - OKLAHOMA CITY, OK 73103 20-0526892 501(C)(3) 0. 314 466 PURCHASED EOUIPMENT PATTENTS BOND COMMUNITY HEALTH CENTER YOURX ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACY @ BONDCHC - 1720 SOUTH WHOLESALE OTHER HEALTH CENTERS FOR GADSDEN STREET - TALLAHASSEE, FL PRICE MEDICAL LOW-INCOME, UNINSURED 32301 59-2426414 501(C)(3) 0. 312 928 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS FIRST BAPTIST MEDICAL/DENTAL WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 1607 CHERRY STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED 311,472. PURCHASED VICKSBURG, MS 39181 64-0334158 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHEELING HEALTH RIGHT WHOLESALE MEDICAL HEALTH CENTERS FOR 61-29TH STREET PRICE SUPPLIES LOW-INCOME UNINSURED WHEELING, WV 26003 31-1149085 501(C)(3) 0 310,840. PURCHASED EOUTPMENT PATTENTS SUPPORT TO US CLINICS & PHARMACEUTICALS PRESENTATION MEDICAL CENTER MEDICAL HEALTH CENTERS FOR ESTIMATED 213 2ND AVE NE WHOLESALE SUPPLIES LOW-INCOME UNINSURED 45-0227391 501(C)(3) ROLLA, ND 58367 0. 308,151, PRICE EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR PARTNERSHIP HEALTH CENTER ESTIMATED 520 GRIFFIN AVENUE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 58-2405825 501(C)(3) 0 306,537. PRICE EOUTPMENT PATTENTS VALDOSTA, GA 31601 ESTIMATED SUPPORT TO US CLINICS & THE SHALOM PROJECT MEDICAL CLINIC WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 639 S. GREEN STREET PRICE MEDICAL LOW-INCOME, UNINSURED 20-2136431 501(C)(3) 306,323, PURCHASED SUPPLIES PATIENTS WINSTON-SALEM, NC 27101 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GUADALUPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 940 S. ST. FRANCIS PRICE SUPPLIES LOW-INCOME, UNINSURED 305,526, PURCHASED WICHITA KS 67211 20-1285208 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ACACIA MEDICAL MISSION 1781 E. AMMANN RD PRICE SUPPLIES. LOW-INCOME, UNINSURED 90-0401594 501(C)(3) EOUIPMENT PATIENTS BULVERDE TX 78163 0. 305 356 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & URBAN INTER-TRIBAL CENTER OF TEXAS WHOLESALE MEDICAL HEALTH CENTERS FOR 1261 RECORD CROSSING ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED DALLAS, TX 75235 23-7156945 501(C)(3) 0. 302 669 PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MISSOURI INSTITUTE OF MENTAL ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE HEALTH - 4633 WORLD PARKWAY CIRCLE LOW-INCOME, UNINSURED SUPPLIES. - ST. LOUIS, MO 63134 43-6003859 501(C)(3) 0. 296 972. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CLEARWATER FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1218 COURT STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 296,503, PURCHASED CLEARWATER, FL 33756 59-1852871 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS VOLUNTEERS IN MEDICINE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 417 SE BALBOA AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED STUART, FL 34994 65-1115793 501(C)(3) 0 295,765, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & UNION GOSPEL MISSION WHOLESALE MEDICAL HEALTH CENTERS FOR 3211 IRVING BLVD PRICE SUPPLIES LOW-INCOME UNINSURED 75-6003612 501(C)(3) DALLAS, TX 75247 0. 294,447. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR PALMETTO HEALTH COUNCIL, INC. WHOLESALE 643 MAIN STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 293,985. PURCHASED PALMETTO, GA 30268 58-1307597 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OTHER HEALTH CENTERS FOR FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH - 400 AUSTIN STREET PRICE MEDICAL LOW-INCOME, UNINSURED 292,551, PURCHASED 74-1951476 501(C)(3) SUPPLIES PATIENTS RICHMOND, TX 77469 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & VENICE FAMILY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 604 ROSE AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 284 111. PURCHASED VENICE CA 90291 95-2769432 501(C)(3) EOUIPMENT PATTENTS 0 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 2100 WEST 45TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 283 283 PURCHASED EOUIPMENT PATIENTS - WEST PALM BEACH FL 33407 26-3611337 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR BEACON CHARITABLE PHARMACY, INC. 408 NINTH ST. SW PRICE MEDICAL LOW-INCOME, UNINSURED CANTON OH 44707 20-0797475 501(C)(3) 0. 282 734 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRYMED MEDICAL CARE, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR CARRETERA 149, KM. 13.0 PRICE SUPPLIES. LOW-INCOME, UNINSURED CIALES, PR 00638 66-0428120 501(C)(3) 0. 279 875 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS HOSPITAL GENERAL CASTAER WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE SUPPLIES. LOW-INCOME, UNINSURED CARRETERA 135, KM. 4.5 275,711. PURCHASED CASTANER, PR 00631 66-0352014 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE NORTHERN NEVADA HOPES CLINIC MEDICAL HEALTH CENTERS FOR 580 W. 5TH STREET PRICE SUPPLIES LOW-INCOME UNINSURED RENO, NV 89503 86-0865357 501(C)(3) 0 275,380, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS GOOD NEWS CLINICS WHOLESALE MEDICAL HEALTH CENTERS FOR 810 PINE STREET PRICE SUPPLIES LOW-INCOME UNINSURED 58-2058853 501(C)(3) GAINESVILLE, GA 30501 0. 275,072, PURCHASED EOUIPMENT PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR ARKANSAS HARM REDUCTION PROJECT ESTIMATED PHARMACEUTICALS 4301 WEST MARKHAM SLOT 641 WHOLESALE MEDICAL LOW-INCOME, UNINSURED SUPPLIES LITTLE ROCK, AR 72205 83-3867162 501(C)(3) 0 272,085. PRICE PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ST. JOSEPH'S/CANDLER HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR SYSTEMS, INC. - 11705 MERCY BLVD. PRICE SUPPLIES LOW-INCOME, UNINSURED - SAVANNAH, GA 31419 58-2288758 501(C)(3) 271,598, PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LIGHT OF THE WORLD CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 5333 N. DIXIE HWY #201 PRICE SUPPLIES. LOW-INCOME, UNINSURED 270,236, PURCHASED 65-0266070 501(C)(3) EOUIPMENT PATTENTS OAKLAND PARK FL 33334 0. BROTHER BILL'S HELPING HAND ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY CLINIC - 3906 N. WESTMORELAND RD. - DALLAS, TX PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS 75212 75-6027740 501(C)(3) 0. 270 118 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR COSSMA, INC. - CIDRA OTHER 600 AVE, EL JBARO CARR, 172 KM, 13. PRICE. MEDICAL LOW-INCOME, UNINSURED CIDRA, PR 00739-1330 269 491. PURCHASED 66-0434923 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SIERRA HEALTH CENTER - FULLERTON WHOLESALE MEDICAL HEALTH CENTERS FOR 501 S. BROOKHURST ROAD PRICE LOW-INCOME, UNINSURED SUPPLIES. FULLERTON, CA 92833 95-3447973 501(C)(3) 0. 268 826 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS SILOAM FAMILY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 820 GALE LANE PRICE SUPPLIES. LOW-INCOME, UNINSURED 266 362. PURCHASED NASHVILLE, TN 37204 58-1867940 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS THE HEALTH HUT WHOLESALE MEDICAL HEALTH CENTERS FOR 310 WEST MISSISSIPPI AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED RUSTON, LA 71270 27-3764078 501(C)(3) 0 263 146 PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 609 WEST E AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED ELK CITY, OK 73644 26-1284785 501(C)(3) 0. 262 372 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ESPERANZA HEALTH CENTERS WHOLESALE 2001 S. CALIFORNIA AVENUE, SUITE 10 PRICE SUPPLIES LOW-INCOME, UNINSURED 260 376. PURCHASED CHICAGO, IL 60608 32-0115907 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HOPE CLINIC AND CARE CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 5471 WATERFORD LANE PRICE SUPPLIES LOW-INCOME, UNINSURED 47-3031346 501(C)(3) 259,264, PURCHASED EQUIPMENT PATIENTS APPLETON, WI 54913 0. SUPPORT TO US CLINICS & CRAVEN COUNTY HEALTH DEPARTMENT ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 2818 NEUSE BOULEVARD WHOLESALE MEDICAL LOW-INCOME, UNINSURED NEW BERN NC 28560 56-2002666 258,699. PRICE SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR SANTA MARIA'S CHILDREN AND FAMILY CENTER - 9209 COLIMA ROAD -PRICE SUPPLIES. LOW-INCOME, UNINSURED 257 467 PURCHASED EOUIPMENT PATIENTS WHITTIER CA 90605 27-1879748 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HORIZONS HEALTH COASTAL HORIZONS WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER, INC. - 613 SHIPYARD BLVD PRICE. SUPPLIES. LOW-INCOME, UNINSURED 257,063, PURCHASED WILMINGTON, NC 28412 56-0950370 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OASIS FREE CLINICS WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED 66 BARIBEAU DRIVE, STE. 5B SUPPLIES. BRUNSWICK, ME 04011 01-0497587 501(C)(3) 0. 256 488 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
FAITH COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
610 S. 6TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
BRANSON, MO 65616	94-3467834	501(C)(3)	0.	255,732.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
GOOD NEIGHBOR COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
CENTER - 4321 41ST AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
COLUMBUS, NE 68601	13-4249732	501(C)(3)	0.	252,126.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
RAPHA CLINIC OF WEST GEORGIA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
253 HIGHWAY 78					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
TEMPLE, GA 30179	27-1188932	501(C)(3)	0.	251,964.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
HEALTH SERVICE ALLIANCE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
13193 CENTRAL AVENUE STE 100					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
CHINO, CA 91710	13-4257391	501(C)(3)	0.	251,427.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
TRIANGLE AREA NETWORK TAN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
HEALTHCARE - 1495 N 7TH STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	251,148.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
BEE BUSY WELLNESS CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
8785 WEST BELLFORT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
HOUSTON, TX 77031	27-0653014	501(C)(3)	0.	250,713.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
PONCE MEDICAL SCHOOL FOUNDATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
INC - CALLE DR. LUIS F. SALA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
STREET - PONCE, PR 00716	66-0379122	501(C)(3)	0.	249,342.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
LESTONNAC FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
1215 E. CHAPMAN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
ORANGE, CA 92866	95-3499011	501(C)(3)	0.	248,213.	PURCHASED	EQUIPMENT	PATIENTS		
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
WESTERN SIERRA MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
844 OLD TUNNEL ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
GRASS VALLEY, CA 95945	94-2279011	501(C)(3)	0.	245,396.	PURCHASED	EQUIPMENT	PATIENTS		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS OLYMPIC PENINSULA COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 819 GEORGIANA STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 245,231, PURCHASED PORT ANGELES, WA 98362 01-0590704 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS COMMUNITY HEALTH ALLITANCE WHOLESALE MEDICAL HEALTH CENTERS FOR 1055 S WELLS AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED RENO, NV 89502 88-0293149 501(C)(3) 0 243 911. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMPASSIONATE CARE OF SHELBY WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 124 NORTH OHIO AVENUE -PRICE SUPPLIES LOW-INCOME UNINSURED 20-8479583 501(C)(3) SIDNEY, OH 45365 0. 243,867. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HEALTH & WELLNESS CENTER WHOLESALE 1505 E. MAIN, SUITE A PRICE SUPPLIES LOW-INCOME, UNINSURED 243 622. PURCHASED STIGLER, OK 74462 20-0368759 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OLDE TOWNE MEDICAL AND DENTAL WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 5249 OLDE TOWNE ROAD -PRICE SUPPLIES. LOW-INCOME, UNINSURED 54-1663905 501(C)(3) 243,065, PURCHASED EQUIPMENT PATIENTS WILLIAMSBURG, VA 23188 0. SUPPORT TO US CLINICS & HARM REDUCTION OHIO ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 935 RIVER ROAD SUITE G WHOLESALE MEDICAL LOW-INCOME, UNINSURED 242,273. PRICE GRANVILLE OH 43023 82-5110907 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR THE FLOATING HOSPITAL 41-40 27TH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 242 098 PURCHASED EOUIPMENT PATIENTS LONG ISLAND CITY NY 11101 13-1624169 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & UBI CARITAS HEALTH MINISTRIES WHOLESALE MEDICAL HEALTH CENTERS FOR 4450 HIGHLAND AVENUE PRICE. SUPPLIES. LOW-INCOME, UNINSURED BEAUMONT, TX 77705 76-0558225 501(C)(3) 0. 240 488 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & RUTLAND FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 145 STATE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. RUTLAND, VT 05701 83-0427544 501(C)(3) 0. 239 533 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & EAST GEORGIA HEALTHCARE INC. ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 215 NORTH COLEMAN STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 238,962, PRICE SWAINSBORO, GA 30401 58-2001607 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED PRIMARY CARE OF SOUTHWEST GEORGIA WHOLESALE MEDICAL HEALTH CENTERS FOR 360 COLLEGE ST PRICE SUPPLIES LOW-INCOME UNINSURED BLAKELY, GA 39823-2554 31-1840668 501(C)(3) 0 232,475. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & HARRISONBURG-ROCKINGHAM FREE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS CLINIC PHARMACY - 25 WEST WATER PRICE MEDICAL LOW-INCOME UNINSURED STREET - HARRISONBURG, VA 22801 54-1568909 501(C)(3) 0. 230 502 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & DREAM CENTERS WOMEN'S CLINIC MEDICAL HEALTH CENTERS FOR WHOLESALE 4360 MONTEBELLO DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED COLORADO SPRINGS, CO 80918 27-4876080 501(C)(3) 0 230 147. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINICA ESPERANZA HOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 60 VALLEY STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 26-1714340 501(C)(3) 228,853, PURCHASED EOUIPMENT PATIENTS PROVIDENCE, RI 02909 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ST. VINCENT DE PAUL CHARITABLE WHOLESALE MEDICAL HEALTH CENTERS FOR PHARMACY - 2033 FISH HATCHERY ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 228,706, PURCHASED 39-0824876 501(C)(3) EOUIPMENT PATTENTS - MADISON WI 53725 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR UNIVERSITY HOSPITAL AND CLINICS PHARMACEUTICALS INC. - 2390 W CONGRESS STREET -PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS LAFAYETTE LA 70506 46-2605366 501(C)(3) 0. 225 938 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OPEN ARMS HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 3311 LITTLE ROAD PRICE. SUPPLIES. LOW-INCOME, UNINSURED ARLINGTON, TX 76016 45-0621201 501(C)(3) 0. 225 286 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BARNABAS HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 1303 JASMINE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. FERNANDINA BEACH, FL 32034 59-2920275 501(C)(3) 0. 224 866 PURCHASED EOUIPMENT PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS NEIGHBORHOOD HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 617 SOUTH 8TH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 224 595 PURCHASED NASHVILLE, TN 37206 62-1032792 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & NORTH MIAMI BEACH MEDICAL CENTER ESTIMATED PHARMACEUTICALS MERCY MOBILE CLINIC - 13899 WHOLESALE MEDICAL HEALTH CENTERS FOR BISCAYNE BLVD, STE, 132 - NORTH PRICE SUPPLIES LOW-INCOME UNINSURED MIAMI BEACH, FL 33181 65-1032266 501(C)(3) 0 224 088 PURCHASED EOUTPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & DR. GARY BURNSTEIN COMMUNITY MEDICAL HEALTH CENTERS FOR ESTIMATED HEALTH CLINIC - 45580 WOODWARD WHOLESALE SUPPLIES LOW-INCOME UNINSURED AVENUE - PONTIAC, MI 48341 32-0015321 501(C)(3) 0. 223,692. PRICE EOUIPMENT PATIENTS UNIVERSITY OF COLORADO HEMOPHILIA SUPPORT TO US CLINICS & HEALTH CENTERS FOR AND THROMBOSIS CENTER MILE HIGH ESTIMATED HEMOPHILIA SUM - 13199 EAST WHOLESALE LOW-INCOME, UNINSURED MONTVIEW BLVD - AURORA, CO 80045 84-6000555 501(C)(3) 0 222,693. PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BREAD OF HEALING CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1821 NORTH 16TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 81-0669867 501(C)(3) 222,284, PURCHASED EOUIPMENT PATIENTS MILWAUKEE, WI 53205 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LAKE AREA FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 856 ARMOUR ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED 221 368 PURCHASED 39-2006388 501(C)(3) EOUIPMENT PATTENTS OCONOMOWOC WI 53066 0. NORTHEASTERN OKLAHOMA COMMUNITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTERS INC ADMINISTRATION - 116 E. MAIN STREET - HULBERT, OK PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS 74441 73-1622831 501(C)(3) 0. 217 955 PURCHASED SUPPORT TO US CLINICS & PROJECT LAZARUS ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 5368 NC HWY 16 S WHOLESALE MEDICAL LOW-INCOME, UNINSURED MORAVIAN FALLS, NC 28654 56-2087110 501(C)(3) 0. 216 346 PRICE SUPPLIES PATTENTS NORTHWEST MICHIGAN HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SERVICES, INC. TRAVERSE CITY WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 10767 TRAVERSE HIGHWAY -PRICE LOW-INCOME, UNINSURED SUPPLIES. TRAVERSE CITY, MI 49684-5549 38-1958790 501(C)(3) 0. 216 138 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & CAL OES GOVERNOR'S OFFICE OF PHARMACEUTICALS EMERGENCY SERVICES - 3650 WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE SUPPLIES. LOW-INCOME, UNINSURED SCHRIEVER AVENUE - MATHER, CA 215,742. PURCHASED 95655 68-0399208 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS FREE CLINIC OF SIMI VALLEY WHOLESALE MEDICAL HEALTH CENTERS FOR 2003 ROYAL AVE PRICE SUPPLIES LOW-INCOME UNINSURED SIMI VALLEY, CA 93065 23-7108154 501(C)(3) 0 214,565. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SAMARITAN CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 4435 GULF BREEZE PARKWAY PRICE SUPPLIES LOW-INCOME UNINSURED GULF BREEZE, FL 32563 59-3690750 501(C)(3) 0. 213 930 PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & SALUD PARA LA GENTE HEALTH CENTERS FOR WHOLESALE PHARMACEUTICALS 195 AVTATION WAY PRICE MEDICAL LOW-INCOME, UNINSURED WATSONVILLE, CA 95076 94-2705747 501(C)(3) 0 213 544. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR UPPER VALLEY COMMUNITY HEALTH SERVICES - 20 NORTH 3RD EAST -PRICE SUPPLIES LOW-INCOME, UNINSURED 82-0527562 501(C)(3) 212 122 PURCHASED SAINT ANTHONY, ID 83445 EQUIPMENT PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & DENVER INDIAN HEALTH AND FAMILY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR SERVICES, INC. - 2880 W. HOLDEN PRICE MEDICAL LOW-INCOME, UNINSURED 210,497. PURCHASED PLACE - DENVER CO 80204 84-0724261 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE NORTH PRICE SUPPLIES. LOW-INCOME, UNINSURED 62-1816811 501(C)(3) EOUIPMENT PATIENTS NASHVILLE TN 37203 0. 208 934 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MOUNTAIN HOME CHRISTIAN CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 421 WEST WADE STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED MOUNTAIN HOME, AR 72653 71-0835511 501(C)(3) 0. 208 607 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LA CLINICA CRISTIANA WHOLESALE MEDICAL HEALTH CENTERS FOR 380 WILSON LAKE SHORES PRICE LOW-INCOME, UNINSURED SUPPLIES. MUSCLE SHOALS, AL 35661 20-1624284 501(C)(3) 0. 208 302 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & MAMOU HEALTH RESOURCES WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 300 SOUTH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 206,764. PURCHASED MAMOU, LA 70554 72-0949444 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS THE GOOD SHEPHERD MEDICAL & DENTAL WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 207 SOUTH 11TH AVENUE -PRICE SUPPLIES LOW-INCOME UNINSURED LAUREL, MS 39440 64-0838202 501(C)(3) 0 206,228. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CROSS OVER HEALTH CENTER PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 108 COWARDIN AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED 54-1371067 501(C)(3) RICHMOND, VA 23224 0. 205 232 PURCHASED EOUIPMENT PATTENTS HEALTHCARE NETWORK OF SOUTHWEST ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR FLORIDA COLLIER HEALTH SERVICES -WHOLESALE OTHER 1454 MADISON AVENUE - IMMOKALEE PRICE MEDICAL LOW-INCOME, UNINSURED 204,012. PURCHASED FL 34142 59-1741277 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SALUD INTEGRAL EN LA MONTAA CSI EN WHOLESALE OTHER HEALTH CENTERS FOR NARANJITO - CARR 164 KM 0.2 -PRICE MEDICAL LOW-INCOME, UNINSURED 66-0329532 501(C)(3) 203,780, PURCHASED SUPPLIES PATIENTS NARANJITO, PR 00719 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CARESOUTH CAROLINA, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 201 SOUTH 5TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 202,063, PURCHASED HARTSVILLE SC 29550 57-0664826 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS LUTHERVILLE MD 21093 46-2097818 501(C)(3) 0. 201 203 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FERNCARE FREE CLINIC, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 751 E. NINE MILE ROAD PRICE. SUPPLIES. LOW-INCOME, UNINSURED 198 125 PURCHASED FERNDALE MI 48220 32-0246843 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MISSION MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 2125 E. LA SALLE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. COLORADO SPRINGS, CO 80909 68-0506812 501(C)(3) 0. 197 995 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & HARTFORD HEALTHCARE ESTIMATED HEALTH CENTERS FOR 1 STATE STREET WHOLESALE LOW-INCOME, UNINSURED 194,197. PRICE HARTFORD, CT 06103 22-2672834 501(C)(3) 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE OZANAM CHARTTABLE PHARMACY PHARMACEUTICALS HEALTH CENTERS FOR 109 S CEDAR STREET PRICE MEDICAL LOW-INCOME UNINSURED MOBILE, AL 36602 72-1386236 501(C)(3) 0 193,412, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & 1ST CHOICE HEALTHCARE WHOLESALE MEDICAL HEALTH CENTERS FOR 1300 CREASON ROAD PRICE SUPPLIES LOW-INCOME UNINSURED 71-0715998 501(C)(3) CORNING, AR 72422 0. 192,438, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR NORTH CENTRAL TEXAS COMMUNITY WHOLESALE HEALTH CARE - P.O. BOX 720 -PRICE SUPPLIES LOW-INCOME, UNINSURED 75-2429644 501(C)(3) 0 192,054, PURCHASED EOUTPMENT PATTENTS WICHITA FALLS, TX 76307 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MARTIN LUTHER KING HEALTH CENTER WHOLESALE OTHER HEALTH CENTERS FOR MEDICAL 865 OLIVE STREET PRICE LOW-INCOME, UNINSURED 72-1079721 501(C)(3) 191,602, PURCHASED SUPPLIES PATIENTS SHREVEPORT, LA 71104 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FOREMOST FAMILY HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR 2922 - B MARTIN LUTHER KING BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED 187,071, PURCHASED 75-2098992 501(C)(3) EOUIPMENT PATTENTS DALLAS TX 75215 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRIMARY HEALTH SERVICES CENTER 2913 BETTN AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS MONROE LA 71201 72-1347028 501(C)(3) 0. 186 045 PURCHASED PARKVIEW OUTREACH COMMUNITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER, INC. - 1205 DR. MARTIN LUTHER KING JR. WAY - HAINES CITY PRICE. SUPPLIES. LOW-INCOME, UNINSURED FT. 33844 01-0790991 501(C)(3) 0. 183 757 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE ATHENS NURSES CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 240 NORTH AVENUE PRICE LOW-INCOME, UNINSURED SUPPLIES. ATHENS, GA 30601 58-2490925 501(C)(3) 0. 181 210 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS WHOLESALE ACCESS CARROLL MEDICAL HEALTH CENTERS FOR PRICE SUPPLIES. LOW-INCOME, UNINSURED 10 DISTILLERY DRIVE, STE 200 179,419, PURCHASED WESTMINISTER MD 21157 20-2146701 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS ANDERSON FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 414 NORTH FANT STREET PRICE SUPPLIES LOW-INCOME UNINSURED ANDERSON, SC 29621 57-0787584 501(C)(3) 0 179,158, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & LANCASTER HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 304 NORTH WATER STREET PRICE MEDICAL LOW-INCOME UNINSURED LANCASTER, PA 17603 23-2160896 501(C)(3) 0. 178,940, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR **HEALTHWORKS** WHOLESALE 2508 E. FOX FARM ROAD #1B PRICE SUPPLIES LOW-INCOME, UNINSURED CHEYENNE, WY 82007 87-0718984 501(C)(3) 0 177,087, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OMNI FAMILY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 2101 SEVENTH STREET PRICE SUPPLIES LOW-INCOME UNINSURED 175 186 PURCHASED 95-3218000 501(C)(3) EOUIPMENT PATIENTS WASCO, CA 93280 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR SOUTH PLAINS RURAL HEALTH WHOLESALE MEDICAL 1000 FM 300, UNIT A PRICE SUPPLIES. LOW-INCOME, UNINSURED 174,831, PURCHASED LEVELLAND TX 79336 75-2123252 501(C)(3) EOUIPMENT PATTENTS 0. SAFER ALTERNATIVES THROUGH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NETWORKING & EDUCATION (SANE) -8015 FREEPORT BLVD. - SACRAMENTO PRICE SUPPLIES. LOW-INCOME, UNINSURED 174 390 PURCHASED EOUIPMENT PATIENTS CA 95832 94-3390723 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & OPEN DOOR URBAN MINISTRIES OF WAKE WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 1390 CAPITAL BLVD -PRICE. SUPPLIES. LOW-INCOME, UNINSURED RALEIGH, NC 27603 174,361. PURCHASED 58-1422700 501(C)(3) 0. EOUIPMENT PATTENTS CORPORACION DE SERVICIOS MEDICOS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRIMARIOS Y PREVENTATIVOS DE WHOLESALE MEDICAL HEALTH CENTERS FOR HATILLO - CARR. 2 KM 86.6 -PRICE SUPPLIES. LOW-INCOME, UNINSURED HATILLO, PR 00659 66-0427194 501(C)(3) 0. 172 848 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS LLOYD F. MOSS FREE CLINIC PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 1301 SAM PERRY BLVD. STE 100 PRICE SUPPLIES LOW-INCOME, UNINSURED 172,755. PURCHASED FREDERICKSBURG, VA 22401 54-1677934 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED KANSAS CITY CARE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 3515 BROADWAY PRICE MEDICAL LOW-INCOME UNINSURED KANSAS CITY, MO 64111 43-0967292 501(C)(3) 0 172,293, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NEIGHBORHOOD SERVICE ORGANIZATION TUMAINI CENTER - 3430 THIRD STREET PRICE SUPPLIES LOW-INCOME UNINSURED - DETROIT, MI 48201 38-1561624 501(C)(3) 0. 171,390, PURCHASED EOUIPMENT PATTENTS PROGRAM FOR HEALTH CARE TO ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR UNDERSERVED POPULATIONS BIRMINGHAM WHOLESALE FREE CLINIC - UPMC MONTEFIORE PRICE SUPPLIES LOW-INCOME, UNINSURED HOSPITAL - PITTSBURGH, PA 15213 23-2919472 501(C)(3) 0 170,077, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED 169,801, PURCHASED 95-2662606 501(C)(3) EQUIPMENT PATIENTS ARLETA, CA 91331 0. ESTIMATED SUPPORT TO US CLINICS & ST. VINCENT DE PAUL COMMUNITY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PHARMACY - 502 GRAMMONT STREET -PRICE MEDICAL LOW-INCOME, UNINSURED 169,471, PURCHASED 90-0014479 501(C)(3) SUPPLIES PATTENTS MONROE LA 71201 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 NORTH MARTIN LUTHER PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS KING BLVD - LAS VEGAS NV 89106 39-2072453 501(C)(3) 0. 163 431 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FEED MY SHEEP FREE CHILDREN'S WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 613 S. 3RD STREET PRICE SUPPLIES LOW-INCOME, UNINSURED TEMPLE TX 76504 46-3436384 501(C)(3) 0. 163 134 PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & MARYLAND EMERGENCY MANAGEMENT ESTIMATED HEALTH CENTERS FOR WHOLESALE AGENCY - 7030 TRADEPOINT AVENUE -LOW-INCOME, UNINSURED MEDICAL EDGEMERE MD 21219 66-0000000 162 500 PRICE SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & FRIENDS IN NEED HEALTH CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR INC. - 1105 WEST STONE DRIVE -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 162,070, PRICE KINGSPORT, TN 37660 62-1541637 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS KNOX COUNTY HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 22 WHITE STREET PRICE SUPPLIES LOW-INCOME UNINSURED ROCKLAND, ME 04841 01-0528885 501(C)(3) 0 161,957, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS SAMARITAN HOUSE WHOLESALE MEDICAL HEALTH CENTERS FOR 114 FIFTH AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED 23-7416272 501(C)(3) REDWOOD CITY, CA 94063 0. 161,474. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR SANTA CRUZ COMMUNITY HEALTH WHOLESALE CENTERS - 125 WATER STREET SUITE PRICE SUPPLIES LOW-INCOME, UNINSURED A2 - SANTA CRUZ, CA 95060 23-7428303 501(C)(3) 0 161,260, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SAN FRANCISCO FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 4900 CALIFORNIA STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 161,230, PURCHASED 94-3186248 501(C)(3) EOUIPMENT PATIENTS SAN FRANCISCO, CA 94118 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTER OF WHOLESALE MEDICAL HEALTH CENTERS FOR SOUTHEAST KANSAS - 3011 N PRICE SUPPLIES LOW-INCOME, UNINSURED 160 265 PURCHASED MICHIGAN - PITTSBURG KS 66762 75-3002264 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS CLEVELAND TX 77327 56-2508501 501(C)(3) 0. 157 681 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COSTA SALUD COMMUNITY HEALTH WHOLESALE HEALTH CENTERS FOR OTHER CENTERS RINCN - CALLE MUOZ RIVERA PRICE. MEDICAL LOW-INCOME, UNINSURED 157,204, PURCHASED #28 - RINCN, PR 00677 66-0428488 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EDWARD R. LEAHY JR. CENTER CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR FOR THE UNINSURED - 800 LINDEN PRICE LOW-INCOME, UNINSURED SUPPLIES. STREET - SCRANTON PA 18510 24-0795495 501(C)(3) 0. 156 674 PURCHASED EOUIPMENT PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS ST. PETERSBURG FREE CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR 5501 4TH STREET NORTH WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 155,970, PRICE ST. PETERSBURG, FL 33703 23-7208280 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & PHARMACEUTICALS ARTHUR NAGEL COMMUNITY CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR 1116 12TH STREET #3 WHOLESALE SUPPLIES LOW-INCOME UNINSURED BANDERA, TX 78003 77-0697361 501(C)(3) 0 155,766. PRICE EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & VOLUNTEERS IN MEDICINE CLINIC OF WHOLESALE MEDICAL HEALTH CENTERS FOR THE CASCADES - 2300 NE NEFF ROAD PRICE SUPPLIES LOW-INCOME UNINSURED BEND, OR 97701 93-1327847 501(C)(3) 0. 155,070, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MERCY MEDICAL CLINIC WHOLESALE 802 WASHINGTON STREET PRICE SUPPLIES LOW-INCOME, UNINSURED SHELBYVILLE, KY 40065 61-1211189 501(C)(3) 0 155,046, PURCHASED EOUTPMENT PATTENTS FREE CLINIC OF FRANKLIN COUNTY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BERNARD HEALTHCARE CLINIC PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR - 1171 FRANKLIN STREET - ROCKY PRICE SUPPLIES LOW-INCOME, UNINSURED 153 130 PURCHASED 54-1634138 501(C)(3) EOUIPMENT PATIENTS MOUNT, VA 24151 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH FOR ALL WHOLESALE MEDICAL HEALTH CENTERS FOR 3030 EAST 29TH STREET, SUITE 111 PRICE SUPPLIES LOW-INCOME, UNINSURED 150,971, PURCHASED BRYAN TX 77802 74-2624477 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR GRANT PARK CLINIC 1340 BOULEVARD SE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS ATLANTA GA 30315 58-1577640 501(C)(3) 0. 147 828 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BAPTIST COMMUNITY HEALTH SERVICES WHOLESALE HEALTH CENTERS FOR OTHER 4960 ST. CLAUDE AVENUE PRICE. MEDICAL LOW-INCOME, UNINSURED 147 182 PURCHASED NEW ORLEANS, LA 70117 45-3792193 501(C)(3) 0. SUPPLIES PATTENTS NEIGHBORHOOD HEALTHCARE ESTIMATED SUPPORT TO US CLINICS & ADMINISTRATION - 425 N. DATE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE MEDICAL LOW-INCOME, UNINSURED STREET, SUITE 203 - ESCONDIDO, CA 92025 95-2796316 501(C)(3) 0. 146 302 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS SHACKELFORD COUNTY COMMUNITY WHOLESALE MEDICAL HEALTH CENTERS FOR RESOURCE CENTER - 725 PATE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES 145,973, PURCHASED 75-2541970 501(C)(3) 0. EOUIPMENT PATIENTS - ALBANY, TX 76430 SUPPORT TO US CLINICS & PHARMACEUTICALS VOICES OF HOPE ESTIMATED MEDICAL HEALTH CENTERS FOR 224 E. MAIN STREET WHOLESALE SUPPLIES LOW-INCOME UNINSURED ELKTON, MD 21921 47-3110713 501(C)(3) 0 145,412. PRICE EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CLEAVER FAMILY WELLNESS CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 4368 SANTA ANITA AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED EL MONTE, CA 91731 95-1765149 501(C)(3) 0. 144,975. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CROSS AND CROWN CLINIC WHOLESALE 1008 NORTH MCKINLEY STREET PRICE SUPPLIES LOW-INCOME, UNINSURED OKLAHOMA CITY, OK 73106 73-1608071 501(C)(3) 0 144,958, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BRADLEY FREE CLINIC OF ROANOKE WHOLESALE MEDICAL HEALTH CENTERS FOR VALLEY INC PHARMACY - 1240 THIRD PRICE SUPPLIES LOW-INCOME, UNINSURED 144,767. PURCHASED 23-7380491 501(C)(3) EOUIPMENT PATIENTS STREET, SW - ROANOKE, VA 24016 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HORIZON HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 714 BERGEN AVE # 714 PRICE SUPPLIES LOW-INCOME, UNINSURED 142,228, PURCHASED JERSEY CITY NJ 07306-4802 22-1831695 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ASIAN AMERICAN HEALTH COALITION DBA HOPE CLINIC - 7001 CORPORATE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS DRIVE - HOUSTON TX 77036 31-1756818 501(C)(3) 0. 141 407 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & J.C. LEWIS HEALTH CARE CENTER WHOLESALE HEALTH CENTERS FOR OTHER 125 FAHM STREET PRICE. MEDICAL LOW-INCOME, UNINSURED 140,760, PURCHASED SAVANNAH GA 31401 27-0380035 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEARTLAND COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR HEARTLAND MEDICAL CLINIC - 346 PRICE LOW-INCOME, UNINSURED SUPPLIES. MAINE STREET - LAWRENCE KS 66044 48-1221800 501(C)(3) 140 671 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & BOUNDARY REGIONAL COMMUNITY HEALTH CENTER DBA KANIKSU HEALTH SERVICES WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR - 30410 HWY 200 - PONDERAY, ID PRICE MEDICAL LOW-INCOME, UNINSURED 140,377. PURCHASED SUPPLIES PATIENTS 83852 04-3634356 501(C)(3) 0. SUPPORT TO US CLINICS & YALE NEW HAVEN HEALTH SYSTEM ESTIMATED HEALTH CENTERS FOR 789 HOWARD AVENUE WHOLESALE LOW-INCOME UNINSURED NEW HAVEN, CT 06519 22-2529464 501(C)(3) 0 138,862. PRICE PHARMACEUTICALS PATTENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH PARTNERS FREE CLINIC WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 1300 NORTH COUNTY ROAD 25A PRICE MEDICAL LOW-INCOME UNINSURED 31-1596731 501(C)(3) TROY, OH 45373 0. 138,784. PURCHASED SUPPLIES PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR ANDERSON VALLEY HEALTH CENTER ESTIMATED PHARMACEUTICALS 13500 AIRPORT ROAD WHOLESALE MEDICAL LOW-INCOME, UNINSURED SUPPLIES BOONVILLE, CA 95415 94-2347424 501(C)(3) 0 138,108, PRICE PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS - 52 AUNT DORA PRICE SUPPLIES LOW-INCOME, UNINSURED 137,835, PURCHASED 65-1251915 501(C)(3) EOUIPMENT PATIENTS DRIVE - HIGHLANDS, NC 28741 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SHERIDAN HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 31 E WHITNEY STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 137,731, PURCHASED SHERIDAN WY 82801 20-1389307 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 137 281 PURCHASED EOUIPMENT PATIENTS MENOMONEE FALLS WI 53051 39-1743056 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR RECOVERY CONSULTANTS OF ATLANTA INC. - 4229 SNAPFINGER WOODS DRIVE PRICE. MEDICAL LOW-INCOME, UNINSURED 137 132 PURCHASED - DECATUR, GA 30035 58-2480021 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CARE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 239 ROBESON STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. FAYETTEVILLE, NC 28301 56-1837010 501(C)(3) 0. 135 899 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS MISSOULA URBAN INDIAN HEALTH ESTIMATED MEDICAL HEALTH CENTERS FOR CENTER - 830 WEST CENTRAL AVENUE WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 134,278. PRICE MISSOULA, MT 59801 81-0330646 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEALTH PARTNERS OF WESTERN OHIO WHOLESALE MEDICAL HEALTH CENTERS FOR 441 EAST 8TH STREET PRICE SUPPLIES LOW-INCOME UNINSURED LIMA, OH 45804 56-2330309 501(C)(3) 0 134,231, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS JUNIPER HEALTH, INC. BREATHITT WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY FAMILY HEALTH CENTER - 1484 PRICE SUPPLIES LOW-INCOME UNINSURED LAKESIDE DRIVE - JACKSON, KY 41339 04-3779582 501(C)(3) 0. 133,904. PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR PRINCE WILLIAM AREA FREE CLINIC ESTIMATED PHARMACY - 13900 CHURCH HILL DRIVE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 133,226. PRICE - WOODBRIDGE, VA 22191 54-1619202 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CHARIS HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 2620 NORTH MT. JULIET RD. PRICE SUPPLIES LOW-INCOME, UNINSURED MT. JULIET, TN 37122 35-2298919 501(C)(3) 132,955, PURCHASED EOUIPMENT PATIENTS 0. PHARMACEUTICALS SUPPORT TO US CLINICS & HARNEY COUNTY HEALTH DEPARTMENT ESTIMATED MEDICAL HEALTH CENTERS FOR 420 NORTH FATRVIEW AVENUE WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 93-6002296 132,901. PRICE EOUIPMENT PATTENTS BURNS OR 97720 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH ACCESS INCORPORATED 489 WASHINGTON AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED 132 786 PURCHASED EOUIPMENT PATIENTS CLARKSBURG WV 26301 55-0715066 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR FREE MEDICAL CLINIC OF OAK RIDGE INC. - 116 EAST DIVISION ROAD PRICE. SUPPLIES. LOW-INCOME, UNINSURED OAK RIDGE, TN 37830 90-0715369 501(C)(3) 0. 131 292 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FREE CLINIC OF NEWTON WHOLESALE MEDICAL HEALTH CENTERS FOR ONE WILSON DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES. SPARTA, NJ 07871 45-4224214 501(C)(3) 131 119 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS BROWNSVILLE COMMUNITY HEALTH WHOLESALE OTHER HEALTH CENTERS FOR CENTER - 191 EAST PRICE ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 130 468 PURCHASED BROWNSVILLE, TX 78521 74-2176836 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS PHOENIX ALLIES FOR COMMUNITY WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH - 2902 W. CLARENDON AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED - PHOENIX, AZ 85017 46-0650798 501(C)(3) 0 128,165, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS PRIMARY HEALTHCARE CENTERS OF WHOLESALE MEDICAL HEALTH CENTERS FOR DADE INC. - 13570 NORTH MAIN PRICE SUPPLIES LOW-INCOME UNINSURED 58-1410404 501(C)(3) STREET - TRENTON, GA 30752 0. 126,736. PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR BLUE RIDGE MEDICAL CENTER PHARMACY ESTIMATED 4038 THOMAS NELSON HIGHWAY WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 54-1222147 501(C)(3) 0 126,527. PRICE EOUTPMENT PATTENTS ARRINGTON, VA 22922 ESTIMATED SUPPORT TO US CLINICS & CCI HEALTH AND WELLNESS SERVICES WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 8630 FENTON STREET PRICE MEDICAL LOW-INCOME, UNINSURED 126 143 PURCHASED 52-0988386 501(C)(3) SUPPLIES PATIENTS SILVER SPRING, MD 20910 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINICA MSR. OSCAR A ROMERO WHOLESALE MEDICAL HEALTH CENTERS FOR 123 S ALVARADO STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 125,287. PURCHASED LOS ANGELES CA 90057 95-3881333 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR FAMILIES TOGETHER OF ORANGE COUNTY 661 W. 1ST ST. #G PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS TUSTIN CA 92780 20-0310654 501(C)(3) 0. 124 462 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY CARE CLINIC OF DARE WHOLESALE MEDICAL HEALTH CENTERS FOR 425 HEALTH CENTER DRIVE PRICE. SUPPLIES. LOW-INCOME, UNINSURED NAGS HEAD NC 27959 20-2230717 501(C)(3) 0. 122 987 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BRIDGES TO HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 119 SOUTH WASHINGTON STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. MARION, IN 46952 20-5405181 501(C)(3) 0. 122 853 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
HOPE CLINIC OF MCKINNEY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
103 E. LAMAR STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	122,266.	PURCHASED	EQUIPMENT	PATIENTS		
UNITED AMERICAN INDIAN INVOLVEMENT					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
MEDICAL CLINIC - 1125 W. SIXTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
STREET, STE. 103 - LOS ANGELES, CA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
90017	95-2917933	501(C)(3)	0.	121,664.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
LAKE COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
54 S. STATE STREET, SUITE 302					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	121,661.	PURCHASED	EQUIPMENT	PATIENTS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
ST. JOHN BOSCO CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
730 NW 34TH STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
MIAMI, FL 33127	65-0435764	501(C)(3)	0.	120,449.	PRICE	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
MIAMI RESCUE MISSION CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
2015 N.W. 1ST AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
MIAMI, FL 33127	45-1481860	501(C)(3)	0.	119,839.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
HELPING HANDS CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
810 HARPER AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
LENOIR, NC 28645	56-2076541	501(C)(3)	0.	119,747.	PURCHASED	EQUIPMENT	PATIENTS		
MATAGORDA EPISCOPAL HEALTH				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
OUTREACH PROGRAM MEDICAL CLINIC -					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
101 AVENUE F NORTH - BAY CITY, TX					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
77414	20-0537948	501(C)(3)	0.	119,652.	PURCHASED	SUPPLIES,	PATIENTS		
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
PRIMARY CARE AT HOME, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
400 - 29TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
OAKLAND, CA 94609	47-5519154	501(C)(3)	0.	119,288.	PURCHASED	EQUIPMENT	PATIENTS		
COMMUNITY HEALTH AWARENESS AND				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &		
GENERAL SUPPORT OF OKLAHOMA, INC.					ESTIMATED	MEDICAL	HEALTH CENTERS FOR		
- 1900 N. MACARTHUR BLVD -					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED		
OKLAHOMA CITY, OK 73107	82-0601092	501(C)(3)	0.	119,109.	PRICE	EQUIPMENT	PATIENTS		
,		1		, , , ,		1	1		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS ANTLERS FIRST BAPTIST CHURCH FREE WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 208 NE B STREET -PRICE SUPPLIES. LOW-INCOME, UNINSURED 118,491, PURCHASED ANTLERS, OK 74523 73-1092316 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE HANDS OF HOPE CLINIC MEDICAL HEALTH CENTERS FOR 1010 HOSPITAL DRIVE BLDG B PRICE SUPPLIES LOW-INCOME UNINSURED STOCKBRIDGE, GA 30281 42-1591970 501(C)(3) 0 118,330, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & CENTRO SAN VICENTE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 8061 ALAMEDA AVENUE PRICE MEDICAL LOW-INCOME UNINSURED 74-2505561 501(C)(3) EL PASO, TX 79915 0. 117,414. PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR BOONE FREE MEDICAL CLINIC ESTIMATED 703 ARDEN STREET WHOLESALE SUPPLIES LOW-INCOME, UNINSURED BOONE, IA 50036 42-1428706 501(C)(3) 0 117,312. PRICE EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FREE CLINIC OF CENTRAL VIRGINIA WHOLESALE MEDICAL HEALTH CENTERS FOR INC PHARMACY - 1016 MAIN STREET -PRICE SUPPLIES LOW-INCOME UNINSURED 54-1420756 501(C)(3) 117,279, PURCHASED EOUIPMENT PATIENTS LYNCHBURG, VA 24505 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EAST VALLEY COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER COVINA - 276 W. COLLEGE PRICE SUPPLIES LOW-INCOME, UNINSURED 115,938, PURCHASED STREET - WEST COVINA CA 91723 23-7068586 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR ARLINGTON FREE CLINIC PHARMACY 2921 S. 11TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 115 198 PURCHASED SUPPLIES PATIENTS ARLINGTON VA 22204 54-1671883 501(C)(3) 0. PHARMACEUTICALS HEALTHREACH COMMUNITY HEALTH ESTIMATED SUPPORT TO US CLINICS & CENTERS - ADMINISTRATION - 10 WHOLESALE MEDICAL HEALTH CENTERS FOR WATER STREET, SUITE 305 -PRICE. SUPPLIES. LOW-INCOME, UNINSURED WATERVILLE, ME 04901 01-6023664 501(C)(3) 0. 114 433 PURCHASED EOUIPMENT PATTENTS BLACK RIVER HEALTH SERVICES INC. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & DBA BLACK RIVER FAMILY PRACTICE -WHOLESALE MEDICAL HEALTH CENTERS FOR 301 S. CAMPBELL STREET - BURGAW PRICE LOW-INCOME, UNINSURED SUPPLIES. NC 28425 23-7356223 501(C)(3) 0. 114 432 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS ANN SILVERMAN COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 595 W. STATE STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 114 187 PURCHASED DOYLESTOWN, PA 18901 23-2892823 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & KAWEAH DELTA MEDICAL CENTER ESTIMATED HEALTH CENTERS FOR 400 W MINERAL KING AVENUE WHOLESALE LOW-INCOME UNINSURED VISALIA, CA 93291 94-2675456 501(C)(3) 0 114,140. PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WILL-GRUNDY MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 213 CASS STREET PRICE SUPPLIES LOW-INCOME UNINSURED 36-3492306 501(C)(3) JOLIET, IL 60432 0. 113,998, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMMWELL HEALTH ADMINISTRATION WHOLESALE OTHER OFFICE - 6114 HWY 301 S - FOUR PRICE MEDICAL LOW-INCOME, UNINSURED 58-1319204 501(C)(3) 0 113,330, PURCHASED SUPPLIES PATTENTS OAKS, NC 27524 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MID DELTA HEALTH SYSTEMS WHOLESALE MEDICAL HEALTH CENTERS FOR 245 MADISON STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED CLARENDON, AR 72029 71-0638760 501(C)(3) 113,253, PURCHASED EQUIPMENT PATIENTS 0. SUPPORT TO US CLINICS & POR LOS NUESTROS HEALTH CENTERS FOR 4 AVE DE DIEGO PURCHASED LOW-INCOME, UNINSURED SAN JUAN PR 00927 66-0894050 501(C)(3) 112,860. PRICE EOUIPMENT PATTENTS 0 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR MONTEFIORE HEALTH SYSTEM 555 SO BROADWAY, BLDG B, 2ND FLOOR PRICE SUPPLIES. LOW-INCOME, UNINSURED 112 791 PURCHASED EOUIPMENT PATIENTS TARRYTOWN NY 10591 13-1740119 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CLINIC OF BUTLER WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 103 BONNIE DRIVE -PRICE. SUPPLIES. LOW-INCOME, UNINSURED BUTLER, PA 16002 20-4852135 501(C)(3) 0. 112 733 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & JEWISH RENAISSANCE MEDICAL CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 275 HOBART STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. PERTH AMBOY, NJ 08861 22-3780067 501(C)(3) 0. 112 718 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEALING HANDS MINISTRIES WHOLESALE MEDICAL HEALTH CENTERS FOR 8515 GREENVILLE AVENUE, SUITE #N-10 PRICE LOW-INCOME, UNINSURED SUPPLIES 111,844. PURCHASED DALLAS, TX 75243 65-1259379 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & LAS VEGAS RECOVERY CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 3321 N. BUFFALO DRIVE #200 WHOLESALE MEDICAL LOW-INCOME UNINSURED LAS VEGAS, NV 89129 20-3380211 501(C)(3) 0 111,315. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY PRICE SUPPLIES LOW-INCOME UNINSURED COURT HOUSE, NJ 08210 52-2257585 501(C)(3) 0. 110 986 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR VALLEY COMMUNITY HEALTHCARE WHOLESALE MEDICAL 6801 COLDWATER CYN AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0 110,340, PURCHASED EOUIPMENT PATTENTS FAMILY HEALTH CENTER OF CLARK ESTIMATED SUPPORT TO US CLINICS & COUNTY DBA FAMILY HEALTH CENTERS WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS OF SOUTHERN INDIA - 1319 DUNCAN PRICE MEDICAL LOW-INCOME, UNINSURED 35-1842342 501(C)(3) 110,131, PURCHASED SUPPLIES PATIENTS AVENUE - JEFFERSONVILLE, IN 47130 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LANAI COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR ADMINISTRATION - 333 SIXTH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 109,810, PURCHASED - LANAI CITY HI 96763 20-2509287 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CLARKSTON COMMUNITY HEALTH CENTER INC. - 3700 MARKET STREET -PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS CLARKSTON GA 30021 46-1402143 501(C)(3) 0. 109 741 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINICA COMUNITARIA MAMEYES WHOLESALE HEALTH CENTERS FOR OTHER PR-140 KM 39.6 PRICE. MEDICAL LOW-INCOME, UNINSURED 107,795, PURCHASED UTUADO PR 00641 66-0812599 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE COMMUNITY FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 528 A LAKE CONCORD ROAD NE PRICE LOW-INCOME, UNINSURED SUPPLIES. CONCORD, NC 28025 58-2131301 501(C)(3) 0. 106 795 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PROVIDENCE REGIONAL MEDICAL CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR EVERETT COLBY - 1820 14TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 106,460. PURCHASED 91-0568303 501(C)(3) 0. EOUIPMENT PATIENTS EVERETT, WA 98201 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & RUTH'S PLACE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1411 CRAWFORD AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED GRANBURY, TX 76048 20-4594680 501(C)(3) 0 106,259, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NAVAJO AREA INDIAN HEALTH SERVICE NAIHS - HWY 264 & ST. MICHAEL ROAD PRICE SUPPLIES LOW-INCOME UNINSURED - ST. MICHAEL, AZ 86511 0. 106 215 PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR FAMILY HEALTH PARTNERSHIP WHOLESALE PHARMACEUTICALS 401 CONGRESS PARKWAY PRICE MEDICAL LOW-INCOME, UNINSURED CRYSTAL LAKE, IL 60014 36-4277029 501(C)(3) 0 105,505, PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR OC HARM REDUCTION ESTIMATED 1600 2ND AVENUE WHOLESALE MEDICAL LOW-INCOME, UNINSURED ROCK ISLAND, IL 61201 47-2839109 501(C)(3) 105,289. PRICE SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NEWHOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 41 S COURT STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 104,879. PURCHASED 61-1363437 501(C)(3) EOUIPMENT PATTENTS OWINGSVILLE KY 40360 0. CENTER FOR FAMILY HEALTH AND ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EDUCATION - 8727 VAN NUYS WHOLESALE MEDICAL HEALTH CENTERS FOR BOULEVARD - PANORAMA CITY, CA PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS 91402 27-0224623 501(C)(3) 0. 103 669 PURCHASED FORT DEFIANCE INDIAN HOSPITAL ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR BOARD TSEHOOTSOOI MEDICAL CENTER INTERSECTION OF ROUTES N12 AND N7 PRICE. SUPPLIES. LOW-INCOME, UNINSURED - FORT DEFIANCE, AZ 86504 86-0817397 0. 103 509 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OUEENSCARE FAMILY CLINICS WHOLESALE MEDICAL HEALTH CENTERS FOR 950 SOUTH GRAND AVENUE PRICE LOW-INCOME, UNINSURED SUPPLIES. LOS ANGELES, CA 90015 95-3702136 501(C)(3) 0. 103 246 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MEDICAL OUTREACH MINISTRIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
5741 CARMICHAEL PARKWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	102,506.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LONG ISLAND SELECT HEALTHCARE,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 159 CARLETON AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CENTRAL ISLIP, NY 11722	47-1001464	501(C)(3)	0.	102,389.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
SHEPHERDS CARE MEDICAL CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
304 PONY ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ZEBULON, NC 27597	26-2757593	501(C)(3)	0.	102,093.	PRICE	EQUIPMENT	PATIENTS
SOUTHLAND INTEGRATED SERVICES,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
INC. DBA SOUTHLAND HEALTH CENTER -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
9862 CHAPMAN AVENUE, SUITE B -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GARDEN GROVE, CA 92841	95-3403526	501(C)(3)	0.	101,383.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
BERGEN VOLUNTEER MEDICAL					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
INITIATIVE, INC 75 ESSEX STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- HACKENSACK, NJ 07601	20-2633437	501(C)(3)	0.	100,842.	PRICE	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
TROUP CARES CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
301 MEDICAL DR., SUITE 501					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
LAGRANGE, GA 30240-4144	20-8176300	501(C)(3)	0.	100,708.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CENTRAL FLORIDA HEALTH CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1129 NORTH MISSOURI AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LAKELAND, FL 33805	59-1404594	501(C)(3)	0.	100,617.	PURCHASED	SUPPLIES	PATIENTS
LUTHERAN SOCIAL SERVICES OF					ESTIMATED		SUPPORT TO US CLINICS &
CENTRAL OHIO HEALTH CENTER AT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
FAITH MISSION - 245 N. GRANT					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AVENUE - COLUMBUS, OH 43215	31-4412586	501(C)(3)	0.	100,164.	PURCHASED	SUPPLIES	PATIENTS
•				,			SUPPORT TO US CLINICS &
AVERA HEALTH AVERA FOUNDATION							HEALTH CENTERS FOR
815 SOUTH 6TH AVENUE					PURCHASED		LOW-INCOME, UNINSURED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS MORTON COMPREHENSIVE HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR SERVICES - 1334 N LANSING AVE -PRICE SUPPLIES LOW-INCOME, UNINSURED 99,392. PURCHASED 73-1177858 501(C)(3) 0. EOUIPMENT PATIENTS TULSA, OK 74106 SUPPORT TO US CLINICS & ESTIMATED FAMILY HEALTH SERVICES OF DARKE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR COUNTY - 5735 MEEKER ROAD -PRICE MEDICAL LOW-INCOME UNINSURED GREENVILLE, OH 45331 34-1119524 501(C)(3) 0 99,205, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LIFESPRING, INC. 460 SPRING STREET PRICE MEDICAL LOW-INCOME UNINSURED JEFFERSONVILLE, IN 47130 35-1097350 501(C)(3) 0. 98,486, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MERCY HEALTH CENTER WHOLESALE 700 OGLETHORPE AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED ATHENS, GA 30606 58-2603523 501(C)(3) 0 98,290. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & SMOKY MOUNTAIN HARM REDUCTION WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 3261 GEORGIA ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 84-3522087 501(C)(3) 98,032, PURCHASED SUPPLIES PATIENTS FRANKLIN, NC 28734 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TRINITY COMMUNITY SERVICES DBA WHOLESALE MEDICAL HEALTH CENTERS FOR CABRINI CLINIC - 1234 PORTER PRICE SUPPLIES LOW-INCOME, UNINSURED STREET - DETROIT MI 48226 38-3129349 501(C)(3) 98 016 PURCHASED EOUIPMENT PATTENTS 0. COLUMBIA COUNTY VOLUNTEERS IN ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR MEDICINE CLINIC INC. - 310 EAST PHARMACEUTICALS THIRD STREET - MIFFLINVILLE, PA PRICE MEDICAL LOW-INCOME, UNINSURED 97 915 PURCHASED SUPPLIES PATIENTS 18631 20-5695518 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EASTERSEALS COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 205 EDWIN HOLLADAY PLACE PRICE. SUPPLIES LOW-INCOME, UNINSURED - PELL CITY, AL 35125 63-0570609 501(C)(3) 0. 97 079 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & RENEWED HOPE HEALTH CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 894 MARSHALL STREET PRICE MEDICAL LOW-INCOME, UNINSURED ALLEGAN, MI 49010 16-1760734 501(C)(3) 96 246 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS ROANOKE CHOWAN COMMUNITY HEALTH WHOLESALE OTHER HEALTH CENTERS FOR CENTER - 120 HEALTH CENTER ROAD -PRICE MEDICAL LOW-INCOME, UNINSURED 95,399. PURCHASED AHOSKIE, NC 27910 42-1638714 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS TOMAGWA HEALTHCARE MINISTRIES WHOLESALE MEDICAL HEALTH CENTERS FOR 455 SCHOOL STREET SUITE 30 PRICE SUPPLIES LOW-INCOME UNINSURED TOMBALL, TX 77375 76-0280324 501(C)(3) 0 94,687. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS ST. ANTHONY MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 150 GOLDEN GATE AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED SAN FRANCISCO, CA 94102 94-1513140 501(C)(3) 0. 94,614. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CENTRE VOLUNTEERS IN MEDICINE WHOLESALE 2520 GREEN TECH DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 94,555. PURCHASED STATE COLLEGE, PA 16803 25-1897969 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR OUTREACH HEALTH SERVICES, INC. 130 NORTH HIGH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED SHUBUTA, MS 39360 64-0736857 501(C)(3) 94 186 PURCHASED EQUIPMENT PATIENTS 0. SUPPORT TO US CLINICS & LINCOLN COUNTY HEALTH & HUMAN ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR SERVICES - 36 SW NYE STREET -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 93-6002304 94 155. PRICE SUPPLIES PATTENTS NEWPORT OR 97365 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR CATHERINE'S HEALTH CENTER PHARMACEUTICALS 1211 LAFAYETTE AVE NE PRICE MEDICAL LOW-INCOME, UNINSURED 93 863 PURCHASED SUPPLIES PATIENTS GRAND RAPIDS MI 49505 20-3572418 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & RKM PRIMARY CARE WHOLESALE HEALTH CENTERS FOR OTHER 11990 JACKSON STREET PRICE MEDICAL LOW-INCOME, UNINSURED CLINTON, LA 70722 72-1443732 501(C)(3) 0. 93 155. PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & HILL COUNTRY MISSION FOR HEALTH ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 122 COMMERCE AVENUE MEDICAL LOW-INCOME, UNINSURED BOERNE, TX 78006 48-1262832 501(C)(3) 91 624. PRICE SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED THE BROOKLYN HOSPITAL CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 121 DEKALB AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 90,748. PURCHASED BROOKLYN, NY 11201 11-1630755 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED LAHAT HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 2152 NORTH 122ND STREET PRICE SUPPLIES LOW-INCOME UNINSURED SEATTLE, WA 98133 33-1052418 501(C)(3) 0 88,854. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & MARANA HEALTH CENTER WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 13395 N. MARANA MAIN ST. PRICE MEDICAL LOW-INCOME UNINSURED MARANA, AZ 85653 86-6053462 501(C)(3) 0. 88,588, PURCHASED SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMMUNITY VOLUNTEERS IN MEDICINE WHOLESALE PHARMACEUTICALS 300 B LAWRENCE DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED 88,433. PURCHASED WEST CHESTER, PA 19380 23-2944553 501(C)(3) 0 SUPPLIES PATTENTS HOUSTON AREA COMMUNITY HEALTH ESTIMATED SUPPORT TO US CLINICS & SERVICES, INC. DBA AVENUE 360 WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS HEALTH AND WELLNESS - 2150 W. 18TH PRICE MEDICAL LOW-INCOME, UNINSURED STREET - HOUSTON, TX 77008 76-0549240 501(C)(3) 88 371. PURCHASED SUPPLIES PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & TRINITY CLINIC OF CALVIN WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 507 4TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 62-0535346 501(C)(3) 87 649 PURCHASED SUPPLIES PATTENTS CALVIN OK 74531 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS ITHACA NY 14850 90-0192978 501(C)(3) 0. 87 462 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OPEN DOOR COMMUNITY HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR - ADMINISTRATION - 670 NINTH PRICE. SUPPLIES. LOW-INCOME, UNINSURED STREET - ARCATA, CA 95521 95-2671433 501(C)(3) 0. 85 861, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ST. VINCENT'S STUDENT RUN FREE WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 2817 POST OFFICE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. GALVESTON, TX 77550 74-1384864 501(C)(3) 85 314 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS PLANNED PARENTHOOD OF THE GULF ESTIMATED MEDICAL HEALTH CENTERS FOR COAST SPRING HEALTH CENTER - 4747 WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 85,244. PRICE LOUETTA ROAD - SPRING, TX 77388 74-1100163 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE GRACE OUTREACH TO HEALTH COMMUNITY MEDICAL HEALTH CENTERS FOR CLINIC - 837 EAST WALNUT STREET -PRICE SUPPLIES LOW-INCOME UNINSURED GRAPEVINE, TX 76051 75-2195702 501(C)(3) 0 84,998, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS TEMPLE COMMUNITY FREE CLINIC, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 1905 CURTIS B ELLIOTT DRIVE PRICE SUPPLIES LOW-INCOME UNINSURED 74-2634500 501(C)(3) TEMPLE, TX 76501 0. 84,882. PURCHASED EOUIPMENT PATTENTS ST. THOMAS EAST END MEDICAL CENTER ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR CORPORATION (STEEMCC) - 4605 TUTU WHOLESALE OTHER PARK MALL - ST. THOMAS, VI PRICE MEDICAL LOW-INCOME, UNINSURED 84,806. PURCHASED 00802-1736 66-0585077 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 211 1ST AVENUE NE PRICE SUPPLIES LOW-INCOME, UNINSURED 84,788, PURCHASED PATIENTS ROLLA, ND 58367 02-0761623 0. EOUIPMENT ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & INHEALTH COMMUNITY WELLNESS FREE WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 109 1/2 EAST BLUFF STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 84,617. PURCHASED 33-1170597 501(C)(3) EOUIPMENT PATTENTS - BOSCOBEL WI 53805 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTH DALLAS SHARED MINISTRIES FREE MEDICAL CLINIC - 2875 MERRELL PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS ROAD - DALLAS TX 75229 75-1908563 501(C)(3) 0. 84 126 PURCHASED COMMUNITY ACTION CORPORATION OF ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SOUTH TEXAS ALICE HEALTH CENTER -WHOLESALE HEALTH CENTERS FOR OTHER 700 FLOURNEY ROAD, SUITE 2A -PRICE MEDICAL LOW-INCOME, UNINSURED ALICE, TX 78332 74-1679824 501(C)(3) 0. 83 989 PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & STEDMAN WADE HEALTH SERVICES ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 7118 MAIN STREET LOW-INCOME, UNINSURED SUPPLIES. WADE NC 28395 56-1214119 501(C)(3) 83 981. PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS FREDERIKSTED HEALTH CARE INC. WHOLESALE OTHER HEALTH CENTERS FOR 516 STRAND STREET PRICE MEDICAL LOW-INCOME, UNINSURED 83,427. PURCHASED ST. CROIX, VI 00840 66-0586667 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & TRINITY HEALTH OF NEW ENGLAND ESTIMATED HEALTH CENTERS FOR 114 WOODLAND STREET WHOLESALE LOW-INCOME UNINSURED HARTFORD, CT 06105 06-1450168 501(C)(3) 0 83,227, PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & DESERT AIDS PROJECT WHOLESALE MEDICAL HEALTH CENTERS FOR 1695 N. SUNRISE WAY PRICE SUPPLIES LOW-INCOME UNINSURED PALM SPRINGS, CA 92262 33-0068583 501(C)(3) 0. 82,444. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR PEDIPLACE WHOLESALE 502 S. OLD ORCHARD, STE. 126 PRICE SUPPLIES LOW-INCOME, UNINSURED 82,182, PURCHASED LEWISVILLE, TX 75067 75-2512752 501(C)(3) 0 EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & FAMILY HEALTH CENTERS WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 716 S. FIRST AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 91-1275011 501(C)(3) 81,934, PURCHASED SUPPLIES PATIENTS OKANOGAN, WA 98840 0. SUPPORT TO US CLINICS & MASSACHUSETTS EMERGENCY MANAGEMENT ESTIMATED HEALTH CENTERS FOR AGENCY - 181 BOSTON POST RD -WHOLESALE MEDICAL LOW-INCOME, UNINSURED MARLBOROUGH MA 01752 66-0000000 81,250, PRICE SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR START CORPORATION (CHC) PHARMACEUTICALS 235 CIVIC CENTER BLVD PRICE MEDICAL LOW-INCOME, UNINSURED 81 247 PURCHASED SUPPLIES PATIENTS HOUMA LA 70360 58-1687098 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & AGHABY COMPREHENSIVE COMMUNITY WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTER - 349 W. COMPTON PRICE. SUPPLIES. LOW-INCOME, UNINSURED BLVD - COMPTON, CA 90220 46-2637814 501(C)(3) 0. 81 159 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & IBN SINA FOUNDATION WHOLESALE MEDICAL HEALTH CENTERS FOR 11226 SOUTH WILCREST DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES. HOUSTON, TX 77099 76-0698464 501(C)(3) 80 988 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS FREE CLINIC OF MERIDIAN INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 4707 POPLAR SPRINGS DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 80,239. PURCHASED MERIDIAN, MS 39305 45-5309446 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS CAPITAL CITY RESCUE MISSION FREE WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 259 SOUTH PEARL STREET -PRICE SUPPLIES LOW-INCOME UNINSURED ALBANY, NY 12202 56-2663290 501(C)(3) 0 80 181. PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & WOMEN WITH A VISTON ESTIMATED HEALTH CENTERS FOR PHARMACEUTICALS 1226 N BROAD ST WHOLESALE MEDICAL LOW-INCOME UNINSURED NEW ORLEANS, LA 70119 72-1202185 501(C)(3) 0. 80,147, PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ST. MARTIN'S HEALTHCARE SERVICES WHOLESALE 1359 SOUTH RANDOLPH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 79,696. PURCHASED GARRETT, IN 46738 20-8609620 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SPECTRA HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 212 SOUTH 4TH STREET, STE 301 PRICE SUPPLIES LOW-INCOME, UNINSURED GRAND FORKS, ND 58201 27-0056777 501(C)(3) 78,663. PURCHASED PATIENTS 0. EOUIPMENT PHARMACEUTICALS SUPPORT TO US CLINICS & SCOTLAND COMMUNITY HEALTH CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR 1405-B WEST BLVD WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED LAURINBURG NC 28352 20-2841940 501(C)(3) EOUIPMENT PATTENTS 0. 77,952. PRICE PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR FCYD CAMP UTADA (LOWER LEVEL) ESTIMATED 1995 WEST 9000 SOUTH WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 77 815. PRICE EOUIPMENT PATIENTS WEST JORDAN UT 84088 87-0642251 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR IOWA PRESCRIPTION DRUG CORPORATION DBA SAFENETRX - 11100 AURORA PRICE. MEDICAL LOW-INCOME, UNINSURED 77,495, PURCHASED AVENUE - URBANDALE, IA 50322 42-1518875 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & BROWARD COMMUNITY & FAMILY HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 5010 HOLLYWOOD BLVD PRICE MEDICAL LOW-INCOME, UNINSURED HOLLYWOOD, FL 33021 59-3489664 501(C)(3) 76 918 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & ASOCIACION PUERTORRIOUENA DE DIABETES, INC. - 1608 BORI STREET ESTIMATED HEALTH CENTERS FOR ELECTRONICA BLDG. - SAN JUAN, PR WHOLESALE LOW-INCOME, UNINSURED 76,792, PRICE 00927 66-0442165 501(C)(3) 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE CROSS TIMBERS HEALTH CLINICS PHARMACEUTICALS HEALTH CENTERS FOR 1100 REYNOSA PRICE MEDICAL LOW-INCOME UNINSURED DELEON, TX 76444 75-2113670 501(C)(3) 0 76,675, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FAMILY HEALTH CENTERS OF SOUTHWEST WHOLESALE MEDICAL HEALTH CENTERS FOR FLORIDA - 2232 GRAND AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED PHARMACY - FORT MYERS, FL 33901 59-1741273 501(C)(3) 0. 76,559. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR NORTHERN NECK FREE HEALTH CLINIC WHOLESALE PHARMACY - 51 WILLIAM B. GRAHAM PRICE SUPPLIES LOW-INCOME, UNINSURED COURT - KILMARNOCK, VA 22482 76,485, PURCHASED 54-1679279 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE WELLNESS PLAN PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 2888 W GRAND BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED 75,861. PURCHASED DETROIT, MI 48202 38-2008890 501(C)(3) EQUIPMENT PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & HOPEWELL HEALTH CENTERS, INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 215 COLUMBUS ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 75,573. PURCHASED ATHENS OH 45701 31-1155352 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS HYNDMAN PA 15545 25-1343824 501(C)(3) 0. 75 181 PURCHASED ESTIMATED SUPPORT TO US CLINICS & VOLUNTEERS IN MEDICINE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1039 SOUTH DUCHESNE PRICE. MEDICAL LOW-INCOME, UNINSURED ST. CHARLES, MO 63301 43-1791543 501(C)(3) 0. 75 143. PURCHASED SUPPLIES PATTENTS FIRST REFUGE MINISTRIES MEDICAL ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINIC FIRST BAPTIST DENTON WHOLESALE MEDICAL HEALTH CENTERS FOR MINISTRY CENTER - 1701 BROADWAY PRICE LOW-INCOME, UNINSURED SUPPLIES. STREET - DENTON, TX 76201 45-5606427 501(C)(3) 74 477 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS C.W. WILLIAMS COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER PHARMACY - 3333 WILKINSON PRICE. LOW-INCOME, UNINSURED SUPPLIES. 74,282, PURCHASED BLVD - CHARLOTTE, NC 28208 56-1262478 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS ORANGE COUNTY FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 101 C WOODWARK STREET PRICE SUPPLIES LOW-INCOME UNINSURED ORANGE, VA 22960 25-1922019 501(C)(3) 0 73,536, PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS LOS BARRIOS UNIDOS COMMUNITY WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 809 SINGLETON BLVD -PRICE SUPPLIES LOW-INCOME UNINSURED DALLAS, TX 75212 75-1378664 501(C)(3) 0. 73,237. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR THE NEIGHBORHOOD CHRISTIAN CLINIC WHOLESALE MEDICAL 1929 W. FILLMORE PRICE SUPPLIES LOW-INCOME, UNINSURED PHOENIX, AZ 85009 86-0839580 501(C)(3) 0 73 134 PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FREE CLINIC OF CULPEPER PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 610 LAUREL STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 52-1366700 501(C)(3) 73,050, PURCHASED PATIENTS CULPEPER, VA 22701 0. EOUIPMENT PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & SAMARITAN REGIONAL HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 937 BROADWAY PRICE SUPPLIES. LOW-INCOME, UNINSURED 72,208, PURCHASED CAPE GIRARDEAU, MO 63701 27-5427837 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR SERVE THE PEOPLE COMMUNITY HEALTH CENTER - 1206 EAST 17TH STEET. PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS SUITE 101 - SANTA ANA, CA 92701 27-0421556 501(C)(3) 0. 72 189 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SABAN COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 8405 BEVERLY BLVD. PRICE. SUPPLIES. LOW-INCOME, UNINSURED LOS ANGELES, CA 90048 95-2539105 501(C)(3) 0. 71 573. PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & HOPKINS COUNTY COMMUNITY CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 638 N. FRANKLIN STREET LOW-INCOME, UNINSURED SUPPLIES. MADISONVILLE, KY 42431 06-1710391 501(C)(3) 70 938 PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS PEOPLE'S HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 650 ROUND VALLEY DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 70,665. PURCHASED PARK CITY, UT 84068 87-0638042 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED COMMUNITY HEALTH ALLIANCE OF WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PASADENA PHARMACY - 1855 N. FAIR PRICE MEDICAL LOW-INCOME UNINSURED OAKS AVENUE - PASADENA, CA 91103 95-4536824 501(C)(3) 0 70,226. PURCHASED SUPPLIES PATTENTS KOREAN COMMUNITY SERVICES DBA KCS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTER - 7212 ORANGETHORPE WHOLESALE MEDICAL HEALTH CENTERS FOR AVE. SUITE 9A - BUENA PARK CA PRICE SUPPLIES LOW-INCOME UNINSURED 90621 95-3245254 501(C)(3) 0. 69,854. PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR MOSES LAKE COMMUNITY HEALTH CENTER WHOLESALE PHARMACEUTICALS 605 COOLIDGE DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED 91-1537371 501(C)(3) 0 68,540. PURCHASED SUPPLIES PATTENTS MOSES LAKE, WA 98837 SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR HEALTHOUEST OF UNION COUNTY ESTIMATED 415 EAST FRANKLIN STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 68,041. PRICE 56-2117596 501(C)(3) SUPPLIES PATIENTS MONROE, NC 28112 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PARKTREE COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 1450 E HOLT AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED 22-3914738 501(C)(3) 67 889 PURCHASED EOUIPMENT PATTENTS POMONA CA 91767 0. JACKSON-HINDS COMPREHENSIVE HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER CENTRAL MISSISSIPPI CIVIC IMPROVEMENT - 3502 WEST NORTHSIDE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS DRIVE - JACKSON MS 39213 64-0506107 501(C)(3) 0. 67 746 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CITY OF NEW ORLEANS WHOLESALE HEALTH CENTERS FOR OTHER 1300 PERDIDO STREET PRICE. MEDICAL LOW-INCOME, UNINSURED 66,746. PURCHASED NEW ORLEANS, LA 70112 72-6000969 0. SUPPLIES PATTENTS SCHOOL OF MEDICINE CLINICS ESTIMATED SUPPORT TO US CLINICS & UNIVERSITY OF PUERTO RICO - 1008 WHOLESALE MEDICAL HEALTH CENTERS FOR AVE. AMERICO MIRANDA - RIO PRICE LOW-INCOME, UNINSURED SUPPLIES PIEDRAS, PR 00921 66-0433762 65 915 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS COASTAL FAMILY HEALTH CENTER WHOLESALE OTHER HEALTH CENTERS FOR 1025 A DIVISION STREET PRICE. MEDICAL LOW-INCOME, UNINSURED 65,568. PURCHASED BILOXI, MS 39530 64-0592416 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS TARZANA TREATMENT CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 8330 RESEDA BLVD PRICE SUPPLIES LOW-INCOME UNINSURED NORTHRIDGE, CA 91324 94-2219349 501(C)(3) 0 65,353. PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & TRAC-B EXCHANGE HEALTH CENTERS FOR ESTIMATED PHARMACEUTICALS 6114 WEST CHARLESTON BLVD. WHOLESALE MEDICAL LOW-INCOME UNINSURED LAS VEGAS, NV 89146 82-3917829 501(C)(3) 0. 65,208, PRICE SUPPLIES PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR SAN MATEO COUNTY HEALTH SERVICES ESTIMATED AGENCY - 222 WEST 39TH AVENUE WHOLESALE LOW-INCOME, UNINSURED 94-6000532 0 64,951, PRICE PHARMACEUTICALS PATTENTS SAN MATEO, CA 94403 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NORTHSHORE HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR 6050 STERLING CREEK DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED PORTAGE, IN 46368 35-2028588 501(C)(3) 64 939 PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NEIGHBORHOOD HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 6677 RICHMOND HIGHWAY PRICE SUPPLIES LOW-INCOME, UNINSURED 64,856. PURCHASED ALEXANDRIA VA 22306 54-1849891 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR COMMUNITY HEALTH OF SOUTH FLORIDA OTHER 10300 SW 216TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 64 801 PURCHASED SUPPLIES PATIENTS MIAMI FL 33190 59-1372690 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & HEARTLAND HEALTH CENTERS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 3048 N WILTON AVENUE PRICE. MEDICAL LOW-INCOME, UNINSURED CHICAGO, IL 60657 36-3843377 501(C)(3) 0. 64 659 PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & BALTIMORE CITY HEALTH DEPARTMENT ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 1001 E. FAYETTE STREET LOW-INCOME, UNINSURED SUPPLIES. BALTIMORE, MD 21202 52-6000769 64 473. PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & POCATELLO FREE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1001 N. 7TH AVENUE SUITE 155 PRICE MEDICAL LOW-INCOME, UNINSURED 64,443. PURCHASED POCATELLO, ID 83201 82-0351133 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS THE CHILDREN'S CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR ADMINISTRATION - 701 EAST 28TH PRICE SUPPLIES LOW-INCOME UNINSURED STREET - LONG BEACH, CA 90806 95-1643332 501(C)(3) 0 64,431. PURCHASED EOUIPMENT PATTENTS COMMUNITY HEALTH AND SOCIAL SUPPORT TO US CLINICS & SERVICES CENTER - CHASS - 5635 ESTIMATED HEALTH CENTERS FOR PHARMACEUTICALS WHOLESALE WEST FORT STREET - DETROIT MI MEDICAL LOW-INCOME UNINSURED 48209 38-3094394 501(C)(3) 0. 64,386, PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR FAIRVIEW COMMUNITY HEALTH CENTER WHOLESALE 225 NATCHEZ TRACE AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 63,995. PURCHASED BOWLING GREEN, KY 42103 61-1386859 501(C)(3) 0 EOUTPMENT PATTENTS FIVE RIVERS HEALTH CENTERS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SAMARITAN HOMELESS CLINIC - 921 S WHOLESALE MEDICAL HEALTH CENTERS FOR EDWIN C. MOSES BLVD. - DAYTON, OH PRICE SUPPLIES LOW-INCOME, UNINSURED 45-0914398 501(C)(3) 63,943, PURCHASED EOUIPMENT PATIENTS 45417 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FREE MEDICAL CLINIC OF DARLINGTON WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 203 GROVE STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED DARLINGTON SC 29532 58-2445265 501(C)(3) 63 323 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR ERIE FAMILY HEALTH CENTER PHARMACEUTICALS 1701 W. SUPERIOR STREET PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS CHICAGO IL 60622 36-3088628 501(C)(3) 0. 63 244 PURCHASED SUPPLIES SUPPORT TO US CLINICS & CARPINTERIA-SUMMERLAND FIRE HEALTH CENTERS FOR PROTECTION DISTRICT - 1130 EUGENIA PURCHASED LOW-INCOME, UNINSURED 62,785. PRICE PLACE - SANTA BARBARA, CA 93013 EOUIPMENT 72-0324820 0. PATTENTS HEALTH CARE CENTER FOR THE PHARMACEUTICALS SUPPORT TO US CLINICS & HOMELESS DBA ORANGE BLOSSOM FAMILY ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE HEALTH CENTER - 232 NORTH ORANGE LOW-INCOME, UNINSURED SUPPLIES. BLOSSOM TRAIL - ORLANDO, FL 32805 59-3185020 501(C)(3) 0. 62 759. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTHCARE FOR THE HOMELESS WHOLESALE OTHER HEALTH CENTERS FOR CAROLINE CLINIC - 1934 CAROLINE PRICE MEDICAL LOW-INCOME, UNINSURED 62,092. PURCHASED STREET - HOUSTON, TX 77002 76-0647934 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HARM REDUCTION SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 2800 STOCKTON BLVD PRICE SUPPLIES LOW-INCOME UNINSURED SACRAMENTO, CA 95817 68-0300656 501(C)(3) 0 61,864. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & VOLUNTEER HEALTHCARE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 4215 MEDICAL PARKWAY PRICE SUPPLIES LOW-INCOME UNINSURED AUSTIN, TX 78756 74-6082464 501(C)(3) 0. 61,736. PURCHASED EOUIPMENT PATIENTS ALAMEDA HOSPITAL FAIRMONT CAMPUS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR CENTRAL SUPPLY SERVICE - 15400 WHOLESALE PHARMACEUTICALS FOOTHILL BLVD - SAN LEANDRO, CA PRICE MEDICAL LOW-INCOME, UNINSURED 61,678, PURCHASED 94-3103136 501(C)(3) 0 SUPPLIES PATTENTS 94578 SUPPORT TO US CLINICS & CAMP CAREFREE HEALTH CENTERS FOR ESTIMATED 6340 OUADRANGLE DRIVE WHOLESALE LOW-INCOME, UNINSURED CHAPEL HILL, NC 27517 56-1479260 501(C)(3) 61,660, PRICE PHARMACEUTICALS PATIENTS 0. PHARMACEUTICALS SUPPORT TO US CLINICS & HYDE COUNTY HEALTH DEPARTMENT ESTIMATED MEDICAL HEALTH CENTERS FOR 1151 MAIN STREET WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED SWAN QUARTER, NC 27885 56-6000308 61 183. PRICE EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR THE GREAT PHYSICIAN'S PHARMACY CLINIC - 1914 E US HWY 70 -PRICE SUPPLIES. LOW-INCOME, UNINSURED 61 183 PURCHASED EOUIPMENT PATIENTS DURANT OK 74701 73-0768828 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR VOLUNTEERS IN MEDICINE 190 N PENNSYLVANTA AVE PRICE. SUPPLIES. LOW-INCOME, UNINSURED WILKES BARRE, PA 18702 20-3531527 501(C)(3) 0. 61 043 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PARTNERS FOR HEALING WHOLESALE MEDICAL HEALTH CENTERS FOR 109 W. BLACKWELL STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. TULLAHOMA, TN 37388 62-1834800 501(C)(3) 61 025 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(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
TAMPA FAMILY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PHARMACY/ADMINISTRATION - 1502					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
EAST FOWLER AVENUE - TAMPA, FL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
33612	59-2420282	501(C)(3)	0.	60,241.	PURCHASED	SUPPLIES,	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COWETA SAMARITAN CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
137 JACKSON STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
NEWNAN, GA 30263	80-0518912	501(C)(3)	0.	60,186.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FAYETTE CARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1260 HIGHWAY 54 W					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FAYETTEVILE, GA 30214	20-0314897	501(C)(3)	0.	60,062.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. LUKE'S FREE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
162 N. DEAN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SPARTANBURG, SC 29302	57-0943232	501(C)(3)	0.	59,987.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TRI CITY HEALTH PARTNERSHIP					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
318 WALNUT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ST. CHARLES, IL 60174	36-4475369	501(C)(3)	0.	59,642.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHEL FREE HEALTH CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
1650 CARROL DRIVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
BILOXI, MS 39531	26-1794984	501(C)(3)	0.	59,616.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROAD STREET CLINIC FOUNDATION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
534 NORTH 35TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	59,484.	PURCHASED	SUPPLIES,	PATIENTS
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CARING COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
200 DOCTORS DRIVE, STE L					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JACKSONVILLE, NC 28546	56-1705813	501(C)(3)	0.	59,381.	PURCHASED	EQUIPMENT	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LORAIN COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
5040 OBERLIN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LORAIN, OH 44053	34-1506180	501(C)(3)	0.	59 320	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED		SUPPORT TO US CLINICS &	
FLORIDA COMMUNITY HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
4450 SOUTH TIFFANY DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	0.	59,228.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
SINCLAIR HEALTH CLINIC PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
301 N. CAMERON STREET, STE. #100					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	59,136.	PURCHASED	SUPPLIES	PATIENTS	
						PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CHATHAM CARES COMMUNITY PHARMACY					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
127 EAST RALEIGH STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
SILVER CITY, NC 27344	41-2170926	501(C)(3)	0.	59,088.	PRICE	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
NEIGHBORHOOD MEDICAL CENTER, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
438 WEST BREVARD STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	0.	58,954.	PURCHASED	SUPPLIES	PATIENTS	
						PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ST. LUKE'S CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
132 SEYMOUR AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
JACKSON, MI 49202	32-0038675	501(C)(3)	0.	58,936.	PRICE	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
MEDLINK GEORGIA, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
11 CHARLIE MORRIS ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
COLBERT, GA 30628	58-1394645	501(C)(3)	0.	58,368.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
THUNDERMIST HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
450 CLINTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
WOONSOCKET, RI 02895	05-0355097	501(C)(3)	0.	57,937.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ROCK SPRINGS CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
211 ROCK SPRINGS ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
MILNER, GA 30257	26-4485460	501(C)(3)	0.	57,836.	PURCHASED	EQUIPMENT	PATIENTS	
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
NEOMED CENTER, INC. GURABO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
CARR. 941 SALIDA BO. JAGUAS					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
GURABO, PR 00778	66-0485440	501(C)(3)	0.	56,778.	PURCHASED	EQUIPMENT	PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
730 LACEY ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORKED RIVER, NJ 08731	27-3491473	501(C)(3)	0.	56,775.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CSUSM SCHOOL OF NURSING STUDENT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTHCARE PROJECT - 1249 E. OHIO					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - ESCONDIDO, CA 92027	80-0390564	501(C)(3)	0.	56,756.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOAB FREE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
380 N 500 W					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MOAB, UT 84532	26-2082745	501(C)(3)	0.	56,331.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE WAY FREE MEDICAL CLINIC, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
479 HOUSTON STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	56,189.	PRICE	EQUIPMENT	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
FOODBANK OF SANTA BARBARA COUNTY					WHOLESALE		HEALTH CENTERS FOR
4554 HOLLISTER AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	0.	56,125.	PURCHASED	SUPPLIES	PATIENTS
				,			SUPPORT TO US CLINICS &
HEALTH CARE NETWORK					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
500 WISCONSIN AVENUE #102					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
RACINE, WI 53403	42-1299913	501(C)(3)	0.	56,005.	PRICE	SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GARFIELD HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
701 S. ATLANTIC BLVD. #100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONTEREY PARK, CA 91754	76-0733752	501(C)(3)	0.	55.883.	PURCHASED	EQUIPMENT	PATIENTS
,				, -		PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALCORN STATE UNIVERSITY FAMILY					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CLINIC - 15 CAMPUS DRIVE -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
NATCHEZ, MS 39120	64-0538018	501(C)(3)	0.	55,766.		EQUIPMENT	PATIENTS
			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LIFELONG MEDICAL CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ADMINISTRATION - 2344 SIXTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- BERKELEY, CA 94710	94-2502308	501(C)(3)	0.	55 500	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & EASTERN CONNECTICUT HEALTH NETWORK ESTIMATED HEALTH CENTERS FOR 71 HAYNES ST. WHOLESALE LOW-INCOME, UNINSURED 55,485, PRICE MANCHESTER, CT 06040 22-2546080 501(C)(3) 0. PHARMACEUTICALS PATIENTS PLANNED PARENTHOOD SOUTHEAST, INC. SUPPORT TO US CLINICS & EAST ATLANTA VILLAGE HEALTH CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR - 440 MORELAND AVENUE SE -WHOLESALE MEDICAL LOW-INCOME UNINSURED ATLANTA, GA 30316 58-6045874 501(C)(3) 0 55,127, PRICE SUPPLIES PATTENTS SUPPORT TO US CLINICS & DRUID PARK COMMUNITY HEALTH CLINIC ESTIMATED HEALTH CENTERS FOR WHOLESALE 1018 DRUID PARK AVENUE LOW-INCOME UNINSURED AUGUSTA, GA 30903 58-2358627 501(C)(3) 0. 54,719, PRICE PHARMACEUTICALS PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE MEDICAL SOUTHEAST, INC. 16 W. LONG STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 54,686. PURCHASED COLUMBUS, OH 43215 31-0940189 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ASOCIACION DE HOSPITALES DE PUERTO RICO - 70 SANTA CRUZ - BAYAMON PR PRICE SUPPLIES LOW-INCOME, UNINSURED 53,864. PURCHASED EOUIPMENT PATIENTS 00959 66-0274483 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH NORTHWEST FLORIDA WHOLESALE OTHER HEALTH CENTERS FOR 2315 WEST JACKSON STREET PRICE MEDICAL LOW-INCOME, UNINSURED 59-3105246 501(C)(3) PENSACOLA FL 32505 53 849 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ABCLINIC FAMILY CARES INC. 1084 INDUSTRIAL PKWAY PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS SARALAND AL 36571 81-2703805 501(C)(3) 0. 53 100 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR THE HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED STATESBORO, GA 30458 26-4597700 501(C)(3) 0. 52 939 PURCHASED EOUIPMENT PATTENTS ACCESS HEALTH LOUISTANA ST ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CHARLES COMMUNITY HEALTH CENTER -WHOLESALE OTHER HEALTH CENTERS FOR PRICE MEDICAL LOW-INCOME, UNINSURED 843 MILLING AVENUE - LULING, LA 70070 47-0852944 501(C)(3) 0. 52 929 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED		SUPPORT TO US CLINICS &	
NAVAJO NATION CHINLE WILDCAT DEN					WHOLESALE	MEDICAL	HEALTH CENTERS FOR	
US HWY 191 AND ROUTE 7					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CHINLE, AZ 86503			0.	52,262.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
LEBANON VALLEY VOLUNTEERS IN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
MEDICINE - 711 SOUTH 8TH STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
LEBANON, PA 17042	26-3915958	501(C)(3)	0.	52,261.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
FINGER LAKES MIGRANT HEALTH CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
PROJECT, INC 14 MAIDEN LANE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
PENN YAN, NY 14527	16-1581104	501(C)(3)	0.	52,091.	PURCHASED	EQUIPMENT	PATIENTS	
						PHARMACEUTICALS	SUPPORT TO US CLINICS &	
REACH OUT MONTGOMERY COUNTY					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
25 E. FORAKER STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
DAYTON, OH 45409	31-1434282	501(C)(3)	0.	51,506.	PRICE	EQUIPMENT	PATIENTS	
				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &	
MERCY HOUSING NORTHWEST					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
6930 MARTIN LUTHER KING JR. WAY S					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	51,429.	PRICE	EQUIPMENT	PATIENTS	
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
UNICARE COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
437 NORTH EUCLID AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	51,177.	PURCHASED	EQUIPMENT	PATIENTS	
NATIVE AMERICAN HEALTH CENTER				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ADMINISTRATIVE OFFICES - 1151					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
HARBOR BAY PARKWAY, SUITE 203 -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
ALAMEDA, CA 94501	23-7135928	501(C)(3)	0.	51,091.	PURCHASED	EQUIPMENT	PATIENTS	
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
EL CENTRO DE CORAZON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
7037 CAPITOL STREET, STE. N100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
HOUSTON, TX 77011	76-0442781	501(C)(3)	0.	50.957.	PURCHASED	EQUIPMENT	PATIENTS	
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CENTRAL NEIGHBORHOOD HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR	
FOUNDATION - 2707 SOUTH CENTRAL					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
AVENUE - LOS ANGELES, CA 90011	75-2986675	501(C)(3)	0.	50.924.	PURCHASED	EQUIPMENT	PATIENTS	
				,-=-•				

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS REGENCE HEALTH NETWORK HOMELESS WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 723 N. TAYLOR STREET. PRICE SUPPLIES LOW-INCOME, UNINSURED 50,881. PURCHASED SUITE B - AMARILLO, TX 79107 75-1414940 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & PHARMACEUTICALS ATCHISON COMMUNITY HEALTH CLINIC. ESTIMATED MEDICAL HEALTH CENTERS FOR INC. - 1412 N 2ND STREET -WHOLESALE SUPPLIES LOW-INCOME UNINSURED ATCHISON, KS 66002 26-4049382 501(C)(3) 0 50,777. PRICE EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS COMMUNITY MEDICINE PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 1131 SALUDA STREET PRICE SUPPLIES LOW-INCOME UNINSURED 57-0891008 501(C)(3) ROCK HILL, SC 29730 0. 50,399. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GAIN, INC GREATER ACCESS TO THOSE WHOLESALE IN NEED - 712 W 3RD STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 71-0763418 501(C)(3) 0 50,251, PURCHASED EOUTPMENT PATTENTS LITTLE ROCK, AR 72201 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CENTROMED SOUTH PARK CLINIC PHARMACY - 6315 SOUTH ZARZAMORA -PRICE SUPPLIES LOW-INCOME, UNINSURED 74-1787031 501(C)(3) 50,220. PURCHASED EQUIPMENT PATIENTS SAN ANTONIO, TX 78211 0. ESTIMATED SUPPORT TO US CLINICS & LIFECARE FAMILY HEALTH AND DENTAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 2725 LINCOLN STREET EAST PRICE MEDICAL LOW-INCOME, UNINSURED 49,755. PURCHASED - CANTON OH 44707 34-1708901 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR THE BERKELEY FREE CLINIC 2339 DURANT AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS BERKELEY CA 94704 94-1697002 501(C)(3) 0. 49 518 PURCHASED AIDS PROJECT LOS ANGELES, INC. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR APLA HEALTH & WELLNESS - 3743 SOUTH LA BREA AVENUE - LOS PRICE. SUPPLIES. LOW-INCOME, UNINSURED ANGELES, CA 90016 95-3842506 501(C)(3) 0. 49 464 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH SERVICE AGENCY WHOLESALE MEDICAL HEALTH CENTERS FOR 4500 WESLEY STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. GREENVILLE, TX 75401 75-1528614 501(C)(3) 48 970 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & DELAWARE DIVISION OF PUBLIC HEALTH STATE HEALTH OPERATIONS CENTER -ESTIMATED HEALTH CENTERS FOR WHOLESALE MEDICAL LOW-INCOME, UNINSURED 1575 MCKEE RD, STE 6 - DOVER, DE 19904 66-0000000 0. 48,750, PRICE SUPPLIES PATIENTS SUPPORT TO US CLINICS & AMERICAN ADDICTION INSTITUTE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 1533 EAST 4TH STREET WHOLESALE MEDICAL LOW-INCOME UNINSURED SANTA ANA, CA 92701 81-3640732 501(C)(3) 0 48,563, PRICE SUPPLIES PATTENTS ADA CAMP NEEDLEPOINT AND DAYPOINT SUPPORT TO US CLINICS & AMERICAN DIABETES ASSOCIATION -MEDICAL HEALTH CENTERS FOR ESTIMATED WHOLESALE ADA, 8000 WEST 78TH ST, SUITE 175 SUPPLIES LOW-INCOME UNINSURED - EDINA, MN 55439 13-1623888 501(C)(3) 0. 48,482, PRICE EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GRACE COMMUNITY HEALTH CENTER WHOLESALE 1019 CUMBERLAND FALLS HWY PRICE SUPPLIES LOW-INCOME, UNINSURED 48,348. PURCHASED 26-1779437 501(C)(3) 0 EOUIPMENT PATTENTS CORBIN, KY 40701 ESTIMATED SUPPORT TO US CLINICS & SOUTHERN TRINITY HEALTH CARE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS SERVICES - 321 VAN DUZEN ROAD -PRICE MEDICAL LOW-INCOME, UNINSURED 94-2507342 501(C)(3) 48 199 PURCHASED SUPPLIES PATIENTS MAD RIVER, CA 95526 0. ESTIMATED SUPPORT TO US CLINICS & CORE RESPONSE WHOLESALE HEALTH CENTERS FOR 6464 SUNSET BLVD PRICE MEDICAL LOW-INCOME, UNINSURED LOS ANGELES, CA 90028 27-1703237 501(C)(3) 48 079 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR ETOWAH BAPTIST CHARITY PHARMACY PHARMACEUTICALS 18901 E. ETOWAH ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 73-1637078 501(C)(3) 48 024 PURCHASED SUPPLIES PATIENTS NOBLE OK 73068 0. PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED MEDICAL HEALTH CENTERS FOR PACE COMMUNITY ACTION AGENCY, INC. WHOLESALE HEALTH CONNECTION - 525 N. 4TH SUPPLIES. LOW-INCOME, UNINSURED 47,372. PRICE STREET - VINCENNES, IN 47591 35-1120537 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OUTREACH COMMUNITY HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR 711 W. CAPITOL DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES. MILWAUKEE, WI 53206 39-1353282 501(C)(3) 46 443 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & NORTHWEST COMMUNITY HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 320 E. SECOND STREET PRICE MEDICAL LOW-INCOME, UNINSURED 46,189. PURCHASED SUPPLIES LIBBY, MT 59923 81-0542127 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEALTH AND HOPE CLINIC, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 1718 EAST OLIVE ROAD PRICE SUPPLIES LOW-INCOME UNINSURED PENSACOLA, FL 32514 26-4336638 501(C)(3) 0 46 151 PURCHASED EOUTPMENT PATTENTS CAPITOL CITY FAMILY HEALTH CENTER ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & DBA CARESOUTH MEDICAL & DENTAL -WHOLESALE OTHER HEALTH CENTERS FOR MEDICAL 3140 FLORIDA STREET - BATON ROUGE PRICE LOW-INCOME UNINSURED LA 70806 72-1395500 501(C)(3) 0. 46,080. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR SOUTHWEST VIRGINIA COMMUNITY WHOLESALE HEALTH SYSTEMS - 319 FIFTH AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED - SALTVILLE, VA 24370-0729 45,772. PURCHASED 54-2046110 501(C)(3) 0 EOUTPMENT PATTENTS COMMUNITY HEALTH CENTERS OF ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PINELLAS INC. - JOHNNIE RUTH CLARK WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER ADMINISTRA - 1344 22ND ST. PRICE SUPPLIES LOW-INCOME, UNINSURED SOUTH - ST. PETERSBURG, FL 33712 59-2097521 501(C)(3) 45,616. PURCHASED EOUIPMENT PATIENTS 0. PHARMACEUTICALS SUPPORT TO US CLINICS & HANDS OF HOPE MEDICAL CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR 320 WEST MAPLE STREET WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 27-5569145 501(C)(3) 44 953. PRICE EOUIPMENT PATTENTS YADKINVILLE NC 27055 0. COUNTY OF SANTA CRUZ HOMELESS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PERSONS HEALTH PROJECT - 115A CORAL STREET - SANTA CRUZ, CA PRICE SUPPLIES. LOW-INCOME, UNINSURED 44 679 PURCHASED EOUIPMENT PATIENTS 95060 94-6000534 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEND MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 10641 N SAN FERNANDO RD PRICE. SUPPLIES. LOW-INCOME, UNINSURED PACOIMA CA 91331 23-7306337 501(C)(3) 0. 44 628 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & JWCH INSTITUTE, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 5650 JILLSON STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. COMMERCE, CA 90040 95-2289916 501(C)(3) 0. 44 616 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEART OF KANSAS FAMILY HEALTHCARE WHOLESALE MEDICAL HEALTH CENTERS FOR INC - 1905 19TH STREET - GREAT PRICE SUPPLIES LOW-INCOME, UNINSURED 44,426. PURCHASED 48-1165405 501(C)(3) 0. EOUIPMENT PATIENTS BEND, KS 67530 SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS FIRST CHOICE PRIMARY CARE WHOLESALE OTHER HEALTH CENTERS FOR 400 POPLAR STREET PRICE MEDICAL LOW-INCOME UNINSURED MACON, GA 31201 20-4391090 501(C)(3) 0 44,415. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TRUECARE WHOLESALE MEDICAL HEALTH CENTERS FOR 150 VALPREDA ROAD PRICE SUPPLIES LOW-INCOME UNINSURED SAN MARCOS, CA 92069 95-2847102 501(C)(3) 0. 44,400. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CHIPPEWA VALLEY FREE CLINIC WHOLESALE 1030 OAK RIDGE DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED EAU CLAIRE, WI 54701 39-1840231 501(C)(3) 0 43,767. PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE NIGHT MINISTRY WHOLESALE MEDICAL HEALTH CENTERS FOR 1735 N. ASHLAND PRICE SUPPLIES LOW-INCOME, UNINSURED 36-3145764 501(C)(3) 43,437. PURCHASED EOUIPMENT PATIENTS CHICAGO, IL 60622 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LUKE'S HOUSE A CLINIC FOR HEALING WHOLESALE MEDICAL HEALTH CENTERS FOR AND HOPE - 2222 SIMON BOLIVAR PRICE SUPPLIES LOW-INCOME, UNINSURED 26-0332262 501(C)(3) 43 395 PURCHASED EOUIPMENT PATTENTS AVENUE - NEW ORLEANS LA 70113 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTH MISSISSIPPI PRIMARY HEALTH CARE INC. - 15921 BOUNDARY DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 43 283 PURCHASED EOUIPMENT PATIENTS ASHLAND MS 38603 64-0686443 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HENDERSON BEHAVIORAL HEALTH HILL PROGRAM - 4700 NORTH STATE ROAD 7 PRICE. MEDICAL LOW-INCOME, UNINSURED - LAUDERDALE LAKES, FL 33319 59-0711167 501(C)(3) 0. 43 209 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD NEIGHBOR HOUSE WHOLESALE MEDICAL HEALTH CENTERS FOR 627 EAST 1ST STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. DAYTON OH 45402 31-1374154 501(C)(3) 43 126 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTROS INTEGRADOS DE SERVICIOS DE WHOLESALE MEDICAL HEALTH CENTERS FOR SALUD - LARES - CARRETERA 111 KM PRICE LOW-INCOME, UNINSURED SUPPLIES 42,908, PURCHASED 33.2 - LARES, PR 00669 66-0426506 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS SACRED HEART COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 620 ROUND ROCK WEST DR. BLD #8 PRICE SUPPLIES LOW-INCOME UNINSURED ROUND ROCK, TX 78681 27-2901548 501(C)(3) 0 42,525. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & MOVN COMMUNITY DEVELOPMENT CORP WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS NOELA CHC - 13085 CHEF MENTEUR PRICE MEDICAL LOW-INCOME UNINSURED 20-4929600 501(C)(3) HIGHWAY - NEW ORLEANS, LA 70129 0. 42,430. PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HARMONY HEALTH CLINIC VOLUNTEERS ESTIMATED IN MEDICINE - 201 EAST ROOSEVELT WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 42,405. PRICE ROAD - LITTLE ROCK, AR 72206 20-5691313 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BARRIER ISLANDS FREE MEDICAL WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 3226 MAYBANK HIGHWAY, #C PRICE SUPPLIES LOW-INCOME, UNINSURED - JOHNS ISLAND, SC 29455 20-5628911 501(C)(3) 42 384 PURCHASED PATIENTS 0. EOUIPMENT PHARMACEUTICALS FAMILY HEALTH CARE CENTERS OF ESTIMATED SUPPORT TO US CLINICS & GREATER LOS ANGELES BELL GARDENS WHOLESALE MEDICAL HEALTH CENTERS FOR FAMILY MEDICAL CE - 6501 SOUTH PRICE SUPPLIES LOW-INCOME, UNINSURED 41,826. PURCHASED GARFIELD AVENUE - BELL GARDENS CA 95-1641454 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR SUNRISE COMMUNITY HEALTH MONFORT FAMILY CLINIC - 2930 11TH AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS EVANS CO 80620 84-0613289 501(C)(3) 0. 41 628 PURCHASED ESTIMATED SUPPORT TO US CLINICS & WHOLE FAMILY HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 981 37TH PLACE PRICE. MEDICAL LOW-INCOME, UNINSURED VERO BEACH, FL 32960 65-0715258 501(C)(3) 0. 41 566 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & VIA CARE COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 615 S. ATLANTIC BLVD. PRICE LOW-INCOME, UNINSURED SUPPLIES. LOS ANGELES, CA 90022 80-0699156 501(C)(3) 41 157 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS NORTHWEST HEALTH SERVICES, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 2303 VILLAGE DRIVE PRICE SUPPLIES. LOW-INCOME, UNINSURED 41,091. PURCHASED ST. JOSEPH, MO 64506 43-1323669 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HAWAII H.O.M.E. PROJECT WHOLESALE MEDICAL HEALTH CENTERS FOR 651 TLALO STREET PRICE SUPPLIES LOW-INCOME UNINSURED HONOLULU, HI 96813 99-0085260 501(C)(3) 0 41 018 PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WATERMAN COMMUNITY CLINIC FLORIDA WHOLESALE MEDICAL HEALTH CENTERS FOR HOSPITAL - 2300 KURT STREET -PRICE SUPPLIES LOW-INCOME UNINSURED EUSTIS, FL 32726 59-3140669 501(C)(3) 0. 40,761, PURCHASED EOUIPMENT PATTENTS COMMUNITY HEALTH ASSN. OF SPOKANE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CHAS ADMINISTRATION OFFICE - 611 N WHOLESALE IRON BRIDGE WAY - SPOKANE, WA PRICE SUPPLIES LOW-INCOME, UNINSURED 40,584. PURCHASED 99202 91-1641797 501(C)(3) 0 EOUTPMENT PATTENTS COMMUNITY CLINIC OF SHELBYVILLE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & AND BEDFORD COUNTY - 200 DOVER WHOLESALE MEDICAL HEALTH CENTERS FOR STREET, SUITE 202 - SHELBYVILLE, PRICE SUPPLIES. LOW-INCOME, UNINSURED TN 37160 34-1974609 501(C)(3) 40,579. PURCHASED EQUIPMENT PATIENTS 0. SUPPORT TO US CLINICS & APT FOUNDATION ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 1 LONG WHARF DRIVE WHOLESALE MEDICAL LOW-INCOME, UNINSURED NEW HAVEN, CT 06511 23-7061218 501(C)(3) 40,520. PRICE SUPPLIES PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR OPEN AID ALLIANCE ESTIMATED PHARMACEUTICALS 1500 WEST BROADWAY SUITE A WHOLESALE MEDICAL LOW-INCOME, UNINSURED 36-3652244 501(C)(3) SUPPLIES PATIENTS MISSOULA MT 59808 0. 40 450 PRICE UNION COUNTY DEPARTMENT OF HUMAN SUPPORT TO US CLINICS & SERVICES DIVISION OF PUBLIC HEALTH ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE - 2330 CONCORD AVENUE - MONROE, NC MEDICAL LOW-INCOME, UNINSURED 40,189. PRICE 28110 56-6000345 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SAMARITAN CLINIC OF WEST WHOLESALE MEDICAL HEALTH CENTERS FOR VOLUSIA COUNTY - 136 EAST PLYMOUTH PRICE LOW-INCOME, UNINSURED SUPPLIES. AVENUE - DELAND, FL 32724 30-0408193 501(C)(3) 0. 39 985 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & UNION GOSPEL MISSION CLINIC ESTIMATED HEALTH CENTERS FOR 1300 NORTH 1ST STREET WHOLESALE LOW-INCOME, UNINSURED 39,970, PRICE YAKIMA, WA 98901 23-7050061 501(C)(3) 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE PIEDMONT HEALTH SERVICES PHARMACEUTICALS HEALTH CENTERS FOR 299 LLOYD STREET PRICE MEDICAL LOW-INCOME UNINSURED CARRBORO, NC 27510 56-0952737 501(C)(3) 0 39,947. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ROANE COUNTY FAMILY HEALTH CARE WHOLESALE MEDICAL HEALTH CENTERS FOR 146 WILLIAMS DRIVE PRICE SUPPLIES LOW-INCOME UNINSURED 55-0627933 501(C)(3) SPENCER, WV 25276 0. 39,721. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CITY ON A HILL HEALTH CLINIC WHOLESALE 100 S. PINE STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 39,617. PURCHASED ZEELAND, MI 49464 20-3901260 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY HEALTHWORX 1543 MCGINNIS STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 72-1444312 501(C)(3) ALEXANDRIA, LA 71301 39,603, PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COASTAL COMMUNITY HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR INC. - 106 SHOPPERS WAY, STE. 1 -PRICE SUPPLIES LOW-INCOME, UNINSURED 39,545. PURCHASED BRUNSWICK GA 31525 46-1859206 501(C)(3) EOUIPMENT PATTENTS 0. PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR SOUTH CENTRAL PRIMARY CARE CENTER ESTIMATED 406 WEST 5TH STREET WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 58-2019024 501(C)(3) 39,484. PRICE EOUIPMENT PATIENTS OCILLA GA 31774 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR COMMUNITY HEALTH CARE SYSTEMS OTHER ADMINISTRATION - 116 SMITH STREET PRICE. MEDICAL LOW-INCOME, UNINSURED - TENNILLE, GA 31089 58-2001101 501(C)(3) 0. 39 365, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTRO MEDICO COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1303 W SIXTH STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. CORONA, CA 92882 33-0986880 501(C)(3) 39 227 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & MAMMOTH HOSPITAL PHARMACY WHOLESALE HEALTH CENTERS FOR 85 SIERRA PARK ROAD PRICE PHARMACEUTICALS LOW-INCOME, UNINSURED 39,053. PURCHASED MAMMOTH LAKES, CA 93546 20-2601653 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & TAYLORS FREE MEDICAL CLINIC ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 400 W. MAIN STREET WHOLESALE MEDICAL LOW-INCOME UNINSURED TAYLORS, SC 29687 20-1715911 501(C)(3) 0 38,948, PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BLAND COUNTY MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 12301 GRAPEFIELD ROAD PRICE SUPPLIES LOW-INCOME UNINSURED BASTIAN, VA 24314 54-1074890 501(C)(3) 0. 38,917, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ST LUKE COMMUNITY CLINIC WHOLESALE 316 N ROYAL AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 38,748. PURCHASED FRONT ROYAL, VA 22630 54-1801220 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WELLSPACE HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 5321 STOCKTON BLVD PRICE SUPPLIES. LOW-INCOME, UNINSURED 94-1713704 501(C)(3) 38,738, PURCHASED EQUIPMENT PATIENTS SACRAMENTO, CA 95820 0. NORTH EAST COMMUNITY ACTION SUPPORT TO US CLINICS & CORPORATION FAMILY PLANNING CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR - 16 NORTH COURT STREET - BOWLING WHOLESALE MEDICAL LOW-INCOME, UNINSURED 38,616, PRICE 43-1017571 501(C)(3) SUPPLIES PATTENTS GREEN MO 63334 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR EAST TEXAS COMMUNITY HEALTH SERVICES - 1401 S. UNIVERSITY PRICE SUPPLIES. LOW-INCOME, UNINSURED 38 582 PURCHASED EOUIPMENT PATIENTS DRIVE - NACOGDOCHES TX 75963 75-2184369 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SLO NOOR FREE MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1428 PHILLIPS LAND, SUITE B-4 PRICE. SUPPLIES. LOW-INCOME, UNINSURED SAN LUIS OBISPO, CA 93401 27-1412176 501(C)(3) 0. 38 553, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GET UP PROJECT DBA HOPE MEDICAL WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 12221 RENFERT WAY, SUITE PRICE LOW-INCOME, UNINSURED SUPPLIES. 200 - AUSTIN, TX 78758 45-4931906 501(C)(3) 38 543 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
TANDEM HEALTH SC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
1278 N. LAFAYETTE DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
SUMTER, SC 29150	57-1095992	501(C)(3)	0.	38,086.	PURCHASED	SUPPLIES,	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
SAN DIEGO FAMILY CARE LINDA VISTA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
HEALTH CARE CENTER - 6973 LINDA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
VISTA ROAD - SAN DIEGO, CA 92111	95-2700856	501(C)(3)	0.	38,009.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
MISSION POSSIBLE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
63 S. BROADWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
AURORA, IL 60505	45-2501982	501(C)(3)	0.	37,941.	PURCHASED	EQUIPMENT	PATIENTS	
COMMUNITY ACTION COMMITTEE OF PIKE					ESTIMATED		SUPPORT TO US CLINICS &	
COUNTY VALLEY VIEW HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
- 227 VALLEY VIEW DRIVE - WAVERLY,					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
ОН 45690	31-0718042	501(C)(3)	0.	37,830.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
FAMILY HEALTHCARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
301 NORTHERN PACIFIC AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
FARGO, ND 58102	45-0430628	501(C)(3)	0.	37,591.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
LONE STAR COMMUNITY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
605 S. CONROE MEDICAL DR.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
CONROE, TX 77304	30-0038860	501(C)(3)	0.	37,542.	PURCHASED	SUPPLIES,	PATIENTS	
						PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CORPUS CHRISTI METRO MINISTRIES					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
1919 LEOPARD STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
CORPUS CHRISTI, TX 78408	74-2642761	501(C)(3)	0.	36,297.	PRICE	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
ALBRECHT FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
908 WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
WEST BEND, WI 53095	39-1839654	501(C)(3)	0.	36,136.	PURCHASED	SUPPLIES	PATIENTS	
				-	ESTIMATED		SUPPORT TO US CLINICS &	
LACKEY CLINIC PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
1620 OLD WILLIAMSBURG ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
YORKTOWN, VA 23690	54-1850915	501(C)(3)	0.	36,080.	PURCHASED	SUPPLIES	PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS POINT WASHINGTON MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1290 N. CO. HWY 395 PRICE. SUPPLIES. LOW-INCOME, UNINSURED 36,077. PURCHASED SANTA ROSA BEACH, FL 32459 83-1125021 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & VERNON J. HARRIS EAST END CHC DBA ESTIMATED PHARMACEUTICALS CAPITAL AREA HEALTH NETWORK - 2025 WHOLESALE MEDICAL HEALTH CENTERS FOR E. MAIN STREET - RICHMOND VA PRICE SUPPLIES LOW-INCOME UNINSURED 23223 54-1884190 501(C)(3) 0 36,047. PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & ST. KOLBE-PUCKETT CENTER FOR ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR HEALING INC - 210 N 7TH STREET -WHOLESALE MEDICAL LOW-INCOME UNINSURED ST. JOSEPH, MO 64501 82-2433712 501(C)(3) 0. 36,013, PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR COMMUNITY CARE CLINIC WHOLESALE 141 HEALTH CENTER DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED BOONE, NC 28607 35,965. PURCHASED 20-8607858 501(C)(3) 0 EOUIPMENT PATTENTS SUPPORT TO US CLINICS & RHODE ISLAND DISASTER MEDICAL PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED ASSISTANCE TEAM, INC. - 50 BARNETT WHOLESALE MEDICAL LOW-INCOME, UNINSURED LANE - WEST GREENWICH, RI 02817 05-0507364 501(C)(3) 35,918, PRICE SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY CONNECTIONS FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 101 E FOUNTAIN STREET PRICE SUPPLIES LOW-INCOME, UNINSURED DODGEVILLE WI 53533 72-1619112 501(C)(3) 35 763 PURCHASED EOUIPMENT PATTENTS 0. BRAZOS VALLEY COMMUNITY ACTION ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR AGENCY INC. - 1500 UNIVERSITY PHARMACEUTICALS DRIVE EAST - COLLEGE STATION, TX PRICE MEDICAL LOW-INCOME, UNINSURED 35 176 PURCHASED SUPPLIES PATIENTS 77840 74-1715140 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & CARDIOLOGY INSTITUTE WHOLESALE HEALTH CENTERS FOR 1051 GAUSE BLVD STE. 320 PRICE. MEDICAL LOW-INCOME, UNINSURED SLIDELL, LA 70458 0. 35 028 PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & ST. JUDE CHIDREN'S RESEARCH ESTIMATED HEALTH CENTERS FOR WHOLESALE HOSPITAL - 262 DANNY THOMAS PLACE MEDICAL LOW-INCOME, UNINSURED - MEMPHIS, TN 38105 62-0646012 501(C)(3) 0. 35 000. PRICE SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & BATON ROUGE PRIMARY CARE ESTIMATED PHARMACEUTICALS COLLABORATIVE JEWEL NEWMAN WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY CENTER - 2013 CENTRAL PRICE SUPPLIES. LOW-INCOME, UNINSURED 34,953. PURCHASED ROAD, SUITE B - BATON ROUGE, LA 41-2114148 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS MEDICAL ASSOCIATES PLUS WHOLESALE MEDICAL HEALTH CENTERS FOR 2467 GOLDEN CAMP ROAD PRICE SUPPLIES LOW-INCOME UNINSURED AUGUSTA, GA 30906 31-1591242 501(C)(3) 0 34,929. PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & MEDICAL MISSIONS FOR CHRIST CLINIC HEALTH CENTERS FOR ESTIMATED PHARMACEUTICALS WHOLESALE 1974 N. BUSINESS RTE 5 MEDICAL LOW-INCOME UNINSURED CAMDENTON, MO 65020 20-3637019 501(C)(3) 0. 34,847. PRICE SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MUSI IN COMMUNITY CENTER FOR HUMAN ESTIMATED SERVICES - 7600 GLENVIEW DRIVE -WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 34,775. PRICE RICHLAND HILLS, TX 76180-8341 75-2580088 501(C)(3) 0 EOUTPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & GREATER TEXOMA HEALTH CLINIC MEDICAL HEALTH CENTERS FOR ESTIMATED 900 N. ARMSTRONG WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 81-0584983 501(C)(3) 34,459, PRICE EQUIPMENT PATIENTS DENISON, TX 75020 0. SUPPORT TO US CLINICS & LAKELAND VOLUNTEERS IN MEDICINE ESTIMATED HEALTH CENTERS FOR 600 W PEACHTREE ST WHOLESALE LOW-INCOME, UNINSURED 34,300, PRICE LAKELAND FL 33815 52-2351630 501(C)(3) PHARMACEUTICALS PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR CONCILIO DE SALUD INTEGRAL DE OTHER LOIZA - CARR. 187, INTERSECCION PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS 188 - LOIZA PR 00772 23-7259899 501(C)(3) 0. 34 212 PURCHASED SUPPLIES ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ALTAMED HEALTH SERVICES CORPORATION - 2040 CAMPTELD AVENUE PRICE. SUPPLIES. LOW-INCOME, UNINSURED - LOS ANGELES, CA 90040 95-2810095 501(C)(3) 0. 34 169 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY CARE CLINIC OF ROWAN WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 315G MOCKSVILLE AVENUE -PRICE LOW-INCOME, UNINSURED SUPPLIES. SALISBURY, NC 28144 56-1964773 501(C)(3) 34 008 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS LAWTON COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 5404 SW LEE BOULEVARD PRICE SUPPLIES. LOW-INCOME, UNINSURED 33,897. PURCHASED LAWTON, OK 73505 26-0187688 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS GOOD SAMARITAN PHARMACY AND HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR SERVICES INC. - 2502 NO. TAMIAMI PRICE SUPPLIES LOW-INCOME UNINSURED TRAIL - NOKOMIS, FL 34275 26-2295558 501(C)(3) 0 33,800. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS HOMELESS HEALTH CARE CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR CHATTANOOGA - 730 EAST 11TH STREET PRICE SUPPLIES LOW-INCOME UNINSURED - CHATTANOOGA, TN 37403 62-6000636 0. 33,722, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MERCY MEDICAL CLINIC WHOLESALE 300 ARLINGTON DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 33,484. PURCHASED VIDALIA, GA 30474 27-1107136 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BETANCES HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 280 HENRY STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 13-2697725 501(C)(3) 33,447. PURCHASED EQUIPMENT PATIENTS NEW YORK, NY 10002-4618 0. SUNY DOWNSTATE HEALTH SCIENCES ESTIMATED SUPPORT TO US CLINICS & UNIVERSITY HOSPITAL OF BROOKLYN -WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 445 LENOX ROAD - BROOKLYN, NY PRICE MEDICAL LOW-INCOME, UNINSURED 33,412. PURCHASED 11-2418771 501(C)(3) SUPPLIES PATTENTS 11203 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GHCAA DBA CAPNCM WOMEN'S HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR SERVICES - 1506 OKLAHOMA AVENUE -PRICE SUPPLIES. LOW-INCOME, UNINSURED 33 332 PURCHASED EOUIPMENT PATIENTS TRENTON MO 64683 43-0828205 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH PROMED FOUNDATION WHOLESALE MEDICAL HEALTH CENTERS FOR AVE. BORINQUEN #2020 PRICE. SUPPLIES. LOW-INCOME, UNINSURED 33,328. PURCHASED SANTURCE, PR 00915 66-0437924 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ERIC B. CHANDLER HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 277 GEORGE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. NEW BRUNSWICK, NJ 08901 22-3273811 501(C)(3) 33 325 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & FEMHEALTH USA INC DBA CARAFEM ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 1001 CONNECTICUT AVENUE NW WHOLESALE MEDICAL LOW-INCOME, UNINSURED 33,262, PRICE SUPPLIES WASHINGTON, DC 20036 46-4144274 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & VOLUNTEERS IN MEDICINE SAN PHARMACEUTICALS FRANCISCO DBA CLINIC BY THE BAY -ESTIMATED MEDICAL HEALTH CENTERS FOR 4877 MISSION STREET - SAN WHOLESALE SUPPLIES LOW-INCOME UNINSURED FRANCISCO, CA 94112 26-2593712 501(C)(3) 0 32,905, PRICE EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HIS BRANCHES, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 340 ARNETT BLVD. PRICE SUPPLIES LOW-INCOME UNINSURED ROCHESTER, NY 14619 23-7060337 501(C)(3) 0. 32,898, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR THE BREVARD HEALTH ALLIANCE INC. WHOLESALE 2120 SARNO ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED MELBOURNE, FL 32935 90-0068515 501(C)(3) 0 32,580. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PORTLAND COMMUNITY HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 180 PARK AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 45-4960453 501(C)(3) 32,555. PURCHASED SUPPLIES PATIENTS PORTLAND, ME 04102 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SOUTH OF MARKET HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 229 7TH STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED SAN FRANCISCO, CA 94103 23-7304921 501(C)(3) 32 390 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD PRICE SUPPLIES. LOW-INCOME, UNINSURED 32 361 PURCHASED EOUIPMENT PATIENTS FRANKLIN IN 46131 35-1449379 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE INSTITUTE FOR FAMILY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 2006 MADISON AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED NEW YORK, NY 10035 13-3273402 501(C)(3) 0. 32 122 PURCHASED EOUIPMENT PATTENTS UTAH PARTNERS FOR HEALTH DBA PHARMACEUTICALS SUPPORT TO US CLINICS & MID-VALLEY HEALTH CLINIC - 8446 ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE SOUTH HARRISON STREET - MIDVALE LOW-INCOME, UNINSURED SUPPLIES. UT 84047 27-0021804 501(C)(3) 0. 32 092. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS CHRISTIAN HEALTH CENTER INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 1115 FAIRVIEW ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 31,652. PURCHASED CAMDEN, AR 71701 71-0804142 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & CAMP WANNAKLOT HEMOPHILIA OF ESTIMATED HEALTH CENTERS FOR GEORGIA - 8800 ROSWELL ROAD -WHOLESALE LOW-INCOME UNINSURED ATLANTA, GA 30350 58-1175625 501(C)(3) 0 31,613, PRICE PHARMACEUTICALS PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS NEW HOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 201 WEST BOILING SPRING ROAD PRICE SUPPLIES LOW-INCOME UNINSURED SOUTHPORT, NC 28461 31-1614379 501(C)(3) 0. 31,579. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR NORTH EAST MEDICAL SERVICES WHOLESALE MEDICAL 1520 STOCKTON STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 31,545. PURCHASED 94-1722562 501(C)(3) 0 EOUTPMENT PATTENTS SAN FRANCISCO, CA 94133 PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MARTIN-TYRRELL-WASHINGTON DISTRICT ESTIMATED HEALTH - 198 NC HWY 45 N -WHOLESALE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS PLYMOUTH, NC 27962 56-1066387 0. 31,460. PRICE PHARMACEUTICALS SUPPORT TO US CLINICS & LAKE COUNTY PRIMARY CARE ESTIMATED MEDICAL HEALTH CENTERS FOR 710 CARL PARKINS PARKWAY WHOLESALE SUPPLIES LOW-INCOME, UNINSURED TIPTONVILLE TN 38079 62-1026947 501(C)(3) EOUIPMENT PATTENTS 0. 31,395. PRICE SUPPORT TO US CLINICS & HEALTH CENTERS FOR JDRF FAMILY DIABETES CAMP AT CAMP ESTIMATED MEDICAL WAR EAGLE - 14323 CAMP WAR EAGLE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS ROAD - ROGERS AR 72756 23-1907729 501(C)(3) 0. 31 380 PRICE SUPPORT TO US CLINICS & FREE CLINIC OF ROME PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED 3 PROFESSIONAL COURT SW WHOLESALE MEDICAL LOW-INCOME, UNINSURED ROME GA 30165 20-5296305 501(C)(3) 0. 31 376. PRICE SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & MONTANA MIGRANT COUNCIL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE MEDICAL LOW-INCOME, UNINSURED 3318 THIRD AVENUE N. STE. 200 BILLINGS, MT 59101 81-0350430 501(C)(3) 30 915 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PORTLAND NEEDLE EXCHANGE PROGRAM WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 103 INDIA STREET PRICE MEDICAL LOW-INCOME, UNINSURED 30,663. PURCHASED PORTLAND, ME 04101 01-6000032 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS THE COMMUNITY FREE CLINIC OF WHOLESALE OTHER HEALTH CENTERS FOR NEWPORT NEWS PHARMACY - 727 25TH PRICE MEDICAL LOW-INCOME UNINSURED STREET - NEWPORT NEWS, VA 23607 27-3510814 501(C)(3) 0 30,619. PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS HIGHLAND MEDICAL CENTER PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 120 JACKSON RIVER ROAD PRICE SUPPLIES LOW-INCOME UNINSURED MONTEREY, VA 24465 54-1652356 501(C)(3) 0. 30,588, PURCHASED EOUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HELPING HANDS FREE MEDICAL CLINIC WHOLESALE 230 SOUTH MAIN STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 32-0378680 501(C)(3) 0 30,397. PURCHASED EOUTPMENT PATTENTS MULLINS, SC 29574 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR FREE CLINIC OF SOUTHWEST WASHINGTON - 4100 PLOMONDON STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 91-1707542 501(C)(3) 30 180 PURCHASED EQUIPMENT PATIENTS - VANCOUVER, WA 98661 0. SUPPORT TO US CLINICS & ST. ANDREW COMMUNITY MEDICAL ESTIMATED HEALTH CENTERS FOR CENTER - 3101-B WEST HIGHWAY 98 -WHOLESALE LOW-INCOME, UNINSURED PANAMA CITY FL 32401 32-0103234 501(C)(3) 30,138, PRICE PHARMACEUTICALS PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR PARTNERS HEALTHCARE MEDICAL 399 REVOLUTION DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS SOMERVILLE MA 01245 04-3230035 501(C)(3) 0. 29 955 PURCHASED COMMUNITY HEALTH CARE, INC. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EDGERTON WOMEN'S HEALTH CENTER -WHOLESALE MEDICAL HEALTH CENTERS FOR 1510 EAST RUSHOLME STREET -PRICE. SUPPLIES LOW-INCOME, UNINSURED DAVENPORT, IA 52803 42-1060724 501(C)(3) 0. 29 697, PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & PUERTO RICO STATE GUARD NATIONAL MEDICAL HEALTH CENTERS FOR GUARD - 100 GEN ESTEVES ST. PDA 3 PURCHASED SUPPLIES. LOW-INCOME, UNINSURED 1/2 - SAN JUAN, PR 00902 66-0436453 29 320. PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS SALINA FAMILY HEALTHCARE CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 651 E. PRESCOTT ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 29,020. PURCHASED SALINA, KS 67401 48-0858197 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE COMMUNITY HEALTH CENTER OF CENTRAL PHARMACEUTICALS HEALTH CENTERS FOR WYOMING - 5000 BLACKMORE ROAD -PRICE MEDICAL LOW-INCOME UNINSURED CASPER, WY 82609 83-0326307 501(C)(3) 0 29,005. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINIC WITH A HEART, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 1701 S. 17TH STREET, SUITE 4G PRICE SUPPLIES LOW-INCOME UNINSURED LINCOLN, NE 68502 20-2850139 501(C)(3) 0. 28,929. PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HELPING HANDS OF TENNESSEE ESTIMATED 1408 NORTH HIGHLAND AVENUE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 28,860. PRICE 81-1043752 501(C)(3) 0 EOUTPMENT PATTENTS JACKSON, TN 38301 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MANNA MEDICAL CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 120 STREET A, SUITE A PRICE MEDICAL LOW-INCOME, UNINSURED 28,825. PURCHASED 20-1788094 501(C)(3) SUPPLIES PATIENTS PICAYUNE, MS 39466 0. CHILDREN AND COMMUNITY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTER DBA COMMUNITY HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR - 4510 MEDICAL CENTER DRIVE, STE. PRICE SUPPLIES LOW-INCOME, UNINSURED 204 - MCKINNEY, TX 75069 20-0637782 501(C)(3) 28 563 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTH END COMMUNITY HEALTH COMMITTEE - 332 HANOVER ST -PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS BOSTON MA 02113 23-7089746 501(C)(3) 0. 28 535, PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & MONMOUTH FAMILY HEALTH CENTER ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 270 BROADWAY SUPPLIES. LOW-INCOME, UNINSURED 28,461. PRICE LONG BRANCH, NJ 07740 20-0547132 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & CARE RESOURCE WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 3510 BISCAYNE BLVD., 2ND FLOOR PRICE MEDICAL LOW-INCOME, UNINSURED MIAMI, FL 33137 59-2564198 501(C)(3) 28 309 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & CORNERSTONE CARE INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 7 GLASSWORKS ROAD PRICE. MEDICAL LOW-INCOME, UNINSURED 28,199. PURCHASED GREENSBORO, PA 15338 25-1346194 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & TEXAS INTERNATIONAL INSTITUTE OF ESTIMATED HEALTH PROFESSIONS DBA VCARES WHOLESALE MEDICAL HEALTH CENTERS FOR CLINICS - 8121 BROADWAY STREET -PRICE SUPPLIES LOW-INCOME UNINSURED HOUSTON, TX 77061 46-1267820 501(C)(3) 0 27,944. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS WHOLESALE MEDICAL HEALTH CENTERS FOR CARACOLE INC. 4138 HAMILTON AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED CINCINNATI, OH 45208 31-1210524 501(C)(3) 0. 27,790, PURCHASED EOUIPMENT PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WATERBURY HOSPITAL ESTIMATED 64 ROBBINS STREET WHOLESALE LOW-INCOME, UNINSURED WATERBURY, CT 06708 06-0665979 501(C)(3) 0 27,742, PRICE PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & STAMFORD HOSPITAL HEALTH CENTERS FOR ESTIMATED ONE HOSPITAL PLAZA WHOLESALE LOW-INCOME, UNINSURED 06-0646917 501(C)(3) 27,742, PRICE PHARMACEUTICALS PATIENTS STAMFORD, CT 06902 0. SUPPORT TO US CLINICS & BRISTOL HOSPITAL ESTIMATED HEALTH CENTERS FOR 41 BREWSTER ROAD WHOLESALE LOW-INCOME, UNINSURED 27,742. PRICE BRISTOL CT 06010 06-0646559 501(C)(3) PHARMACEUTICALS PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR HOSPITAL FOR SPECIAL CARE ESTIMATED 2150 CORBIN AVENUE WHOLESALE LOW-INCOME, UNINSURED 06-0646766 501(C)(3) 27 742. PRICE PATIENTS NEW BRITAIN CT 06053 0. PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR GRIFFIN HOSPITAL ESTIMATED WHOLESALE 130 DIVISION STREET LOW-INCOME, UNINSURED 27,742. PRICE DERBY, CT 06418 06-0647014 501(C)(3) 0. PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & MIDDLESEX HOSPITAL ESTIMATED HEALTH CENTERS FOR 28 CRESCENTSTREET WHOLESALE LOW-INCOME, UNINSURED MIDDLETOWN, CT 06457 06-0646718 501(C)(3) 0. 27 742. PRICE PHARMACEUTICALS PATIENTS

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & DAY KIMBALL HOSPITAL ESTIMATED HEALTH CENTERS FOR 320 POMFRET STREET WHOLESALE LOW-INCOME, UNINSURED PUTNAM, CT 06260 06-0646599 501(C)(3) 0. 27,742, PRICE PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & CONNECTICUT CHILDREN'S MEDICAL ESTIMATED HEALTH CENTERS FOR CENTER - 282 WASHINGTON STREET -WHOLESALE LOW-INCOME UNINSURED HARTFORD, CT 06106 06-0646755 501(C)(3) 0 27,742, PRICE PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & UCONN HEALTH JOHN DEMPSEY HOSPITAL ESTIMATED HEALTH CENTERS FOR 263 FARMINGTON AVE WHOLESALE LOW-INCOME UNINSURED FARMINGTON, CT 06030 52-1725543 0. 27,742, PRICE PHARMACEUTICALS PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR BEACON CHRISTIAN COMMUNITY HEALTH WHOLESALE MEDICAL CENTER - 2079 FOREST AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 27,702. PURCHASED 02-0703686 501(C)(3) 0 EOUTPMENT PATTENTS STATEN ISLAND, NY 10303 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR MOROVIS COMMUNITY HEALTH CENTER INC. - CALLE PATRON #2 - MOROVIS PRICE SUPPLIES. LOW-INCOME, UNINSURED 66-0480948 501(C)(3) 27,442. PURCHASED EQUIPMENT PATIENTS PR 00687 0. ESTIMATED SUPPORT TO US CLINICS & LOMPOC VALLEY MEDICAL CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1515 EAST OCEAN AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 95-6001880 27 352 PURCHASED SUPPLIES PATTENTS LOMPOC CA 93436 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR SAFE HARBOR FREE CLINIC PHARMACEUTICALS 7209 265TH STREET NW PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS STANWOOD WA 98292 26-3825107 501(C)(3) 0. 27 325 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PARTNERSHIP COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 1814 NORTH APPLETON ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 27,264. PURCHASED - MENASHA, WI 54952 20-2090446 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & FAMILY HEALTHCARE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 25 NORTH 100 EAST MEDICAL LOW-INCOME, UNINSURED ST. GEORGE, UT 84770 35-2163112 501(C)(3) 27 254. PRICE SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED		SUPPORT TO US CLINICS &	
ROTACARE, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
875 JERUSALEM AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
UNIONDALE, NY 11553	11-3135331	501(C)(3)	0.	26,752.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ISLANDS COMMUNITY MEDICAL SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
15 MEDICAL CENTER LOOP					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
VINALHAVEN, ME 04863	01-6012835	501(C)(3)	0.	26,722.	PURCHASED	EQUIPMENT	PATIENTS	
SAN LEANDRO HOSPITAL INPATIENT							SUPPORT TO US CLINICS &	
PHARMACY DEPARTMENT - 13855 EAST					ESTIMATED		HEALTH CENTERS FOR	
14TH STREET - SAN LEANDRO, CA					WHOLESALE		LOW-INCOME, UNINSURED	
94578			0.	26,650.	PRICE	PHARMACEUTICALS	PATIENTS	
BETHESDA FREE HEALTH CLINIC OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
D'IBERVILLE - 6912 NORTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
WASHINGTON AVENUE - OCEAN SPRINGS,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
MS 39564	27-3534168	501(C)(3)	0.	26,532.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
DIVERSITY HEALTH CENTER, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
213 NORTH MCDONALD STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	26,517.	PURCHASED	SUPPLIES,	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CHRIST COMMUNITY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
1 A STREET NW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
AUBURN, WA 98002	20-3849881	501(C)(3)	0.	25,990.	PURCHASED	EQUIPMENT	PATIENTS	
COUNTRY DOCTOR COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CENTERS COUNTRY DOCTOR COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
CLINIC - 500 19TH AVENUE E -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
SEATTLE, WA 98112	23-7100868	501(C)(3)	0.	25,901.	PURCHASED	EQUIPMENT	PATIENTS	
WIRT COUNTY HEALTH SERVICES					ESTIMATED		SUPPORT TO US CLINICS &	
ASSOCIATION RIVER VALLEY HEALTH +					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
WELLNESS - 483 COURT STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
ELIZABETH, WV 26143	31-0942184	501(C)(3)	0.	25,894.	PURCHASED	SUPPLIES	PATIENTS	
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
PALMS MEDICAL GROUP					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
23343 NW CR 236					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
HIGH SPRINGS, FL 32643	59-2871302	501(C)(3)	0.	25,844.	PURCHASED	EQUIPMENT	PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS GOOD SAMARITAN RESCUE MISSION WHOLESALE MEDICAL HEALTH CENTERS FOR 210 S. ALAMEDA PRICE. SUPPLIES. LOW-INCOME, UNINSURED 25,791. PURCHASED CORPUS CHRISTI, TX 78401 74-1611894 501(C)(3) 0. EOUIPMENT PATIENTS HERITAGE COMMUNITY CLINIC OHIO SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS UNIVERSITY HERITAGE COLLEGE OF WHOLESALE MEDICAL HEALTH CENTERS FOR OSTEOPATHIC MEDICI - 1 OHIO PRICE SUPPLIES LOW-INCOME UNINSURED UNIVERSITY - ATHENS, OH 45701 31-6402113 501(C)(3) 0 25,776. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS NEW HEIGHTS CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 8000 NE 58TH AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 25,728, PURCHASED EOUIPMENT PATIENTS MERIDIAN EDUCATIONAL RESOURCE ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR GROUP DBA WHITEFOORD INC. - 1353 WHOLESALE PHARMACEUTICALS GEORGE W. BRUMLEY WAY, S.E. -PRICE MEDICAL LOW-INCOME, UNINSURED 25,721. PURCHASED ATLANTA, GA 30317 58-2180056 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CROSSINGS COMMUNITY CLINIC 10255 NORTH PENN AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 25,665. PURCHASED 86-1115863 501(C)(3) SUPPLIES PATIENTS OKLAHOMA CITY, OK 73120 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRESTON-TAYLOR COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTERS - 725 N. PIKE STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 25,524. PURCHASED GRAFTON WV 26354 55-0665614 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NATIONAL ASSOCIATION OF CHRISTIAN CHURCHES - 7025 WEST TIDWELL ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS SUITE H108 - HOUSTON TX 77092 20-5077098 501(C)(3) 0. 25 356, PURCHASED SAN JOSE FOOTHILL FAMILY COMMUNITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINIC - ADMINISTRATION - 2680 WHOLESALE MEDICAL HEALTH CENTERS FOR SOUTH WHITE RD., SUITE 170 - SAN PRICE SUPPLIES. LOW-INCOME, UNINSURED JOSE CA 95148 77-0440944 501(C)(3) 0. 25 302, PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD NEWS HEALTH CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 2716 EAST WASHINGTON STREET LOW-INCOME, UNINSURED SUPPLIES. INDIANAPOLIS, IN 46201 35-0999233 501(C)(3) 0. 25 290. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & CAMP BUCK NEVADA DIABETES ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR ASSOCIATION - 18 STEWART STREET -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 25,182, PRICE RENO, NV 89501 88-0386000 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & PHARMACEUTICALS OHIO VALLEY HEALTH CENTER ESTIMATED MEDICAL HEALTH CENTERS FOR 423 SOUTH STREET WHOLESALE SUPPLIES LOW-INCOME UNINSURED STEUBENVILLE, OH 43952 20-3924355 501(C)(3) 0 25,168, PRICE EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BEACH HEALTH CLINIC PHARMACY WHOLESALE MEDICAL HEALTH CENTERS FOR 3396 HOLLAND ROAD STE 102 PRICE SUPPLIES LOW-INCOME UNINSURED VIRGINIA BEACH, VA 23452 54-1366960 501(C)(3) 0. 25,105, PURCHASED EOUIPMENT PATTENTS CATHOLIC DIOCESE OF LITTLE ROCK PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR WESTSIDE FREE MEDICAL CLINIC -ESTIMATED 2500 N. TYLER STREET - LITTLE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 71-0236871 501(C)(3) 0 25,006, PRICE EOUIPMENT PATTENTS ROCK, AR 72207 ESTIMATED SUPPORT TO US CLINICS & ACCESS FAMILY CARE ADMINISTRATION WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 475 NELSON AVE PRICE MEDICAL LOW-INCOME, UNINSURED 24,769. PURCHASED 43-1752799 501(C)(3) SUPPLIES PATIENTS NEOSHO, MO 64850 0. HAPPY VALLEY MEDICAL CENTER WEST ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CALDWELL HEALTH COUNCIL, INC. -WHOLESALE MEDICAL HEALTH CENTERS FOR 4330 COLLETTSVILLE ROAD -PRICE SUPPLIES LOW-INCOME, UNINSURED COLLETTSVILLE NC 28611 59-1756933 501(C)(3) 24 719 PURCHASED EOUIPMENT PATTENTS 0. SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR LIFESPRING COMMUNITY HEALTH ESTIMATED 1042 E 3RD STREET, SUITE 103 WHOLESALE MEDICAL LOW-INCOME, UNINSURED 24 699 PRICE SUPPLIES PATIENTS CHATTANOOGA TN 37404 27-3856741 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH FOUNDATION OF WHOLESALE MEDICAL HEALTH CENTERS FOR PUERTO RICO, INC. - MARGINAL SANTA PRICE. SUPPLIES. LOW-INCOME, UNINSURED CRUZ C-17 - BAYAMON, PR 00961 66-0749601 501(C)(3) 0. 24 584 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EL DORADO COUNTY COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 4327 GOLDEN CENTER DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES. - PLACERVILLE, CA 95667 42-1533531 501(C)(3) 0. 24 478 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
PROJECT HEALTH, INC. DBA LANGLEY					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
HEALTH SERVICES - 1425 SOUTH US					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
HWY 301 - SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	0.	24,431.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
MEL LEAMAN FREE CLINIC OF SMYTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
COUNTY - 601 RADIO HILL ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
MARION, VA 24354	54-1993876	501(C)(3)	0.	23,979.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
HOPE CARE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
410 S. COLUMBIA STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
WENATCHEE, WA 98801	36-4661570	501(C)(3)	0.	23,928.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
HEALTH AND HOPE MEDICAL OUTREACH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
1911 COOKS HILL ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
CENTRALIA, WA 98531	27-4432389	501(C)(3)	0.	23,859.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
SHELTER HEALTH SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
534 SPRATT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CHARLOTTE, NC 28206	20-3041985	501(C)(3)	0.	23,764.	PURCHASED	EQUIPMENT	PATIENTS	
GALVESTON COUNTY HEALTH DISTRICT					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COASTAL HEALTH & WELLNESS CLINIC -					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
9850-A EMMETT F. LOWRY EXPY -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
TEXAS CITY, TX 77591	76-0619014	501(C)(3)	0.	23,700.	PURCHASED	SUPPLIES,	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
SUMTER UNITED MINISTRIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
36 ARTILLERY DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
SUMTER, SC 29150	57-0988602	501(C)(3)	0.	23,671.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
FRANKLIN PRIMARY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
1303 DR. MARTIN LUTHER KING JR. AV	3				PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
MOBILE, AL 36603	63-0695975	501(C)(3)	0.	23,557.	PURCHASED	SUPPLIES	PATIENTS	
				•	ESTIMATED		SUPPORT TO US CLINICS &	
HEALTHWORKS FOR NORTH VIRGINIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
163 FORT EVANS ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
			i	1	1	1	1	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
OPEN DOOR CLINIC OF ALAMANCE					ESTIMATED		SUPPORT TO US CLINICS &	
COUNTY - 319 N. GRAHAM HOPEDALE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
ROAD SUITE E - BURLINGTON, NC					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
27217	56-1794210	501(C)(3)	0.	23,511.	PURCHASED	SUPPLIES	PATIENTS	
CENTRO DE SERVICIOS PRIMARIOS DE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
SALUD, INC CALLE ANTONIO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
ALACAZAR NUM. 3 - FLORIDA, PR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
00650	66-0428922	501(C)(3)	0.	23,358.	PURCHASED	EQUIPMENT	PATIENTS	
						PHARMACEUTICALS	SUPPORT TO US CLINICS &	
HINDS MOBILE MD					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
8485 EAST MCDONALD DRIVE #214					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
SCOTTSDALE, AZ 85250	82-5152803	501(C)(3)	0.	23,210.	PRICE	EQUIPMENT	PATIENTS	
NEW HANOVER COMMUNITY HEALTH						PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CENTER DBA MEDNORTH HEALTH CENTER					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR	
- 925 NORTH 4TH ST - WILMINGTON,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
NC 28401	58-2003803	501(C)(3)	0.	23,165.	PRICE	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
COMMUNITY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
249 MILL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	23,119.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
NEW HOPE SERVICES, INC. DBA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
HOPECARE CLINIC - 1302 WALL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
- JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	0.	23,081.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
PACIFIC GARDEN MISSION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
1458 S. CANAL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CHICAGO, IL 60607	36-2445391	501(C)(3)	0.	23,072.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
HEALTHPOINT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
955 POWELL AVE SW					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
RENTON, WA 98057	91-0884412	501(C)(3)	0.	22,982.	PURCHASED	SUPPLIES	PATIENTS	
ADA CAMP MONTANA AMERICAN DIABETES				-			SUPPORT TO US CLINICS &	
ASSOCIATION BEARTOOTH MOUNTAIN					ESTIMATED	MEDICAL	HEALTH CENTERS FOR	
RANCH - 130 TRINITY TRAIL -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
FISHTAIL, MT 59028	13-1623888	501(C)(3)	0.	22,895.	PRICE	EQUIPMENT	PATIENTS	

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS COASTAL BEND WELLNESS FOUNDATION WHOLESALE MEDICAL HEALTH CENTERS FOR 2882 HOLLY ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 22,895. PURCHASED CORPUS CHRISTI, TX 78415 74-2429518 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED ST. THOMAS COMMUNITY HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1936 MAGAZINE STREET PRICE MEDICAL LOW-INCOME UNINSURED NEW ORLEANS, LA 70130 14-1958494 501(C)(3) 0 22,775. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MALTHEH FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 941 EAST 3300 SOUTH PRICE SUPPLIES LOW-INCOME UNINSURED 20-2313461 501(C)(3) MILLCREEK, UT 84106 0. 22,755. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ST. JOHN'S WELL CHILD AND FAMILY WHOLESALE CENTERS - 808 WEST 58TH STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED 95-4067758 501(C)(3) 0 22,714. PURCHASED EOUTPMENT PATTENTS LOS ANGELES, CA 90037 ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR VALLEY AIDS COUNCIL PHARMACEUTICALS 2306 CAMELOT PLAZA CIRCLE PRICE MEDICAL LOW-INCOME, UNINSURED 74-2512591 501(C)(3) 22,580. PURCHASED SUPPLIES PATIENTS HARLINGEN, TX 78550 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEART OF FLORIDA HEALTH CENTER WHOLESALE OTHER HEALTH CENTERS FOR ADMINISTRATION - 2553 E. SILVER PRICE MEDICAL LOW-INCOME, UNINSURED 22,460. PURCHASED 59-3060378 501(C)(3) SUPPLIES PATTENTS SPRINGS BLVD - OCALA FL 34470 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR GOSHEN MEDICAL CENTER INC. OTHER 412 SW CENTER STREET PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS FAISON NC 28341 56-1209062 501(C)(3) 0. 22 460 PURCHASED SUPPLIES SUPPORT TO US CLINICS & CDT MARIO CANALES TORRESOLA ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 2 CALLE ROSANTA AULET MEDICAL LOW-INCOME, UNINSURED 22,402. PRICE JAYUYA, PR 00664 66-0827064 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SU CLINICA FAMILIAR WHOLESALE OTHER HEALTH CENTERS FOR 1706 TREASURE HILLS BLVD PRICE MEDICAL LOW-INCOME, UNINSURED HARLINGEN, TX 78550 74-2357970 501(C)(3) 22 368 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
MOBILE COUNTY HEALTH DEPARTMENT					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
251 NORTH BAYOU STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
MOBILE, AL 36603	63-6001641		0.	22,351.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
HOPE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
1025 SANIBEL WAY, SUITE E					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
LAGRANGE, KY 40031	45-2340606	501(C)(3)	0.	22,342.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
BECKLEY HEALTH RIGHT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
111 RANDOLPH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
BECKLEY, WV 25801	55-0774466	501(C)(3)	0.	22,275.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COMMON GROUND HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
441 WALL BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
GRETNA, LA 70056	20-3723007	501(C)(3)	0.	21,963.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
ROTACARE NORTH HELPLINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
12736 33RD AVE NE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
SEATTLE, WA 98125	91-1811292	501(C)(3)	0.	21,920.	PURCHASED	EQUIPMENT	PATIENTS		
				,	ESTIMATED		SUPPORT TO US CLINICS &		
DOWNTOWN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
611 SOUTH SECOND STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	21,753.	PURCHASED	SUPPLIES	PATIENTS		
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
UNION COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
260 EAST 188TH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED		
BRONX, NY 10457	13-4074478	501(C)(3)	0.	21,658.	PURCHASED	EQUIPMENT	PATIENTS		
				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
SEATTLE INDIAN HEALTH BOARD					WHOLESALE	MEDICAL	HEALTH CENTERS FOR		
611 12TH AVENUE S					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED		
SEATTLE, WA 98144	91-0869056	501(C)(3)	0.	21 590	PURCHASED	EQUIPMENT	PATIENTS		
·, ··			· •		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
GENERATIONS FAMILY HEALTH CENTER					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR		
40 MANSFIELD AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
WILLIMANTIC, CT 06226	22-3158253	501(C)(3)	0.	21 535	PURCHASED	EQUIPMENT	PATIENTS		
TILLITATIO, CI 30220	1 22 3130233	P(-)(-)	ı		- CHCIIIIDID	LX211 HIM1	F		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS HOLLAND FREE HEALTH CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR 99 WEST 26TH STREET WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 21,466, PRICE HOLLAND, MI 49423 30-0072620 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS RITTER CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 16 RITTER STREET PRICE SUPPLIES LOW-INCOME UNINSURED SAN RAFAEL, CA 94901 94-2675517 501(C)(3) 0 21,239. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & LEE COUNTY MEDICAL SOCIETY WHOLESALE MEDICAL HEALTH CENTERS FOR FOUNDATION - 13770 PLANTATION ROAD PRICE SUPPLIES LOW-INCOME UNINSURED SUITE 1 - FORT MYERS, FL 33912 81-4328651 0. 21 192 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR COMMUNITY FIRST HEALTH CENTERS WHOLESALE 555 ST. CLAIR RIVER DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 21,104. PURCHASED ALGONAC, MI 48001 38-2080825 501(C)(3) 0 EOUIPMENT PATTENTS SUPPORT TO US CLINICS & CHARLES RIVER COMMUNITY HEALTH HEALTH CENTERS FOR ESTIMATED 495 WESTERN AVENUE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 23-7221597 501(C)(3) 21,000, PRICE SUPPLIES PATIENTS BRIGHTON, MA 02135 0. CAMP VALOR UTAH HEMOPHILIA SUPPORT TO US CLINICS & FOUNDATION CAMP WAPITI - 1600 S ESTIMATED HEALTH CENTERS FOR LEFT HAND FORK ROAD - TOOELE, UT WHOLESALE LOW-INCOME, UNINSURED 87-6127162 501(C)(3) 20,893, PRICE PHARMACEUTICALS PATTENTS 84074 0. CAMP FREEDOM TENNESSEE HEMOPHILIA SUPPORT TO US CLINICS & HEALTH CENTERS FOR & BLEEDING DISORDER FOUNDATION -ESTIMATED 1819 WARD DRIVE, SUITE 102 -WHOLESALE LOW-INCOME, UNINSURED 20 893. PRICE PATIENTS MURFREESBORO, TN 37129 62-1662856 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & ROSA CLARK MEDICAL CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 210 SOUTH OAK STREET PRICE. MEDICAL LOW-INCOME, UNINSURED SENECA, SC 29678 58-6076010 501(C)(3) 0. 20 864 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & STERLING AREA HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 725 E STATE STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. STERLING, MI 48659-9548 38-2205859 501(C)(3) 0. 20 806 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS WHOLESALE COMMUNITY HEALTH CENTERS OF MEDICAL HEALTH CENTERS FOR AMERICA - 517 MAIN STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED 20,803. PURCHASED LIVINGSTON, CA 95334 82-1948361 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & UNIVERSITY OF MIAMI PEDIATRIC ESTIMATED HEALTH CENTERS FOR MOBILE CLINIC - 1601 NW 12TH WHOLESALE LOW-INCOME UNINSURED AVENUE - MIAMI, FL 33136 59-0624458 501(C)(3) 0 20,802, PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTER OF WHOLESALE MEDICAL HEALTH CENTERS FOR RICHMOND - 235 PORT RICHMOND PRICE SUPPLIES LOW-INCOME UNINSURED AVENUE - STATEN ISLAND, NY 10302 51-0567466 501(C)(3) 0. 20,781. PURCHASED EOUIPMENT PATIENTS COMMON GROUND SB COUNTY, HOMELESS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR ADVOCACY PROJECT UNITED WAY OF WHOLESALE PHARMACEUTICALS NORTHERN SB COU - 1660 SOUTH PRICE MEDICAL LOW-INCOME, UNINSURED 20,493. PURCHASED BROADWAY #201 - SANTA MARIA, CA 95-2112634 501(C)(3) 0 SUPPLIES PATTENTS RICHMOND AREA HIGH BLOOD PRESSURE ESTIMATED SUPPORT TO US CLINICS & CENTER FOR HEALTHY HEARTS - 1200 WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR WEST CARY STREET - RICHMOND, VA PRICE MEDICAL LOW-INCOME, UNINSURED 52-1303481 501(C)(3) 20 281. PURCHASED SUPPLIES PATIENTS 23220 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CROWLEY HOUSE OF HOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 208 N MAGNOLTA PRICE SUPPLIES LOW-INCOME, UNINSURED 75-2625043 501(C)(3) 19 721. PURCHASED EOUIPMENT PATTENTS CROWLEY TX 76036 0. ALPHA OMEGA ALLTANCE INC DBA SUPPORT TO US CLINICS & HEALTH CENTERS FOR RIVIERA BEACH INTEGRATED CARE - 31 ESTIMATED W 20TH STREET - RIVIERA BEACH, FL WHOLESALE LOW-INCOME, UNINSURED 19,600, PRICE PATIENTS 33404 42-1615117 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & CLINICAS DE SALUD DEL PUEBLO WHOLESALE MEDICAL HEALTH CENTERS FOR 1166 K STREET PRICE. SUPPLIES LOW-INCOME, UNINSURED BRAWLEY, CA 92227 95-2657324 501(C)(3) 0. 19 294 PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & SHEPHERD'S HOPE NEIGHBORHOOD ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR HEALTH CENTER - 2404 SOUTH TYLER WHOLESALE MEDICAL LOW-INCOME, UNINSURED STREET - LITTLE ROCK, AR 72204 20-8811505 501(C)(3) 0. 19 200 PRICE SUPPLIES PATIENTS

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS NEW LIFE COMMUNITY HEALTH CENTER ESTIMATED MEDICAL HEALTH CENTERS FOR 82-10 QUEENS BLVD WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 19,115, PRICE ELMHURST, NY 11373 11-3204890 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE THIRD STREET COMMUNITY CLINIC. PHARMACEUTICALS HEALTH CENTERS FOR INC. - 600 WEST THIRD STREET PRICE MEDICAL LOW-INCOME UNINSURED MANSFIELD, OH 44906 34-1753919 501(C)(3) 0 19,069. PURCHASED SUPPLIES PATTENTS CENTRAL FLORIDA FAMILY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTER - TRUE HEALTH - 4930 EAST WHOLESALE OTHER HEALTH CENTERS FOR MEDICAL LAKE MARY BLVD. - SANFORD FL PRICE LOW-INCOME UNINSURED 32771 59-1741286 501(C)(3) 0. 18,896. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR VEGA ALTA COMMUNITY HEALTH, INC. WHOLESALE CARR. #2 KM 31.9 BO BAJARA PRICE SUPPLIES LOW-INCOME, UNINSURED VEGA ALTA, PR 00692 66-0591650 0 18,759. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & MARY'S CENTER FOR MATERNAL AND WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS CHILD CARE - 2333 ONTARIO ROAD NW PRICE MEDICAL LOW-INCOME, UNINSURED 18,663. PURCHASED 52-1594116 501(C)(3) SUPPLIES PATIENTS - WASHINGTON, DC 20009 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CLINICA COLORADO WHOLESALE MEDICAL HEALTH CENTERS FOR 8300 ALCOTT STREET #300 PRICE SUPPLIES LOW-INCOME, UNINSURED 18,636. PURCHASED WESTMINSTER CO 80031 27-3794068 501(C)(3) EOUIPMENT PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR CLATSOP COUNTY PUBLIC HEALTH ESTIMATED PHARMACEUTICALS 820 EXCHANGE STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 18 452. PRICE SUPPLIES PATIENTS ASTORIA OR 97103 93-6002287 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WESTSIDE FAMILY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 1711 OCEAN PARK BLVD PRICE. SUPPLIES. LOW-INCOME, UNINSURED 18,422. PURCHASED SANTA MONICA, CA 90405 95-2931931 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BULLHOOK COMMUNITY HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED INC. - 521 4TH STREET - HAVRE, MT SUPPLIES. 59501 20-5970239 501(C)(3) 18 187 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & NORTH BY NORTHEAST COMMUNITY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HEALTH CENTER - 714 NE ALBERTA PRICE MEDICAL LOW-INCOME, UNINSURED 18,033. PURCHASED SUPPLIES STREET - PORTLAND, OR 97211 72-1618287 501(C)(3) 0. PATIENTS ESTIMATED SUPPORT TO US CLINICS & FAMILY HEALTH CARE OF NORTHWEST WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR OHIO - 1191 WESTWOOD DRIVE - VAN PRICE MEDICAL LOW-INCOME UNINSURED WERT, OH 45891 34-1977316 501(C)(3) 0 18,026. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SPRING BRANCH COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 800 W. SAM HOUSTON PKWY S PRICE SUPPLIES LOW-INCOME UNINSURED - HOUSTON, TX 77042 30-0198705 501(C)(3) 0. 17,889. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR CATAHOULA PARISH HOSPITAL DISTRICT WHOLESALE MEDICAL NO. 2 - 307 CHISUM STREET - SICILY PRICE SUPPLIES LOW-INCOME, UNINSURED 72-0838896 501(C)(3) 0 17,867. PURCHASED EOUTPMENT PATTENTS ISLAND, LA 71368 PHARMACEUTICALS SUPPORT TO US CLINICS & KEVIN'S COMMUNITY CENTER MEDICAL HEALTH CENTERS FOR ESTIMATED 25 COMMERCE ROAD WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 61-1436909 501(C)(3) 17,862, PRICE EOUIPMENT PATIENTS NEWTOWN, CT 06470 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & M-POWER MINISTRIES WHOLESALE MEDICAL HEALTH CENTERS FOR 4022 FOURTH AVENUE SOUTH PRICE SUPPLIES LOW-INCOME, UNINSURED BIRMINGHAM AL 35222 31-1639601 501(C)(3) 17 785 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR HEART OF OHIO FAMILY HEALTH CENTER PHARMACEUTICALS 882 SOUTH HAMILTON ROAD PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS COLUMBUS OH 43213 38-3765547 501(C)(3) 0. 17 747. PURCHASED COMMUNITY-UNIVERSITY HEALTH CARE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER UNIVERSITY OF MINNESOTA -2001 BLOOMINGTON AVENUE -PRICE. SUPPLIES. LOW-INCOME, UNINSURED 17,719. PURCHASED MINNEAPOLIS, MN 55404 41-6007513 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MISSION OF MERCY ADMINISTRATION WHOLESALE MEDICAL HEALTH CENTERS FOR MD/PA CLINICS - 103 WEST MIDDLE PRICE LOW-INCOME, UNINSURED SUPPLIES. STREET - GETTYSBURG, PA 17325 86-0704883 501(C)(3) 17 707 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
					ESTIMATED		SUPPORT TO US CLINICS &	
COMMUNITY HEALTHCARE NETWORK					WHOLESALE	MEDICAL	HEALTH CENTERS FOR	
60 MADISON AVENUE 5TH FLOOR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
NEW YORK, NY 10010	13-3083068	501(C)(3)	0.	17,698.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
GOOD SAMARITAN HEALTH AND WELLNESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
CENTER - 175 SAMARITAN DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
JASPER, GA 30143	58-2576315	501(C)(3)	0.	17,693.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
GOOD SHEPHERD FREE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
307 NORTH BROAD STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
CLINTON, SC 29325	57-0996466	501(C)(3)	0.	17,562.	PURCHASED	SUPPLIES	PATIENTS	
NEW SONG HEALTH CENTER DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
BOLINBROOK CHRISTIAN HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
- 151 EAST BRIARCLIFF ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	17,456.	PURCHASED	EQUIPMENT	PATIENTS	
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
LOUDOUN FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
224 A CORNWALL ST NW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
LEESBURG, VA 20176	54-1921059	501(C)(3)	0.	17,438.	PURCHASED	EQUIPMENT	PATIENTS	
				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
HARDIN MEDICAL CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
935 WAYNE ROAD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED	
SAVANNAH, TN 38372	62-6002428		0.	17,260.	PURCHASED	EQUIPMENT	PATIENTS	
,				,	ESTIMATED		SUPPORT TO US CLINICS &	
COWLITZ FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
1057 12TH AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
LONGVIEW, WA 98632	91-0896241	501(C)(3)	0.	17 232.	PURCHASED	SUPPLIES	PATIENTS	
				, -			SUPPORT TO US CLINICS &	
GLENDALE COMMUNITY FREE HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR	
CLINIC - 134 N. KENWOOD STREET -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED	
GLENDALE, CA 91206	87-0732581	501(C)(3)	0.	17,224.		SUPPLIES	PATIENTS	
,		, ,			ESTIMATED		SUPPORT TO US CLINICS &	
FREE CLINIC OF ROCKINGHAM COUNTY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
315 S. MAIN STREET					PRICE.	. MEDICAL	LOW-INCOME, UNINSURED	
REIDSVILLE, NC 27320	56-2003143	501(C)(3)	0.	17 193	PURCHASED	SUPPLIES	PATIENTS	
, 110 27020	20 7002143		<u> </u>	1,,155.				

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) HEALTHRIGHT 360/HAIGHT ASHBURY SUPPORT TO US CLINICS & FREE CLINIC MISSION STREET -ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR ADMINISTRATION - 1735 MISSION WHOLESALE MEDICAL LOW-INCOME, UNINSURED 17,125, PRICE STREET - SAN FRANCISCO, CA 94103 94-6129071 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS STAYWELL HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 80 PHOENTX AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED WATERBURY, CT 06702-1516 22-3160873 501(C)(3) 0 17,007. PURCHASED EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS MEDSPIRE HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 14098 SKYWAY ROAD PRICE SUPPLIES LOW-INCOME UNINSURED 83-3483396 501(C)(3) MAGALIA, CA 95954 0. 16,997. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GOOD HEALTH CLINIC WHOLESALE 91555 OVERSEAS HIGHWAY, #2 PRICE SUPPLIES LOW-INCOME, UNINSURED TAVERNIER, FL 33070 04-3745805 501(C)(3) 0 16,792, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & FLORIDA DEPARTMENT OF VETERANS' WHOLESALE HEALTH CENTERS FOR AFFAIRS - 11351 ULMERTON ROAD -PRICE MEDICAL LOW-INCOME, UNINSURED 16,642. PURCHASED SUPPLIES PATIENTS LARGO, FL 33778-1630 59-3462886 0. SOUTH COUNTY COMMUNITY CLINIC DBA ESTIMATED SUPPORT TO US CLINICS & INTERFAITH COMMUNITY CLINIC - 101 WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PINE MANOR DRIVE - OAK RIDGE PRICE MEDICAL LOW-INCOME, UNINSURED 16,568. PURCHASED NORTH TX 77385 75-2634623 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CDT HOSPITAL MUNICIPAL BERNICE GUERRA - 301 AVE. 5 DICIEMBRE -PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS SABANA GRANDE, PR 00637 66-0433530 0. 16 488 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SEA MAR COMMUNITY HEALTH CENTERS WHOLESALE MEDICAL HEALTH CENTERS FOR 1040 SOUTH HENDERSON STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED SEATTLE, WA 98108 91-1020139 501(C)(3) 0. 16 418 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & AUGUSTA REGIONAL FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR PHARMACY - 342 MULE ACADEMY ROAD PRICE LOW-INCOME, UNINSURED SUPPLIES. FISHERSVILLE, VA 22939 54-1651896 501(C)(3) 16 367 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS INDIANA HEALTH CENTERS, INC. ESTIMATED MEDICAL HEALTH CENTERS FOR 8003 CASTLEWAY DRIVE WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 16,117. PRICE INDIANAPOLIS, IN 46250 31-1003977 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE COMMUNITY HEALTH CENTERS OF THE MEDICAL HEALTH CENTERS FOR CENTRAL COAST - 150 TEJAS PLACE -PRICE SUPPLIES LOW-INCOME UNINSURED NIPOMO, CA 93444 95-3253302 501(C)(3) 0 16,089. PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & GREAT LAKES BAY HEALTH CENTERS ESTIMATED HEALTH CENTERS FOR PHARMACEUTICALS 501 LAPEER AVENUE WHOLESALE MEDICAL LOW-INCOME UNINSURED SAGINAW, MI 48607 38-1908328 501(C)(3) 0. 15,836, PRICE SUPPLIES PATIENTS SANTA ROSA COMMUNITY HEALTH ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR CENTERS BROOKWOOD HEALTH CENTER -WHOLESALE MEDICAL 983 SONOMA AVENUE - SANTA ROSA, CA PRICE SUPPLIES LOW-INCOME, UNINSURED 68-0365296 501(C)(3) 0 15,820. PURCHASED EOUIPMENT PATTENTS 95404 ESTIMATED SUPPORT TO US CLINICS & NORTHEAST FLORIDA HEALTH SERVICES WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS FAMILY HEALTH SOURCE - 1205 S PRICE MEDICAL LOW-INCOME, UNINSURED 55-0799729 501(C)(3) 15,738, PURCHASED SUPPLIES PATIENTS WOODLAND BLVD - DELAND, FL 32720 0. ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH CLINIC OF HARDIN WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR & LARUE COUNTIES - 1113 WOODLAND PRICE MEDICAL LOW-INCOME, UNINSURED 15,659. PURCHASED DRIVE - ELIZABETHTOWN KY 42701 30-0042070 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR SANTA BARBARA COUNTY OFFICE OF WHOLESALE EDUCATION - 4400 CATHEDRAL OAKS PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS ROAD - SANTA BARBARA CA 93160 95-6000940 0. 15 657, PURCHASED ESTIMATED SUPPORT TO US CLINICS & NORTHEAST MISSOURI HEALTH COUNCIL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR INC. - 1416 CROWN DRIVE -PRICE. MEDICAL LOW-INCOME, UNINSURED KIRKSVILLE MO 63501 43-1606173 501(C)(3) 0. 15 603, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & MILWAUKEE HEALTH SERVICES, INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2555 N. MARTIN LUTHER KING DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED MILWAUKEE, WI 53212 39-1664109 501(C)(3) 15 510 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS HARBOR HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 735 ATTUCKS LANE PRICE. SUPPLIES. LOW-INCOME, UNINSURED 15,415, PURCHASED HYANNIS, MA 02601 23-7100550 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS UC SAN FRANCISCO HOMELESS CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 513 PARNASSUS AVENUE SUITE \$245 PRICE SUPPLIES LOW-INCOME UNINSURED SAN FRANCISCO, CA 94143 94-6036493 501(C)(3) 0 15,330. PURCHASED EOUIPMENT PATTENTS ADA CAMP KORELITZ AMERICAN SUPPORT TO US CLINICS & DIABETES ASSOCIATION - 10200 ESTIMATED MEDICAL HEALTH CENTERS FOR ALLIANCE RD., SUITE 101 -WHOLESALE SUPPLIES LOW-INCOME UNINSURED 13-1623888 501(C)(3) CINCINNATI, OH 45242 0. 15,237, PRICE EOUIPMENT PATTENTS BEAUFORT-JASPER HAMPTON ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR COMPREHENSIVE HEALTH SERVICES WHOLESALE BJHCHS CHELSEA - 721 OKATIE HWY -PRICE SUPPLIES LOW-INCOME, UNINSURED 15,164. PURCHASED 57-0523586 501(C)(3) 0 EOUTPMENT PATTENTS OKATIE, SC 29909 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR THE OPEN DOOR CLINIC 130 WEST CENTRAL STREET PRICE SUPPLIES LOW-INCOME, UNINSURED CHIPPEWA FALLS, WI 54729 20-3673759 501(C)(3) 15 108 PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TRI-AREA COMMUNITY PHARMACY AT WHOLESALE MEDICAL HEALTH CENTERS FOR LAUREL FORK - 14558 DANVILLE PIKE PRICE SUPPLIES LOW-INCOME, UNINSURED - LAUREL FORK, VA 24352 54-1112330 501(C)(3) 15 013 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR THAT NEIGHBORHOOD FREE HEALTH PHARMACEUTICALS CLINIC (TNFHC) - 306 BUSH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 14 966 PURCHASED PATIENTS TOLEDO OH 43604 27-1052744 501(C)(3) 0. SUPPLIES ESTIMATED SUPPORT TO US CLINICS & GLOUCESTER-MATHEWS CARE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PHARMACY - 6031 INDUSTRIAL DRIVE PRICE. MEDICAL LOW-INCOME, UNINSURED GLOUCESTER, VA 23061 54-1875619 501(C)(3) 0. 14 963 PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & ADA CAMP CAROLINA TRAILS AMERICAN ESTIMATED MEDICAL HEALTH CENTERS FOR DIABETES ASSOCIATION - 1300 BAXTER WHOLESALE SUPPLIES LOW-INCOME, UNINSURED STREET - CHARLOTTE, NC 28204 13-1623888 501(C)(3) 0. 14 856. PRICE EOUIPMENT PATIENTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & EL PUNTO EN LA MONTANA WHOLESALE MEDICAL HEALTH CENTERS FOR SAN JUAN PRICE SUPPLIES LOW-INCOME, UNINSURED 14,763. PURCHASED SAN JUAN, PR 00929 66-0714669 501(C)(3) 0. EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CLARA'S HOUSE WHOLESALE MEDICAL HEALTH CENTERS FOR 2700 L STREET PRICE SUPPLIES LOW-INCOME UNINSURED SACRAMENTO, CA 95616 61-1591265 501(C)(3) 0 14,758, PURCHASED EOUIPMENT PATTENTS CLINICA SIERRA VISTA ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR ADMINISTRATION - 1430 TRUXTUN AVENUE, SUITE 400 - BAKERSFIELD, PRICE MEDICAL LOW-INCOME UNINSURED CA 93301 95-2707101 501(C)(3) 0. 14,730. PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & HELPCARE CLINIC MEDICAL HEALTH CENTERS FOR ESTIMATED 3015 AVENUE A WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 14,686. PRICE EOUIPMENT KEARNEY, NE 68847 46-5551263 501(C)(3) 0 PATTENTS ESTIMATED SUPPORT TO US CLINICS & EL CENTRO REGIONAL MEDICAL CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 1415 ROSS AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 14,640. PURCHASED 20-3003912 EQUIPMENT PATIENTS EL CENTRO, CA 92243 0. ESTIMATED SUPPORT TO US CLINICS & WEST CECIL HEALTH CENTER, INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 49 ROCK SPRINGS ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 14,522. PURCHASED CONOWINGO MD 21918 20-5860113 501(C)(3) SUPPLIES PATTENTS 0. GREATER GREENWOOD UNITED MINISTRY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FREE MEDICAL CLINIC - 1404 WHOLESALE MEDICAL HEALTH CENTERS FOR EDGEFIELD STREET - GREENWOOD, SC PRICE SUPPLIES. LOW-INCOME, UNINSURED 14 423 PURCHASED EOUIPMENT PATIENTS 29646 57-1012393 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & CASA EL BUEN SAMARITANO WHOLESALE MEDICAL HEALTH CENTERS FOR 14060 DUBLIN STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED HOUSTON, TX 77085 37-1546805 501(C)(3) 0. 14 395, PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NEIGHBORHOOD CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1323 S. YAKIMA AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED TACOMA, WA 98405 91-1318144 501(C)(3) 0. 14 375 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS GRACE CLINIC OF YADKIN VALLEY WHOLESALE MEDICAL HEALTH CENTERS FOR 948 JOHNSON RIDGE ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 14,358. PURCHASED ELKIN, NC 28621 76-0800084 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & FISH RIVER RURAL HEALTH BOLDUC ESTIMATED AVENUE HEALTH CENTER - 12 BOLDUC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR AVENUE - MEDICAL - FORT KENT, ME PRICE MEDICAL LOW-INCOME UNINSURED 04743 01-0452749 501(C)(3) 0 14,358. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR LONG ISLAND FOHC INC. 1600 STEWART AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED WESTBURY, NY 11590 27-0216316 501(C)(3) 0. 14,146. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR ROTACARE BAY AREA, INC. FREE WHOLESALE MEDICAL CLINICS - 514 VALLEY WAY PRICE SUPPLIES LOW-INCOME, UNINSURED 14,095. PURCHASED MILPITAS, CA 95035 77-0328723 501(C)(3) 0 EOUTPMENT PATTENTS PETALUMA EVACUATION CENTER ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PETALUMA SONOMA-MARIN FG - 175 WHOLESALE MEDICAL HEALTH CENTERS FOR FAIRGROUNDS DRIVE - PETALUMA, CA PRICE SUPPLIES LOW-INCOME, UNINSURED 13,909. PURCHASED EQUIPMENT PATIENTS 94952 0. ESTIMATED SUPPORT TO US CLINICS & MOUNTAIN VALLEYS HEALTH CENTERS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 554-850 MEDICAL CENTER DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED BIEBER CA 96009 94-2533006 501(C)(3) 13 889 PURCHASED SUPPLIES PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR MABEL WADSWORTH CENTER ESTIMATED 700 MOUNT HOPE AVENUE WHOLESALE PHARMACEUTICALS LOW-INCOME, UNINSURED 13 803. PRICE EOUIPMENT PATIENTS BANGOR ME 04401 22-2667466 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR ISLAND HEALTH & WELLNESS CENTER TNC - 5000 ESTATE ENIGHED PMB 311 PRICE. SUPPLIES. LOW-INCOME, UNINSURED - ST. JOHN, VI 00830 66-0852135 501(C)(3) 0. 13 778 PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & FUNDACIN CENTRO PEDITRICO DE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE DIABETES - 260 CONVENTO STREET 2ND MEDICAL LOW-INCOME, UNINSURED FLOOR - SANTURCE, PR 00912 66-0597488 501(C)(3) 0. 13 706. PRICE SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
LAKE HEALTH DISTRICT FUND						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
NORTHEAST OHIO DRUG REPOSITORY					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
PROGRAM - 7757 AUBURN ROAD UNIT 6					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
- PAINESVILLE, OH 44077	34-1598598	501(C)(3)	0.	13,583.	PRICE	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
G. A. CARMICHAEL FAMILY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
CENTER - 1668 WEST PEACE STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
CANTON, MS 39046	64-0580940	501(C)(3)	0.	13,431.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
COMMUNITY HEALTH SERVICES OF UNION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
COUNTY - 1338-C EAST SUNSET DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
- MONROE, NC 28112	46-0495947	501(C)(3)	0.	13,349.	PURCHASED	EQUIPMENT	PATIENTS		
CAMP NEEDLES IN THE PINES ECU							SUPPORT TO US CLINICS &		
PEDIATRIC SPECIALTY CARE - 2150					ESTIMATED	MEDICAL	HEALTH CENTERS FOR		
HERBERT COURT - GREENVILLE, NC					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
27834	23-7138921	501(C)(3)	0.	13,296.	PRICE	EQUIPMENT	PATIENTS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
DIABETES SOLUTIONS-OK, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
3333 NW 63RD, SUITE 100					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
OKLAHOMA CITY, OK 73116	73-1590673	501(C)(3)	0.	13,166.	PRICE	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
GREEN RIVER MEDICAL CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
585 W. MAIN					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
GREEN RIVER, UT 84525	87-0409346	501(C)(3)	0.	13,161.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
HEALTH NET					WHOLESALE		HEALTH CENTERS FOR		
101 N. BRAND BLVD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
GLENDALE, CA 91203	47-5208076		0.	13,110.	PURCHASED	SUPPLIES	PATIENTS		
ASOCIACIN DE SALUD PRIMARIA DE							SUPPORT TO US CLINICS &		
PUERTO RICO, INC EDIFICIO							HEALTH CENTERS FOR		
ALIANZA #400 - RO PIEDRAS, PR					PURCHASED	PHARMACEUTICALS	LOW-INCOME, UNINSURED		
00927	66-0419912	501(C)(3)	0.	13,098.	PRICE	, EQUIPMENT	PATIENTS		
				-	ESTIMATED		SUPPORT TO US CLINICS &		
CHILDREN'S NATIONAL HOSPITAL					WHOLESALE		HEALTH CENTERS FOR		
111 MICHIGAN AVE. NW, LEAN TRAILER					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
WASHINGTON D.C., DC 20010	53-0196580	501(C)(3)	0.	13,092.	PURCHASED	SUPPLIES	PATIENTS		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ADA CAMP CAREFREE AMERICAN DIABETES ASSOCIATION - 180 LIONS ESTIMATED MEDICAL HEALTH CENTERS FOR CAMP PRIDE WAY - NEW DURHAM, NH WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 13,084. PRICE 03855 13-1623888 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & HEALTH CARE FOUNDATION FOR VENTURA HEALTH CENTERS FOR COUNTY, INC. - 3291 LOMA VISTA PURCHASED LOW-INCOME UNINSURED ROAD - VENTURA, CA 93003 47-1535937 501(C)(3) 0 12,706. PRICE EOUIPMENT PATTENTS SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTER ESTIMATED HEALTH CENTERS FOR WHOLESALE 606 N. MINNESOTA AVENUE SUITE 1 LOW-INCOME UNINSURED HASTINGS, NE 68901 47-0378779 501(C)(3) 0. 12,596, PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR HELPING HANDS HEALTH AND WELLNESS WHOLESALE MEDICAL CENTER - 5100 KARL ROAD -PRICE SUPPLIES LOW-INCOME, UNINSURED 12,456. PURCHASED COLUMBUS, OH 43229 20-5937457 501(C)(3) 0 EOUIPMENT PATTENTS ADA CAMP PLANET D AMERICAN SUPPORT TO US CLINICS & DIABETES ASSOCIATION - 7285 W MEDICAL HEALTH CENTERS FOR ESTIMATED 132ND STREET - OVERLAND PARK, KS WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 44-0605373 501(C)(3) 12,444. PRICE EOUIPMENT PATIENTS 66213 0. PHARMACEUTICALS SUPPORT TO US CLINICS & SARITA LYNNE MINISTRIES ESTIMATED MEDICAL HEALTH CENTERS FOR 2214 BENTON BLVD. WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 12,430, PRICE KANSAS CITY, MO 64127 68-0507807 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR MCR HEALTH, INC. 700 8TH AVE WEST PRICE MEDICAL LOW-INCOME, UNINSURED 12 214 PURCHASED SUPPLIES PATIENTS PALMETTO FL 34221 59-1773262 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PENINSULA COMMUNITY HEALTH SERVICES - 616 SIXTH STREET -PRICE. SUPPLIES LOW-INCOME, UNINSURED BREMERTON, WA 98337 94-3079770 501(C)(3) 0. 12 181, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & CAPE AREA FIRE DEPARTMENT WHOLESALE MEDICAL HEALTH CENTERS FOR 290 CAPE ROYALE DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES COLDSPRING, TX 77331 26-3425068 501(C)(3) 0. 12 180 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & BRONXCARE HEALTH SYSTEM HEALTH AND WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR WELLNESS - 199 MT. EDEN - BRONX. PRICE MEDICAL LOW-INCOME, UNINSURED 12,131. PURCHASED SUPPLIES 13-1974191 501(C)(3) 0. PATIENTS NY 10457 FAMILY HEALTH CENTERS AT NYU SUPPORT TO US CLINICS & PHARMACEUTICALS LANGONE SUNSET PARK HEALTH ESTIMATED MEDICAL HEALTH CENTERS FOR COUNCIL, INC. - 5800 3RD AVE WHOLESALE SUPPLIES LOW-INCOME UNINSURED BROOKLYN, NY 11220 20-2508411 501(C)(3) 0 12,123, PRICE EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & METHODIST HEALTH SYSTEM METHODIST WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS DALLAS MEDICAL CENTER - 1441 N PRICE MEDICAL LOW-INCOME UNINSURED BECKLEY AVENUE - DALLAS, TX 75203 75-0800661 501(C)(3) 0. 12 108 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR TECHE ACTION CLINIC WHOLESALE OTHER 1115 WEBER STREET PRICE MEDICAL LOW-INCOME, UNINSURED 12,054. PURCHASED 72-6073441 501(C)(3) 0 SUPPLIES PATTENTS FRANKLIN, LA 70538 ESTIMATED SUPPORT TO US CLINICS & JEFFERSON COMMUNITY HEALTH CARE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS CENTERS - 4028 US HWY 90 -PRICE MEDICAL LOW-INCOME, UNINSURED 12,026. PURCHASED 56-2439708 501(C)(3) SUPPLIES PATIENTS AVONDALE, LA 70094 0. ESTIMATED SUPPORT TO US CLINICS & CROSSROADS CENTER MEDICAL CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 444 VALPARAISO PKWY, BLDG. C PRICE MEDICAL LOW-INCOME, UNINSURED 11,970. PURCHASED VALPARAISO FL 32580 20-5518720 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTHERN HEALTH CENTERS INC. 15397 STATE HIGHWAY 32 PRICE SUPPLIES LOW-INCOME, UNINSURED 11 935 PURCHASED EOUIPMENT PATIENTS LAKEWOOD WI 54138 39-1550213 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & ALLIED SERVICES INTEGRATED HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR SYSTEM - 100 ABINGTON EXECUTIVE PRICE. SUPPLIES LOW-INCOME, UNINSURED PARK - CLARKS SUMMIT, PA 18411 24-0860110 501(C)(3) 0. 11 906 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & SANTA CLARA COUNTY IPA SCCIPA WHOLESALE HEALTH CENTERS FOR 1051 E. HILLSDALE BLVD PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES FOSTER CITY, CA 94404 94-3008941 11 875 PURCHASED PATIENTS 0.

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS FAMILY HEALTH CENTERS PHARMACY ESTIMATED MEDICAL HEALTH CENTERS FOR 2215 PORTLAND AVENUE WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 11,863. PRICE LOUISVILLE, KY 40212 61-0716483 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE CAMUY HEALTH SERVICES, INC. OTHER HEALTH CENTERS FOR AVENUE MUNOZ RIVERA #63 PRICE MEDICAL LOW-INCOME UNINSURED CAMUY, PR 00627 66-0428652 501(C)(3) 0 11,802. PURCHASED SUPPLIES PATTENTS AMERICAN YOUTH UNDERSTANDING PHARMACEUTICALS SUPPORT TO US CLINICS & DIABETES ABROAD INC AYUDA - 1700 N ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE MOORE ST. SUITE 2000 - ARLINGTON SUPPLIES LOW-INCOME UNINSURED VA 22209 52-2006333 501(C)(3) 0. 11,782, PRICE EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR WEST HAWATT COMMUNITY HEALTH WHOLESALE PHARMACEUTICALS CENTER - 75-5751 KUAKINI HIGHWAY PRICE MEDICAL LOW-INCOME, UNINSURED 11,775. PURCHASED KAILUA KONA, HI 96740 20-0495394 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PROTEUS, INC. 1221 CENTER STREET PRICE SUPPLIES LOW-INCOME, UNINSURED DES MOINES, IA 50309 42-1186501 501(C)(3) 11,706. PURCHASED EQUIPMENT PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & NETWORK MEDICAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 185 S PATTERSON AVENUE #C PRICE MEDICAL LOW-INCOME, UNINSURED SANTA BARBARA, CA 93111 77-0116381 501(C)(3) 11 691 PURCHASED SUPPLIES PATTENTS 0. PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR OPEN ARMS CLINIC ESTIMATED 5252 N. MERIDIAN AVE., STE 101 WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 11 668. PRICE EOUIPMENT PATIENTS OKLAHOMA CITY, OK 73112 73-1448149 501(C)(3) 0. SUPPORT TO US CLINICS & CAMP INDEPENDENCE OF SAN ANTONIO ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 8730 AVATOR CIRCLE SUPPLIES LOW-INCOME, UNINSURED FAIR OAKS RANCH, TX 78015 91-2049016 501(C)(3) 0. 11 642. PRICE EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & VENTURA COUNTY PUBLIC HEALTH WHOLESALE HEALTH CENTERS FOR DEPARTMENT - 2240 GONZALES RD. -PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES OXNARD CA 93035 95-6000944 11 523. PURCHASED PATIENTS 0.

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & TEXAS STATE GUARD ESTIMATED HEALTH CENTERS FOR 1501 RED RIVER STREET WHOLESALE LOW-INCOME, UNINSURED 11,500, PRICE AUSTIN, TX 78712 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE CORNELL SCOTT-HILL HEALTH PHARMACEUTICALS HEALTH CENTERS FOR CORPORATION - 400-428 COLUMBUS PRICE MEDICAL LOW-INCOME UNINSURED AVENUE - NEW HAVEN, CT 06519 06-0870990 501(C)(3) 0 11,359. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CODMAN SOUARE HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 637 WASHINGTON STREET PRICE SUPPLIES LOW-INCOME UNINSURED DORCHESTER, MA 02124 04-2678774 501(C)(3) 0. 11,325. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR INLAND BEHAVIORAL HEALTH SERVICES WHOLESALE INC. - 1963 NORTH E STREET - SAN PRICE SUPPLIES LOW-INCOME, UNINSURED 11,260. PURCHASED BERNARDINO, CA 92405 95-3246624 501(C)(3) 0 EOUIPMENT PATTENTS ADA CAMP HE OLA KE KEIKI AMERICAN SUPPORT TO US CLINICS & DIABETES ASSOCIATION - PIONEER MEDICAL HEALTH CENTERS FOR ESTIMATED PLAZA 900 FORT STREET MALL -WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 13-1623888 501(C)(3) 11,245, PRICE EQUIPMENT PATIENTS HONOLULU, HI 96813 0. ESTIMATED SUPPORT TO US CLINICS & NEWYORK-PRESBYTERIAN BROOKLYN WHOLESALE HEALTH CENTERS FOR METHODIST HOSPITAL - 501 6TH PRICE MEDICAL LOW-INCOME, UNINSURED 11,125. PURCHASED STREET - BROOKLYN NY 11215 13-3957095 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED 11 045 PURCHASED EOUIPMENT PATIENTS BUFFALO NY 14213 42-1571876 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & UNITED UNIVERSITY PROFESSIONS WHOLESALE MEDICAL HEALTH CENTERS FOR 800 TROY SCHENECTADY ROAD PRICE. SUPPLIES LOW-INCOME, UNINSURED LATHAM NY 12110 22-2644220 0. 11 032 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & SHENANDOAH COUNTY FREE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 124 VALLEY VISTA DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED WOODSTOCK, VA 22664 54-2032008 501(C)(3) 0. 10 970 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEART OF TEXAS COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 1600 PROVIDENCE DRIVE -PRICE LOW-INCOME, UNINSURED SUPPLIES 10,911. PURCHASED WACO, TX 76707 74-2867580 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & HIV/AIDS ALLIANCE FOR REGION TWO ESTIMATED DBA OPEN HEALTH CARE CLINIC - 4550 WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR NORTH BLVD SUITE 250 - BATON PRICE MEDICAL LOW-INCOME UNINSURED ROUGE, LA 70806 72-1283359 501(C)(3) 0 10,896. PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & SAN ANTONTO REGIONAL HOSPITAL WHOLESALE HEALTH CENTERS FOR MEDICAL 1175 E ARROW HIGHWAY PRICE LOW-INCOME UNINSURED UPLAND, CA 91786 33-0042666 501(C)(3) 0. 10,876. PURCHASED SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR WILLIAM F. RYAN COMMUNITY HEALTH WHOLESALE CENTER - 110 WEST 97TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 13-2884976 501(C)(3) 0 10,853. PURCHASED SUPPLIES PATTENTS NEW YORK, NY 10025 ESTIMATED SUPPORT TO US CLINICS & HOWARD BROWN HEALTH CENTER WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 1025 W. SUNNYSIDE PRICE MEDICAL LOW-INCOME, UNINSURED 10,844. PURCHASED CHICAGO, IL 60640 36-2894128 501(C)(3) SUPPLIES PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & MOUNT SINAI HEALTH SYSTEM WHOLESALE HEALTH CENTERS FOR ONE GUSTAVE L. LEVY PLACE PRICE MEDICAL LOW-INCOME, UNINSURED NEW YORK NY 10029-6574 13-6271888 501(C)(3) 10 803 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR SUNCOAST COMMUNITY HEALTH CENTERS PHARMACEUTICALS ADMINISTRATIVE OFFICES - 313 S. PRICE MEDICAL LOW-INCOME, UNINSURED 10 711 PURCHASED PATIENTS LAKEWOOD DRIVE - BRANDON FL 33511 59-1741303 501(C)(3) 0. SUPPLIES ESTIMATED SUPPORT TO US CLINICS & ST. MARY MEDICAL CENTER DIGNITY WHOLESALE HEALTH CENTERS FOR HEALTH - 1050 LINDEN AVENUE - LONG PRICE. MEDICAL LOW-INCOME, UNINSURED BEACH, CA 90813 94-1196203 501(C)(3) 0. 10 658, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE HEALTH AND WELLNESS CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 3834 S. WESTERN AVENUE PRICE LOW-INCOME, UNINSURED SUPPLIES. LOS ANGELES, CA 90062 23-7351622 501(C)(3) 10 616 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & WAIANAE DISTRICT COMPREHENSIVE PHARMACEUTICALS HEALTH AND HOSPITAL BOARD DBA WHOLESALE OTHER HEALTH CENTERS FOR WAIANAE COAST COMPR - 86-260 PRICE MEDICAL LOW-INCOME, UNINSURED 10,400. PURCHASED FARRINGTON HIGHWAY - WAIANAE, HI 99-0148164 501(C)(3) 0. SUPPLIES PATTENTS SUPPORT TO US CLINICS & PHARMACEUTICALS CRISIS CONTROL MINISTRY ESTIMATED MEDICAL HEALTH CENTERS FOR 200 E. TENTH STREET WHOLESALE SUPPLIES LOW-INCOME UNINSURED WINSTON SALEM, NC 27101 23-7348168 501(C)(3) 0 10,334. PRICE EOUTPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS PERSON FAMILY MEDICAL CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 702 NORTH MAIN STREET PRICE SUPPLIES LOW-INCOME UNINSURED ROXBORO, NC 27573 58-1387324 501(C)(3) 0. 10,298, PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR URBAN HEALTH AND WELLNESS WHOLESALE PHARMACEUTICALS 859 METROPOLITAN PARKWAY SW PRICE MEDICAL LOW-INCOME, UNINSURED 10,179. PURCHASED 27-0000606 501(C)(3) 0 SUPPLIES PATTENTS ATLANTA, GA 30310 ESTIMATED SUPPORT TO US CLINICS & CENTER STREET COMMUNITY HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 136 WEST CENTER STREET -PRICE MEDICAL LOW-INCOME, UNINSURED 34-1751179 501(C)(3) 10 154. PURCHASED SUPPLIES PATIENTS MARION, OH 43302 0. ESTIMATED SUPPORT TO US CLINICS & THE VALLEY HEALTH SYSTEM WHOLESALE MEDICAL HEALTH CENTERS FOR 223 NORTH VAN DIEN AVE PRICE SUPPLIES LOW-INCOME, UNINSURED RIDGEWOOD NJ 07450 22-2922016 501(C)(3) 10 119 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR VNA HEALTH CARE PHARMACEUTICALS 400 NORTH HIGHLAND AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS AURORA IL 60506 36-2182095 501(C)(3) 0. 10 100 PURCHASED SUPPLIES SUPPORT TO US CLINICS & HEALTHFINDERS COLLABORATIVE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 710 DIVISION STREET MEDICAL LOW-INCOME, UNINSURED NORTHFIELD, MN 55057 9,968.PRICE 20-1805262 501(C)(3) 0. SUPPLIES PATTENTS NORTH FLORIDA SOUTH GEORGIA ESTIMATED SUPPORT TO US CLINICS & VETERAN'S ADMINISTRATION HOSPITAL WHOLESALE HEALTH CENTERS FOR - 1601 SW ARCHER ROAD -PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES GAINESVILLE, FL 32608 9 892, PURCHASED PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & BROCK HUGHES FREE CLINIC PHARMACY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 450 WEST MONROE STREET PRICE. MEDICAL LOW-INCOME, UNINSURED WYTHEVILLE, VA 24382 20-2353144 501(C)(3) 0. 9 881, PURCHASED SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED THE MARIE BLANCHARD FRIENDSHIP WHOLESALE MEDICAL HEALTH CENTERS FOR CLINIC - 704 SOUTH LATAH STREET -PRICE SUPPLIES LOW-INCOME UNINSURED BOISE, ID 83705 20-0184266 501(C)(3) 0 9,855, PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & FAVOR GREENVILLE ESTIMATED HEALTH CENTERS FOR PHARMACEUTICALS 355 WOODRUFF ROAD WHOLESALE MEDICAL LOW-INCOME UNINSURED GREENVILLE, SC 29607 20-1724061 501(C)(3) 0. 9,804. PRICE SUPPLIES PATTENTS ASIAN & PACIFIC ISLANDER WELLNESS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CENTER DBA SF COMMUNITY HEALTH WHOLESALE CENTER - 730 POLK STREET, 4TH PRICE SUPPLIES LOW-INCOME, UNINSURED 9,798. PURCHASED FLOOR - SAN FRANCISCO, CA 94109 94-3096109 501(C)(3) 0 EOUTPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & PATHWAYS' FREE SPECIALTY CLINIC MEDICAL HEALTH CENTERS FOR ESTIMATED 1200 W. WASHINGTON STREET WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 9,780.PRICE PETERSBURG, VA 23803 54-1868900 501(C)(3) EQUIPMENT PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & CARIDAD CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 8645 W. BOYNTON BEACH BLVD. PRICE MEDICAL LOW-INCOME, UNINSURED 9,772. PURCHASED BOYNTON BEACH, FL 33472 65-0149423 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR ASYLUM-SEEKERS SHELTER HEALTH PHARMACEUTICALS PROGRAM - 4902 PACIFIC HIGHWAY -PRICE MEDICAL LOW-INCOME, UNINSURED 9 762 PURCHASED PATIENTS SAN DIEGO CA 92110 95-6006144 501(C)(3) 0. SUPPLIES SUPPORT TO US CLINICS & VALLEY HEALTH ASSOCIATES ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 427 PAJARO STREET MEDICAL LOW-INCOME, UNINSURED SALINAS, CA 93901 77-0297577 501(C)(3) 0. 9 736. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BAPTIST MISSION CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 2125 EXCHANGE AVE PRICE LOW-INCOME, UNINSURED SUPPLIES. OKLAHOMA CITY, OK 73108 73-0644143 501(C)(3) 9 734 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

(a) Name and address of organization or government (b) EN (c) IFC saction (sasistance) (b) EN (c) IFC saction (c) Amount of cell gerM (c) Amount of c	Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
EL HOGAS GUEST HOUSE CLINIC 600 BERCHT DRIVE SACHAMENTO, CA 95811 68-032730 501(C)(3) 0. 9,674.PRICE SUPPLIES, LOW-INCOME, UNINSURED SACHAMENTO, CA 95811 68-032730 501(C)(3) 0. 9,674.PRICE ESTIMATED PHARMACEUTICALS WESTIMATED PHARMACEUTICALS WESTIMATED PHARMACEUTICALS WESTIMATED PHARMACEUTICALS WESTIMATED PHARMACEUTICALS PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE	` '	(b) EIN		` '	non-cash	valuation (book, FMV,	107	
##OLESALE SUPPLIES ON INCOME, UNINSURED SACRAMENTO, CA 95811 68-0032730 501(C)(3) 0, 9,674, PRICE RQUIPMENT PATIENTS **RICHARD F, CLARKE HELP FREE CLINIC PHARMACTURICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE WHOLESALE SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACT 1320 LABALLE AVENUE - PATIENTS **CALCASIBU PARISH HUMAN SERVICES DEPARTMENT - 2001 MOBILING STREET LAT 70601 72-6000234 0. 9,636, PURCHASED SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESA							PHARMACEUTICALS	SUPPORT TO US CLINICS &
SACRAMERTO, CA 95811 68-0032730 501(C)(3) 0. 9,674.PRICE SQUIPMENT PATERNS	EL HOGAR GUEST HOUSE CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
RICHARD F, CLARKE HELP FREE CLINIC PHARMACET 1320 LASALE AVENUE - 1320 LASALE AVENUE - 54-1209213 501(c)(3) 0. 9,536, PURCHASED SUPPLIES, LOW-INCOME, UNINSURED HAMPON, VA 23669 54-1209213 501(c)(3) 0. 9,536, PURCHASED SUPPLIES, LOW-INCOME, UNINSURED BEPARAMENT - 2001 MOBILING STREET - 72-6000234 0. 9,624, PRICE SUPPLIES, LOW-INCOME, UNINSURED BEPARAMENT - 2001 MOBILING STREET - 72-6000234 0. 9,624, PRICE SOUTHENT PATENTS SOUTH CENTRAL PAMILY HEALTH CENTER OR 109 E. VERNON AVE. LOW STREET - 100 CLOSE STIMATED STREET - 100 CLOSE STIMATED SUPPLIES, LOW-INCOME, UNINSURED LOW STIMATED STREET - 100 CLOSE STIMATED SUPPLIES, LOW-INCOME, UNINSURED LOW STREET - 100 CLOSE STIMATED SUPPLIES, LOW-INCOME, UNINSURED SUPPLIES, LOW-INCOME,	600 BERCUT DRIVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
RICHARD F. CLARKE HELP FREE CLINIC PHARMACY - 1320 LASALLE AVENUE - HAMPTON, VA 23669 54-1209213 501(C)(3) 0. 9,636 FURCHASED SUPPLIES, LOW-INCOME, UNINSURED HAMPTON, VA 23669 54-1209213 501(C)(3) 0. 9,636 FURCHASED SUPPLIES, LOW-INCOME, UNINSURED FRANKACEUTICALS SUPPLIES, LOW-INCOME, UNINSURED STIMATED MIGUESALE SUPPLIES, LOW-INCOME, UNINSURED LAKE CHARLES, LA 70601 72-6000234 0. 9,624 PRICE SUPPLIES, LOW-INCOME, UNINSURED LAKE CHARLES, LA 70601 72-6000234 0. 9,624 PRICE SUPPLIES, LOW-INCOME, UNINSURED LAKE CHARLES, LA 70601 95-3877793 501(C)(3) 0. 9,557 FURCHASED SUPPLIES, LOW-INCOME, UNINSURED LOW AND AND ADDRESS AS SUPPORT TO US CLINICS & WINDLESALE MIGUESALE MEDICAL HEALTH CENTERS FOR FRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW AND ADDRESS AS SUPPORT TO US CLINICS & WINDLESALE MEDICAL HEALTH CENTERS FOR FRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW AND ADDRESS AS SUPPORT TO US CLINICS & WINDLESALE MEDICAL HEALTH CENTERS FOR FRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW AND ADDRESS AS SUPPORT TO US CLINICS & WINDLESALE MEDICAL HEALTH CENTERS FOR FRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW AND ADDRESS AS SUPPORT TO US CLINICS & WINDLESALE MEDICAL HEALTH CENTERS FOR FRICE, SUPPLIES, LOW-INCOME, UNINSURED CULVER CITY (A 90232 32-0556686 0. 9,324 FURCHASED SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WINDLESALE MEDICAL HEALTH CENTERS FOR 1400 A.O. JONES BLVD. FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226 FRICE SUPPLIES, LOW-INCOME, UNINSURED COLVER CITY (A 90232 32-0556686 0. 9,226 FRICE SUPPLIES, LOW-INCOME, UNINSURED MEDICAL HEALTH CENTERS FOR MEDICAL CLINIC AUX AND STREE FOR SUPPORT TO US CLINICS & WINDLESALE SUPPLIES, LOW-INCOME, UNINSURED FOR MEDICAL CLINIC AUX AND STREE FOR SUPPORT TO US CLINICS & WINDLESALE SUPPLIES, LOW-INCOME, UNINSURED FOR MEDICAL CLINIC AUX AND STREE SUPPLIES SUPPLIES, LOW-INCOME, UNINSURED MEDICAL CLINIC AUX AND STREE SUPPLIES SUPPLIES, LOW-INCOME, UNINSURED FOR MEDICAL CLINIC AUX AND STREE SUPPLIES SUPPLIES SUPPORT TO US CLINICS & WINDLESALE SUPPLIES SUPPORT TO US CLINICS &	SACRAMENTO, CA 95811	68-0032730	501(C)(3)	0.	9,674.	PRICE	EQUIPMENT	PATIENTS
PHARMACY - 1320 LASALLE AVENUE - HAMPTON, VA 23669 54-1209213 501(C)(3) 0. 9,636 FURCHASED EQUIPMENT PATTENTS CALCASIEU PARTSH HUMAN SERVICES DEPARTMENT - 2001 MOELING STREET - LARC CHARGE, LA 76601 72-6000234 0. 9,624 FRICE EQUIPMENT ANTENTS SOUTH CENTRAL FAMILY HEALTH CENTER 109 S. SUPPLIES AND CHINICOME, UNINSURED AND CHINICAL CHINICS & WHOLESALE SUPPLIES AND CHINICAL						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HAMPTON, VA 23669	RICHARD F. CLARKE HELP FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CALCASIEU PARISH HUMAN SERVICES CAMP KURCASIEU PARISH HUMAN SERVICES CAMP KUDOS CA	PHARMACY - 1320 LASALLE AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CALCASIEU PARISH HUMAN SERVICES DEPARTMENT - 2001 MOELING STREET - 72-6000234 0. 9,624. PRICE HOLESALE SUPPLIES, LOW-INCOME, UNINSURED PARISH FOR HOLESALE SUPPLIES, LOW-INCOME, UNINSURED PARISH FOR HEALTH CENTERS FOR HOLESALE HEALTH CENTERS FOR HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - 10-10 MACHINE FOR HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PARISH DEPARTMENTS SHARED HARVEST FUND MYCOVIDMD 1000 WASHINGTON BLVD CULVER CITY, CA 90232 32-0556686 0. 9,324. PURCHASED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES,	HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	9,636.	PURCHASED	EQUIPMENT	PATIENTS
DEPARTMENT - 2001 MODELING STREET - LAKE CHARLES, LA 70601 72-6000234 0. 9,624. PRICE EQUIPMENT PATIENTS SOUTH CENTRAL FAMILY HEALTH CENTER 109 E, VERNON AVE. LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS LOS ANGELES, CA 90011 95-3877793 501(c)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS ESTIMATED HARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WEDICAL HEALTH CENTERS FOR RECOVER TO US CLINICS & WHOLESALE WEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED WEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRICE EQUIPMENT PATIENTS LOS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRICE EQUIPMENT PATIENTS LOS ESTIMATED WEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRICE EQUIPMENT PATIENTS LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE EQUIPMENT PATIENTS NEIGHBORHOOD HEALTH CENTER OF WHY, HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURE							PHARMACEUTICALS	SUPPORT TO US CLINICS &
LARE CHARLES, LA 70601 72-6000234 0. 9,624. RICE EQUIPMENT PATIENTS SOUTH CENTRAL FAMILY HEALTH CENTER 1109 E. VERNOM AVE. LOS ANGELES, CA 90011 95-3877793 501(C)(3) 0. 9,557. FURCHASED EQUIPMENT PATIENTS HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EUREA, CA 95501 47-2822261 501(C)(3) 0. 9,522. FURCHASED EQUIPMENT PATIENTS SHARED HARVEST FUND MYCOVIDMD HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED EVIDER CITY, CA 90232 32-0556686 0. 9,324. FURCHASED EQUIPMENT PATIENTS EASTIMATED HOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED EXTIMATED SUPPORT TO US CLINICS & STIMATED SUPPORT TO US CLINICS & STIMATED SUPPORT TO US CLINICS & PRICE, SUPPLIES, LOW-INCOME, UNINSURED EXTRACT SOLVE CITY, CA 90232 32-0556686 0. 9,324. FURCHASED EQUIPMENT PATIENTS EASTIMATED SUPPORT TO US CLINICS & STIMATED SUP	CALCASIEU PARISH HUMAN SERVICES					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
SOUTH CENTRAL FAMILY HEALTH CENTER 109 E. VERNON AVE. LOS ANGELES, CA 90011 95-3877793 501(C)(3) 0. 9,557, FURCHASED HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EULERA, CA 95501 47-2822261 501(C)(3) 0. 9,522, FURCHASED FRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR HARM REDUCTION - 1522 3RD STREET - EULERA, CA 95501 47-2822261 501(C)(3) 0. 9,522, FURCHASED FRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED FRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED FRICE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, SUPPLIES, LOW-INCOME, UNINSURED CULVER CITY, CA 90232 32-0556686 0. 9,324, FURCHASED FORT MILL, SC 29715 THE PEOPLE'S CITY MISSION FREE MEDICAL HEALTH CENTERS FOR HARM MEDICAL HEALTH CENTERS FOR	DEPARTMENT - 2001 MOELING STREET -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SOUTH CENTRAL FAMILY HEALTH CENTER 1109 E. VERNON AVE. LOS ANGELES, CA 90011 95-3877793 501(C)(3) 0. 9,557. PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EUREKA, CA 95501 47-2822261 501(C)(3) 0. 9,522. PURCHASED EQUIPMENT ESTIMATED WHOLESALE HOMEOLOTA AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EUREKA, CA 95501 47-2822261 501(C)(3) 0. 9,522. PURCHASED EQUIPMENT WHOLESALE WHOLESAL	LAKE CHARLES, LA 70601	72-6000234		0.	9,624.	PRICE	EQUIPMENT	PATIENTS
1109 E. VERNON AVE. LOS ANGELES, CA 90011 95-3877793 501(C)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS ESTIMATED HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EUREKA, CA 95501 47-2822261 501(C)(3) 0. 9,522. PURCHASED EQUIPMENT PATIENTS ESTIMATED WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS SHARED HARVEST FUND MYCOVIDMD 10000 WASHINGTON BLVD CULVER CITY, CA 90232 32-0556686 0. 9,324. PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & RESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & WHOLESALE SUPPORT TO US CLINICS & BESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS THE PEOPLE'S CITY MISSION FREE MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS PATIENTS PATIENTS ESTIMATED MHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS PA						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LOS ANGELES, CA 90011 95-3877793 501(C)(3) 0. 9,557. PURCHASED EQUIPMENT PATIENTS BESTIMATED HARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS BESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS BESTIMATED SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS BESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & SUPPLIES, LOW-INCOME, UNINSURED EXTIMATED MEDICAL HEALTH CENTERS FOR HEALTH CENTERS FOR ESTIMATED MEDICAL SUPPLIES, LOW-INCOME, UNINSURED EXTIMATED MEDICAL SUPPLIES, LOW-INCOME, UNINSURED EXTIMATED MEDICAL SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED EXTIMATED MEDICAL HEALTH CENTERS FOR HEDICAL CLINIC - 401 N. 2ND STREET LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE EQUIPMENT PATIENTS NEGIGIBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED HEALTH CENTERS FOR LOW-INCOME, UNINSURED LOW-I	SOUTH CENTRAL FAMILY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EUREKA, CA 95501 47-2822261 501(C)(3) 0. 9,522. FURCHASED EQUIPMENT PATIENTS SHARED HARVEST FUND MYCOVIDMD SHARED LOW-INCOME, UNINSURED CULVER CITY, CA 90232 32-0556686 0. 9,324. FURCHASED EQUIPMENT PATIENTS CAMP KUDOS LOW-INCOME, UNINSURED CULVER CITY, CA 90232 32-0556686 0. 9,324. FURCHASED EQUIPMENT PATIENTS CAMP KUDOS LOW-INCOME, UNINSURED COMPANDA SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED CULVER CITY, CA 90232 32-0556686 0. 9,324. FURCHASED EQUIPMENT PATIENTS CAMP KUDOS LOW-INCOME, UNINSURED FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226. FRICE EQUIPMENT PATIENTS THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC - 401 N. 2ND STREET LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE EQUIPMENT PATIENTS NEIGHBORHOOD HEALTH CENTER FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, NEIGHBORHOOD HEALTH CENTERS FOR LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOM	1109 E. VERNON AVE.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HUMBOLDT AREA CENTER FOR HARM REDUCTION - 1522 3RD STREET - EUREKA, CA 95501 47-2822261 501(C)(3) 0. 9,522 PURCHASED EQUIPMENT PATIENTS ESTIMATED SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED MEDICAL HEALTH CENTERS FOR SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED MEDICAL HEALTH CENTERS FOR HEA	LOS ANGELES, CA 90011	95-3877793	501(C)(3)	0.	9,557.	PURCHASED	EQUIPMENT	PATIENTS
REDUCTION - 1522 3RD STREET - EUREKA, CA 95501						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EUREKA, CA 95501 47-2822261 501(C)(3) 0. 9,522 PURCHASED ESTIMATED WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED CULVER CITY, CA 90232 32-0556686 0. 9,324 PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & PRICE, SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & ESTIMATED MEDICAL HEALTH CENTERS FOR SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226 PRICE ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE	HUMBOLDT AREA CENTER FOR HARM					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SHARED HARVEST FUND MYCOVIDMD SHARED HARVEST FUND MYCOVIDMD CULVER CITY, CA 90232 32-0556686 0. 9,324. PURCHASED ESTIMATED MEDICAL PRICE, SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS CAMP KUDOS 1400 A.O. JONES BLVD. FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226. PRICE ESTIMATED MEDICAL MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED	REDUCTION - 1522 3RD STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SHARED HARVEST FUND MYCOVIDMD 10000 WASHINGTON BLVD CULVER CITY, CA 90232 32-0556686 0. 9,324, PURCHASED EQUIPMENT BESTIMATED MEDICAL MEDICAL SUPPLIES, LOW-INCOME, UNINSURED PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEAL	EUREKA, CA 95501	47-2822261	501(C)(3)	0.	9,522.	PURCHASED	EQUIPMENT	PATIENTS
10000 WASHINGTON BLVD CULVER CITY, CA 90232 32-0556686 0. 9,324 PURCHASED EQUIPMENT SUPPORT TO US CLINICS & WHOLESALE FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226 PRICE EQUIPMENT PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED ON NO PATIENTS ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED ON PATIENTS NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED						ESTIMATED		SUPPORT TO US CLINICS &
CULVER CITY, CA 90232 32-0556686 0. 9,324. PURCHASED EQUIPMENT SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226. PRICE EQUIPMENT PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE ESTIMATED MEDICAL HEALTH CENTERS FOR MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED HEALTH CENTERS FOR WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, LOW-INCOME, UNINSURED	SHARED HARVEST FUND MYCOVIDMD					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CULVER CITY, CA 90232 32-0556686 0. 9,324. PURCHASED EQUIPMENT SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226. PRICE EQUIPMENT PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE ESTIMATED MEDICAL HEALTH CENTERS FOR MEDICAL HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED HEALTH CENTERS FOR WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, LOW-INCOME, UNINSURED	10000 WASHINGTON BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAMP KUDOS 1400 A.O. JONES BLVD. FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226. PRICE EQUIPMENT PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HEALTH CENTERS FOR WHOLESALE WHOLESALE WHOLESALE WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED O. 9,139. PRICE PHARMACEUTICALS SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, WHOLESALE WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL MEDICAL MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL M	CULVER CITY, CA 90232	32-0556686		0.	9,324.	PURCHASED	EQUIPMENT	
1400 A.O. JONES BLVD. FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226. PRICE EQUIPMENT PATIENTS THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC - 401 N. 2ND STREET LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PATIENTS O. 9,139. PRICE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED								SUPPORT TO US CLINICS &
FORT MILL, SC 29715 56-2183933 501(C)(3) 0. 9,226.PRICE EQUIPMENT PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED MEDICAL CLINIC - 401 N. 2ND STREET LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139.PRICE ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED	CAMP KUDOS					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC - 401 N. 2ND STREET - LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED EQUIPMENT PATIENTS WHOLESALE WHOLESALE SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS WHOLESALE NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED	1400 A.O. JONES BLVD.					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC - 401 N. 2ND STREET - LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE ESTIMATED , MEDICAL HEALTH CENTERS FOR SUPPLIES, LOW-INCOME, UNINSURED PATIENTS NEIGHBORHOOD HEALTH CENTER OF WNY, WHOLESALE , MEDICAL HEALTH CENTERS FOR SUPPLIES, LOW-INCOME, UNINSURED NEIGHBORHOOD HEALTH CENTER OF WNY, PRICE, SUPPLIES, LOW-INCOME, UNINSURED	FORT MILL, SC 29715	56-2183933	501(C)(3)	0.	9,226.	PRICE	EQUIPMENT	PATIENTS
MEDICAL CLINIC - 401 N. 2ND STREET - LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139. PRICE EQUIPMENT PATIENTS NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, WHOLESALE WHOLESALE WHOLESALE WHOLESALE WHOLESALE NEDICAL WHOLESALE WHOLESALE NEIGHBORHOOD HEALTH CENTERS FOR SUPPLIES, LOW-INCOME, UNINSURED					-		PHARMACEUTICALS	SUPPORT TO US CLINICS &
- LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139.PRICE EQUIPMENT PATIENTS RESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE , MEDICAL HEALTH CENTERS FOR INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED	THE PEOPLE'S CITY MISSION FREE					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
LINCOLN, NE 68508 26-3819766 501(C)(3) 0. 9,139.PRICE EQUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE , MEDICAL HEALTH CENTERS FOR INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED	MEDICAL CLINIC - 401 N. 2ND STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE , MEDICAL HEALTH CENTERS FOR INC - 155 LAWN AVENUE - BUFFALO, PRICE, SUPPLIES, LOW-INCOME, UNINSURED	- LINCOLN, NE 68508	26-3819766	501(C)(3)	0.	9,139.	PRICE	'	· ·
NEIGHBORHOOD HEALTH CENTER OF WNY, INC - 155 LAWN AVENUE - BUFFALO, WHOLESALE , MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED					,		· ·	SUPPORT TO US CLINICS &
INC - 155 LAWN AVENUE - BUFFALO, LOW-INCOME, UNINSURED	NEIGHBORHOOD HEALTH CENTER OF WNY							
	′1						SUPPLIES .	
	'	16-1294447	501(C)(3)	0.	9,123.	· ·	,	

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CARE HARBOR					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
18436 HAWTHORNE BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TORRANCE, CA 90504	27-2984870	501(C)(3)	0.	9,112.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMPASSION HEALTH TOLEDO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1638 BROADWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TOLEDO, OH 43609	47-3197108	501(C)(3)	0.	9,108.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PATHPOINT					WHOLESALE		HEALTH CENTERS FOR
315 WEST HALEY STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	95-2371668	501(C)(3)	0.	8,984.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CONSEJO RENAL DE PUERTO RICO, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HOSP. DR. RAMON FERNANDEZ MARINA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN JUAN, PR 00922	66-0408212	501(C)(3)	0.	8,982.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
AVENAL COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1000 SKYLINE BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AVENAL, CA 93204	77-0425496	501(C)(3)	0.	8,932.	PURCHASED	SUPPLIES	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
GREAT SALT PLAINS HEALTH CENTER,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 405 S. OKLAHOMA AVE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CHEROKEE, OK 73728	20-8787477	501(C)(3)	0.	8,918.	PURCHASED	SUPPLIES	PATIENTS
,				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
DESERT STAR INST. FOR FAMILY					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
PLANNING - 5501 NORTH 19TH AVENUE					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
- PHOENIX, AZ 85015	82-1523284	501(C)(3)	0.	8,873.	PRICE	EQUIPMENT	PATIENTS
,				, -	ESTIMATED	_	SUPPORT TO US CLINICS &
WHATLEY HEALTH SERVICES, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2731 M. L. KING, JR. BLVD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
TUSCALOOSA, AL 35401	63-0727781	501(C)(3)	0.	8 774.	PURCHASED	SUPPLIES	PATIENTS
				-,	ESTIMATED		SUPPORT TO US CLINICS &
CARBON MEDICAL SERVICE ASSOCIATION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
EAST CARBON CLINIC - 331 HIGHWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
123 - SUNNYSIDE, UT 84520	87-0217443	501(C)(3)	0.	8 721.	PURCHASED	SUPPLIES	PATIENTS
	.,,		· · ·	٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH PARTNERS INC ESTIMATED MEDICAL HEALTH CENTERS FOR 3070 CRAIN HIGHWAY #101 WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 8,642. PRICE WALDORF, MD 20601 52-1767044 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE MANSFIELD MISSION - LINDA NIX PHARMACEUTICALS HEALTH CENTERS FOR CLINIC - 901 W. BROAD STREET -PRICE MEDICAL LOW-INCOME UNINSURED MANSFIELD TX 76063 36-4753862 501(C)(3) 0 8,582, PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & CAMP STIX DIABETES PROGRAMS ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 11922 S PLAYER DRIVE WHOLESALE MEDICAL LOW-INCOME UNINSURED SPOKANE, WA 99223 91-2077207 501(C)(3) 0. 8,544. PRICE SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR PENOBSCOT COMMUNITY HEALTH CARE WHOLESALE PHARMACEUTICALS 103 MAINE AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 8,433, PURCHASED 01-0514750 501(C)(3) 0 SUPPLIES PATTENTS BANGOR, ME 04401 ADA CAMP CHARM CITY AMERICAN SUPPORT TO US CLINICS & DIABETES ASSOCIATION - 2002 MEDICAL HEALTH CENTERS FOR ESTIMATED CLIPPER PARK ROAD - BALTIMORE, MD WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 13-1623888 501(C)(3) 8,346. PRICE EQUIPMENT PATIENTS 21211 0. ESTIMATED SUPPORT TO US CLINICS & METRO COMMUNITY HEALTH CENTER, WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR TNC - 979 CROSS BRONX EXPRESSWAY PRICE MEDICAL LOW-INCOME, UNINSURED - BRONX NY 10460 46-1317334 501(C)(3) 8 289 PURCHASED SUPPLIES PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR CAMP JOSLIN CLARA BARTON CAMP ESTIMATED 150 RICHARDSONS CORNER RD. WHOLESALE MEDICAL LOW-INCOME, UNINSURED 22-2701822 501(C)(3) 8 236. PRICE SUPPLIES PATIENTS CHARLTON MA 01507 0. PLANNED PARENTHOOD OF SOUTH, EAST SUPPORT TO US CLINICS & ESTIMATED HEALTH CENTERS FOR AND NORTH FLORIDA - 263 NORTH UNIVERSITY DRIVE - PEMBROKE PINES WHOLESALE LOW-INCOME, UNINSURED 8,213. PRICE FL 33024 59-1391115 501(C)(3) 0. PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & STREET LEVEL HEALTH PROJECT WHOLESALE MEDICAL HEALTH CENTERS FOR 3125 E 15TH STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. OAKLAND, CA 94601 56-2324355 501(C)(3) 8 139 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & VIP COMMUNITY SERVICES INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 770 EAST 176TH STREET PRICE. MEDICAL LOW-INCOME, UNINSURED 8,123, PURCHASED BRONX, NY 10460 13-3224700 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS LOS ANGELES CHRISTIAN HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR CENTERS - 311 WINSTON STREET - LOS PRICE SUPPLIES LOW-INCOME UNINSURED ANGELES, CA 90013 95-4315734 501(C)(3) 0 8,061, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & FAMILY HEALTH CLINIC MEDICAL WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS CENTER HOSPITAL - 840 WEST PRICE MEDICAL LOW-INCOME UNINSURED CLEMENTS - ODESSA, TX 79763 75-2302928 501(C)(3) 0. 8,042, PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR MOBILE CLINIC PROJECT AT UCLA ESTIMATED 6344 TOPANGA CANYON BLVD WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 7,995. PRICE 95-6006143 501(C)(3) 0 EOUTPMENT PATTENTS LOS ANGELES, CA 91367 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PETALUMA HEALTH CENTER 1179 NORTH MCDOWELL BLVD PRICE SUPPLIES. LOW-INCOME, UNINSURED 68-0437840 501(C)(3) 7,952, PURCHASED EQUIPMENT PATIENTS PETALUMA, CA 94954 0. PLANNED PARENTHOOD SOUTHWEST OHIO SUPPORT TO US CLINICS & REGION MT. AUBURN SURGICAL CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR - 2314 AUBURN AVENUE - CINCINNATI WHOLESALE MEDICAL LOW-INCOME, UNINSURED OH 45219 31-0536688 501(C)(3) 7,940. PRICE SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR CHOTA COMMUNITY HEALTH SERVICES MEDICAL 4798 NEW HIGHWAY 68 PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS MADISONVILLE TN 37354 68-0560048 501(C)(3) 0. 7 931 PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR PANTHER DAY CAMP ESTIMATED WHOLESALE 2423 - 172ND PL SE SUPPLIES LOW-INCOME, UNINSURED 7,900. PRICE BOTHELL WA 98012-6515 91-1192064 501(C)(3) 0. EOUIPMENT PATTENTS SUPPORT TO US CLINICS & VIRGINIA UNITED INC. DBA PAGE FREE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE CLINIC - 732 EAST MAIN STREET MEDICAL LOW-INCOME, UNINSURED LURAY, VA 22835 27-1421176 501(C)(3) 7 887 PRICE SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & UW MEDICINE VALLEY MEDICAL CENTER PPE SUPPLIES FOR INCIDENT RESPONSE WHOLESALE HEALTH CENTERS FOR PRICE. MEDICAL LOW-INCOME, UNINSURED - 400 SOUTH 43RD STREET - RENTON. PATIENTS WA 98058 91-6000986 501(C)(3) 0. 7 849 PURCHASED SUPPLIES SUPPORT TO US CLINICS & ESTIMATED UNITED CRITICAL CARE WHOLESALE HEALTH CENTERS FOR 6040 S FORT APACHE RD #100 PRICE MEDICAL LOW-INCOME UNINSURED LAS VEGAS, NV 89148 27-2374581 0 7,848, PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & COLUMBUS COUNTY HEALTH DEPARTMENT PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED WHOLESALE 304 JEFFERSON STREET MEDICAL LOW-INCOME UNINSURED WHITEVILLE, NC 28472 56-6000289 0. 7,774. PRICE SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR SPECTRUM HEALTH HELEN DEVOS WHOLESALE CHILDREN'S HOSPITAL - 100 MICHIGAN PRICE MEDICAL LOW-INCOME, UNINSURED 7,769, PURCHASED STREET NE - GRAND RAPIDS, MI 49503 0 SUPPLIES PATTENTS 38-2752328 SUPPORT TO US CLINICS & CAMP SWEENEY PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED 10687 FM 678 WHOLESALE MEDICAL LOW-INCOME, UNINSURED 75-6002547 501(C)(3) SUPPLIES PATIENTS WHITESBORO, TX 76273 0. 7,758. PRICE SUPPORT TO US CLINICS & FLORIDA DIABETES CAMP ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR CMS BUILDING A WHOLESALE MEDICAL LOW-INCOME, UNINSURED 7,681. PRICE GAINESVILLE, FL 32608 23-7098099 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR SYMBA CENTER 20601 HWY 18 SUITE 171 PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS APPLE VALLEY CA 92307 84-3729902 501(C)(3) 0. 7 677 PURCHASED VOLUNTEERS IN MEDICINE OF MONROE PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED MEDICAL HEALTH CENTERS FOR COUNTY DBA HEALTHNET BLOOMINGTON WHOLESALE HEALTH CENTER - 811 WEST 2ND SUPPLIES. LOW-INCOME, UNINSURED STREET - BLOOMINGTON, IN 47401 20-4383915 501(C)(3) 0. 7 639 PRICE EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PUEBLO OF POJOAOUE WHOLESALE HEALTH CENTERS FOR 30 BUFFALO THUNDER TRAIL PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES SANTA FE, NM 87506 20-0030918 7 545 PURCHASED PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY - 5638 WHOLESALE HEALTH CENTERS FOR HOLLISTER AVENUE, SUITE 230 -PRICE. MEDICAL LOW-INCOME, UNINSURED 7,536. PURCHASED GOLETA, CA 93117 95-2491790 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED WELCOMEREALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1100 NORTH WOOSLEY AVENUE PRICE MEDICAL LOW-INCOME UNINSURED FAYETTEVILLE, AR 72703 58-1691790 501(C)(3) 0 7,531, PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & CABARRUS HEALTH ALLTANCE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 300 MOORESVILLE ROAD MEDICAL LOW-INCOME UNINSURED KANNAPOLIS, NC 28081 56-2016594 0. 7,513. PRICE SUPPLIES PATIENTS GREATER PRINCE WILLIAM COMMUNITY ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTH CENTER - 4379 RIDGEWOOD WHOLESALE PHARMACEUTICALS CENTER DRIVE - WOODBRIDGE, VA PRICE MEDICAL LOW-INCOME, UNINSURED 7,423, PURCHASED 22192 83-0435138 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & THE GOOD SAMARITAN MEDICAL CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 520 COLLEGE STREET PRICE MEDICAL LOW-INCOME, UNINSURED 64-0926626 501(C)(3) 7,398, PURCHASED SUPPLIES PATIENTS COLUMBUS, MS 39701 0. SUPPORT TO US CLINICS & BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH CENTERS FOR HEALTH - 202 MIRA LOMA DRIVE PURCHASED PHARMACEUTICALS LOW-INCOME, UNINSURED 94-6000506 7,391, PRICE EOUIPMENT PATTENTS OROVILLE CA 95965 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR SAN YSIDRO HEALTH CENTER 4004 BEYER BOULEVARD PRICE MEDICAL LOW-INCOME, UNINSURED 7 380 PURCHASED SUPPLIES PATIENTS SAN YSIDRO, CA 92173 95-2801772 501(C)(3) 0. SUPPORT TO US CLINICS & CAMP HO MITA KODA FOUNDATION ESTIMATED HEALTH CENTERS FOR WHOLESALE 14040 AUBURN ROAD MEDICAL LOW-INCOME, UNINSURED 7,354. PRICE NEWBURY OH 44065 82-1212824 501(C)(3) 0. SUPPLIES PATTENTS TARRANT COUNTY HOSPITAL DISTRICT ESTIMATED SUPPORT TO US CLINICS & DBA JPS HEALTH NETWORK - 1500 WHOLESALE HEALTH CENTERS FOR SOUTH MAIN STREET - FORT WORTH, TX PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES 76104 75-1766198 7 321 PURCHASED PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	,
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WESTERN TIDEWATER FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PHARMACY - 2019 MEADE PARKWAY -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SUFFOLK, VA 23434	26-3302837	501(C)(3)	0.	7,291.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HOSPITAL UPR DR. FEDERICO TRILLA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CARRETERA 3 KM 8.3					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAROLINA, PR 00984	66-0561027	501(C)(3)	0.	7,265.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AMERICAN INDIAN HEALTH & SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4141 STATE STREET, SUITE B-11					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93110	77-0398793	501(C)(3)	0.	7,262.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HEARTLAND COMMUNITY HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1701 W. GARDEN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PEORIA, IL 61605	37-1270794	501(C)(3)	0.	7,261.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
STANFORD HEALTH CARE ATTN. SUPPLY					WHOLESALE		HEALTH CENTERS FOR
DONATIONS CENTER - 820 QUARRY ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
EXTENSION - PALO ALTO, CA 94304	94-6174066	501(C)(3)	0.	7,185.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FEDERAL BUREAU OF PRISONS USP					WHOLESALE		HEALTH CENTERS FOR
LOMPOC - 3901 KLEIN BLVD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LOMPOC, CA 93436			0.	7,120.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
AVICENNA COMMUNITY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
819 BLOOMINGTON ROAD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
CHAMPAIGN, IL 61820	27-0267757	501(C)(3)	0.	7,097.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ELMHURST MEDICAL CENTER NYC HEALTH					WHOLESALE		HEALTH CENTERS FOR
+ HOSPITALS - 79-01 BROADWAY -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ELMHURST, NY 11373	11-1879800	501(C)(3)	0.	7,088.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
CHEROKEE HEALTH SYSTEMS KNOXVILLE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2018 WESTERN AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
					1		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS DESTINY OUTREACH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 141 S BLACK HORSE PIKE PRICE. SUPPLIES. LOW-INCOME, UNINSURED BLACKWOOD, NJ 08012 46-4415529 501(C)(3) 0. 7 059 PURCHASED EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WATTS HEALTHCARE CORPORATION WHOLESALE MEDICAL HEALTH CENTERS FOR 10300 COMPTON AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED LOS ANGELES, CA 90002 75-3046480 501(C)(3) 0 7 045 PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH INITIATIVES WHOLESALE MEDICAL HEALTH CENTERS FOR 2882 WEST 15TH STREET PRICE SUPPLIES LOW-INCOME UNINSURED BROOKLYN, NY 11224 47-2424768 501(C)(3) 0. 6,988, PURCHASED EOUIPMENT PATIENTS WASATCH HOMELESS HEALTH CARE DBA SUPPORT TO US CLINICS & HEALTH CENTERS FOR FOURTH STREET CLINIC - 409 WEST ESTIMATED PHARMACEUTICALS 400 SOUTH - SALT LAKE CITY, UT WHOLESALE MEDICAL LOW-INCOME, UNINSURED 6,979. PRICE 84101 87-0569356 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & BROWNSVILLE MULTI-SERVICE FAMILY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HEALTH CENTER - 592 ROCKAWAY PRICE MEDICAL LOW-INCOME, UNINSURED 11-2544630 501(C)(3) 6,949, PURCHASED SUPPLIES PATIENTS AVENUE - BROOKLYN, NY 11212 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & THE FAMILY PLACE WHOLESALE MEDICAL HEALTH CENTERS FOR 2241 BUTLER ST PRICE SUPPLIES LOW-INCOME, UNINSURED 75-1590896 501(C)(3) 6 947 PURCHASED EOUIPMENT PATTENTS DALLAS TX 75235 0. COMMUNITY CLINIC ASSOCIATION OF SUPPORT TO US CLINICS & LOS ANGELES COUNTY - 700 SOUTH MEDICAL HEALTH CENTERS FOR ESTIMATED FLOWER STREET #3150 - LOS ANGELES WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 6 936 PRICE EOUIPMENT PATIENTS CA 90017 95-4576023 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTHCARE CHOICES NY, INC. 6209 16TH AVENUE PRICE SUPPLIES. LOW-INCOME, UNINSURED BROOKLYN, NY 11204 11-3488520 501(C)(3) 0. 6 889 PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MOORE FREE CARE CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 211 TRIMBLE PLANT ROAD #C LOW-INCOME, UNINSURED SUPPLIES. SOUTHERN PINES, NC 28387 01-0781234 501(C)(3) 0. 6 860. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

(a) Name and address of organication or government (b) EN (c) IFC section of applicable of sent gent or cash assistance gent or cash gent or cash assistance gent or	Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
SOURSEPHEED MEDICAL AND DEWNAL FOUNDATION - 20 12TH AVE. NW - ARABORDE, CX 73401	` '	(b) EIN	` '	` '	non-cash	valuation (book, FMV,	107	
FOUNDATION - 20 12TH AVE. NW - ARDHORS OK 73401								SUPPORT TO US CLINICS &
ARRONGE, OK 73401 73-1509801 501(C)(3) 0. 6,846.PRICE SUPPLIES PATIENTS SANSUM CLINIC AND SANSUM ARREADAR, CA 93111 95-6419205 501(C)(3) 0. 6,335. PURCHASED SUPPLIES DUPFY HEALTH CENTER 94 MAIN STREET 94 MAIN STREET 94 MAIN STREET 95 MAIN STREET 1530 SOUTH OLIVE STREET 1540 MIGUESALE PATIENTS AND SANSUM CLINICS AND SANSUM CLINIC SANSUM CONTROL STREET 1540 MIGUESALE PATIENTS 1551 MARRIED 15	GOOD SHEPHERD MEDICAL AND DENTAL					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
SANSUM CLINIC	FOUNDATION - 20 12TH AVE. NW -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
SANSUM CLINIC	ARDMORE, OK 73401	73-1509801	501(C)(3)	0.	6,846.	PRICE	SUPPLIES	PATIENTS
### RICE, MEDICAL LOW-INCOME, UNINSURED SANTA BARBARA, CA 93111 95-6419205 501(C)(3) 0. 6,836, FURCHASED SUPFLIES PATTENTS ### SUPPLIES						ESTIMATED		SUPPORT TO US CLINICS &
SANTA BARBARA, CA 93111 95-6419205 501(C)(3) 0 6,836, PURCHASED SUPPLIES PATIENTS	SANSUM CLINIC					WHOLESALE		HEALTH CENTERS FOR
DUFFY HEALTH CENTER	470 SOUTH PATTERSON AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DUFFY HEALTH CENTER 94 MAIN STREET 94 MAIN STREET 94 MAIN STREET 94 MAIN STREET 96 MEDICAL 100 MEDIC	SANTA BARBARA, CA 93111	95-6419205	501(C)(3)	0.	6,836.	PURCHASED	SUPPLIES	PATIENTS
94 MAIN STREET HYANDE, MA 02601 04-3373741 501(C)(3) 0. 6,757. PURCHASED SUPPLIES PATIENTS EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015 95-1690965 501(C)(3) 0. 6,739. PURCHASED WHOLESALE PRICE, SUPPLIES, CON-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, MEDICAL HEALTH CENTERS FOR HEALTH CENTERS HEALTH CENTERS FOR HEALTH CENTERS HEALTH						ESTIMATED		SUPPORT TO US CLINICS &
HYANNIS, MA 02601 04-3373741 501(C)(3) 0. 6,757. PURCHASED UPPLIES PATIENTS EISNER HEALTH	DUFFY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
EISNER HEALTH EISNER HEALTH EISON SOUTH OLIVE STREET LOS ANGELES, CA 90015 95-1690966 501(C)(3) 0. 6,739, FURCHASED ESTIMATED MIGUESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR SUPPORT TO US CLINICS & HEALTH CENTERS FOR SUPPORT TO US CLINICS & HEALTH CENTERS FOR MIGUESALE PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTH CE	94 MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015 95-1690966 501(C)(3) 0. 6,739, FURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 WEST GUTIERREZ STREET - SANTA BARBARA, CA 93101 95-1644031 501(C)(3) 0. 6,735, FURCHASED PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED PATIENTS SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, P	HYANNIS, MA 02601	04-3373741	501(C)(3)	0.	6,757.	PURCHASED	SUPPLIES	PATIENTS
1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015 95-1690966 501(C)(3) 0. 6,739. PURCHASED EQUIPMENT ESTIMATED WHOLESALE HEALTH CENTERS FOR PRICE, SUPPLIES, SUPPLIES, SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED 1575. PURCHASED PHARMACEUTICALS WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS WHOLESALE ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE PHARMACEUTICALS WHOLESALE						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LOS ANGELES, CA 90015 95-1690966 501(C)(3) 0. 6,739, PURCHASED EQUIPMENT PATIENTS ### SETIMATED WHOLESALE BABBARA - 123 WEST GUTTERREZ ### SETIMATED BABBARA - 123 WEST GUTTERREZ ### SUPPLIES ### SUPPLIE	EISNER HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 WEST GUTIERREZ STREET - SANTA BARBARA, CA 93101 95-1644031 501(C)(3) 0. 6,735, FURCHASED SUPPLIES FARIETS SESTIMATED PHARMACEUTICALS WHOLESALE PAICE, MEDICAL LOW-INCOME, UNINSURED PAIRMACEUTICALS WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR 121 W. SYPERT STREET NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711, PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PAICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE MEDICAL HEALTH CENTERS FOR CACTUS HEALTH SERVICES, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR TOO N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695, FURCHASED DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICA	1530 SOUTH OLIVE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 WEST GUTIERREZ STREET - SANTA BARBARA, CA 93101 95-1644031 501(C)(3) 0. 6,735, PURCHASED SUPPLIES PATIENTS CHRISTIAN CLINIC OF HOWARD COUNTY 121 W. SYPERT STREET NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711, PURCHASED SUPPLIES, LOW-INCOME, UNINSURED NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711, PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697, PRICE SUPPLIES PATIENTS CACTUS HEALTH SERVICES, INC. 700 N. MAIN 5T. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695, PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET WHOLESALE MEDICAL HEALTH CENTERS FOR PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPP	LOS ANGELES, CA 90015	95-1690966	501(C)(3)	0.	6,739.	PURCHASED	EQUIPMENT	PATIENTS
BARBARA - 123 WEST GUTIERREZ STREET - SANTA BARBARA, CA 93101 95-1644031 501(C)(3) 0. 6,735. PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS 121 W. SYPERT STREET NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT PATIENTS ATLANTIC COUNTY SHERIFF'S SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE WHOLESALE HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED DESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE SUPPLIES PATIENTS CACTUS HEALTH SERVICES, INC. 700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS BESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOL						ESTIMATED		SUPPORT TO US CLINICS &
STREET - SANTA BARBARA, CA 93101 95-1644031 501(C)(3) 0. 6,735, PURCHASED SUPPLIES PATIENTS CHRISTIAN CLINIC OF HOWARD COUNTY 121 W. SYPERT STREET NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT PATIENTS ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES PATIENTS CACTUS HEALTH SERVICES, INC. 700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET AMBICAL SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTIC	FAMILY SERVICE AGENCY OF SANTA					WHOLESALE		HEALTH CENTERS FOR
STREET - SANTA BARBARA, CA 93101 95-1644031 501(C)(3) 0. 6,735, PURCHASED SUPPLIES PATIENTS CHRISTIAN CLINIC OF HOWARD COUNTY 121 W. SYPERT STREET NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT PATIENTS ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES PATIENTS CACTUS HEALTH SERVICES, INC. 700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET AMBICAL SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTIC	BARBARA - 123 WEST GUTIERREZ					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CHRISTIAN CLINIC OF HOWARD COUNTY 121 W. SYPERT STREET NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT BESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR SUPPORT TO US CLINICS & HEALTH CENTERS FOR BESTIMATED WHOLESALE WHOL	STREET - SANTA BARBARA, CA 93101	95-1644031	501(C)(3)	0.	6,735.	PURCHASED	SUPPLIES	
PRICE, SUPPLIES, LOW-INCOME, UNINSURED NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT SUPPORT TO US CLINICS & ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE ESTIMATED WHOLESALE W					-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES ATLANTED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS 16-1663081 501(C)(3) 0. 6,695. PURCHASED PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET N. MEDICAL WHOLESALE WH	CHRISTIAN CLINIC OF HOWARD COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
NASHVILLE, AR 71852 20-5772465 501(C)(3) 0. 6,711. PURCHASED EQUIPMENT PATIENTS SUPPORT TO US CLINICS & ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES ATLANTED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS 16-1663081 501(C)(3) 0. 6,695. PURCHASED PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET N. MEDICAL WHOLESALE WH	121 W. SYPERT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ATLANTIC COUNTY SHERIFF'S FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES PATIENTS CACTUS HEALTH SERVICES, INC. 700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED PHARMACEUTICALS WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET PHARMACEUTICALS WHOLESALE WHOLESALE WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR FREE CLINIC - 425 ROBINSON STREET	NASHVILLE, AR 71852	20-5772465	501(C)(3)	0.	6,711.	PURCHASED	EQUIPMENT	
FOUNDATION - 4997 UNAMI BLVD MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES PATIENTS CACTUS HEALTH SERVICES, INC. WHOLESALE WHOLESALE WHOLESALE WHOLESALE PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS CACTUS HEALTH SERVICES, INC. TOO N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS NOW-INCOME, UNINSURED PHARMACEUTICALS WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS	·				•			SUPPORT TO US CLINICS &
MAYS LANDING, NJ 08330 82-5432194 501(C)(3) 0. 6,697. PRICE SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE , MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET 0. 6,697. PRICE SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE , MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED	ATLANTIC COUNTY SHERIFF'S					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE , MEDICAL HEALTH CENTERS FOR 700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET PRICE, SUPPLIES, LOW-INCOME, UNINSURED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED	FOUNDATION - 4997 UNAMI BLVD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
CACTUS HEALTH SERVICES, INC. CACTUS HEALTH SERVICES, INC. WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET SUPPORT TO US CLINICS & HEALTH CENTERS FOR DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED	MAYS LANDING, NJ 08330	82-5432194	501(C)(3)	0.	6,697.	PRICE	SUPPLIES	PATIENTS
700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET DR. SUPPLIES, LOW-INCOME, UNINSURED PATIENTS WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	·				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
700 N. MAIN ST. FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS ESTIMATED WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	CACTUS HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
FORT STOCKTON, TX 79735 16-1663081 501(C)(3) 0. 6,695. PURCHASED EQUIPMENT PATIENTS DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET DR. GARABED A. FATTAL COMMUNITY PATIENTS ESTIMATED PHARMACEUTICALS WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	•					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
DR. GARABED A. FATTAL COMMUNITY DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET BESTIMATED PHARMACEUTICALS WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE, SUPPLIES, LOW-INCOME, UNINSURED		16-1663081	501(C)(3)	0.	6,695.	,	1	'
DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	,				, ,		-	
FREE CLINIC - 425 ROBINSON STREET PRICE, SUPPLIES, LOW-INCOME, UNINSURED	DR. GARABED A. FATTAL COMMUNITY							
							'	
	- BINGHAMTON, NY 13904	16-6053710	501(C)(3)	0.	6,673.	'	1	1

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(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
					ESTIMATED		SUPPORT TO US CLINICS &
SANTA MARIA VALLEY YOUTH AND					WHOLESALE		HEALTH CENTERS FOR
FAMILY CENTER - 105 N. LINCOLN					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
STREET - SANTA MARIA, CA 93458	95-3144808	501(C)(3)	0.	6,565.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PORTLAND COMMUNITY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
103 INDIA STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORTLAND, ME 04101	46-2965702	501(C)(3)	0.	6,520.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MULTICARE HEALTH SYSTEM TACOMA					WHOLESALE		HEALTH CENTERS FOR
GENERAL HOSPITAL - 402 SOUTH J					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
STREET - TACOMA, WA 98415	91-1352172	501(C)(3)	0.	6,487.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TRAVERSE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1719 S. GARFIELD AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TRAVERSE CITY, MI 49686	30-0224028	501(C)(3)	0.	6,462.	PURCHASED	EQUIPMENT	PATIENTS
				-	ESTIMATED		SUPPORT TO US CLINICS &
SAVE THE CHILDREN FEDERATION, INC.					WHOLESALE		HEALTH CENTERS FOR
501 KINGS HIGHWAY EAST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FAIRFIELD, CT 06825	06-0726487	501(C)(3)	0.	6,433.	PURCHASED	SUPPLIES	PATIENTS
				,			SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTERS, INC.					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2621 SOUTH 3270 WEST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
WEST VALLEY CITY, UT 84119	74-2412898	501(C)(3)	0.	6,407.	PRICE	SUPPLIES	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
CARE ALLIANCE HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2916 CENTRAL AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CLEVELAND, OH 44114	34-1748776	501(C)(3)	0.	6.404.	PURCHASED	SUPPLIES	PATIENTS
,				, -	ESTIMATED		SUPPORT TO US CLINICS &
CITY OF HENDERSON PARKS AND					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
RECREATION - 240 S. WATER STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HENDERSON, NV 89015	88-6000720		0.	6 390.	PURCHASED	EQUIPMENT	PATIENTS
,,			·	-,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL VILLAGE FAMILY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
HEALTHCARE CENTER - 1501 IMPERIAL					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - SAN DIEGO, CA 92101	33-0492302	501(C)(3)	0.	6 352	PURCHASED	EQUIPMENT	PATIENTS
	55 5152562		٠.	5,332.		_×	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & SAN FRANCISCO COMMUNITY CLINIC PHARMACEUTICALS WHOLESALE CONSORTIUM - 2720 TAYLOR STREET MEDICAL HEALTH CENTERS FOR SUITE 430 - SAN FRANCISCO, CA PRICE SUPPLIES. LOW-INCOME, UNINSURED 6,300, PURCHASED 94133 94-2897258 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & GREATER ELGIN FAMILY CARE CENTER ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 450 DUNDEE AVENUE WHOLESALE MEDICAL LOW-INCOME UNINSURED ELGIN, IL 60120 36-4249586 501(C)(3) 0 6,273. PRICE SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & FLINT HILLS COMMUNITY CLINIC WHOLESALE HEALTH CENTERS FOR 401 HOUSTON ST. MEDICAL PRICE LOW-INCOME UNINSURED MANHATTAN, KS 66502 20-2306015 501(C)(3) 0. 6,270, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR AMMONOOSUC COMMUNITY HEALTH WHOLESALE SERVICES - 25 MT. EUSTIS ROAD -PRICE SUPPLIES LOW-INCOME, UNINSURED LITTLETON, NH 03561 51-0137745 501(C)(3) 0 6,261, PURCHASED EOUIPMENT PATTENTS SANTA CLARA VALLEY MEDICAL CENTER ESTIMATED SUPPORT TO US CLINICS & VALLEY MEDICAL CENTER, SAN JOSE -WHOLESALE HEALTH CENTERS FOR 2400 CLOVE DRIVE - SAN JOSE, CA PRICE MEDICAL LOW-INCOME, UNINSURED 77-0187890 501(C)(3) SUPPLIES 6,243, PURCHASED PATIENTS 95128 0. ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR UNIVERSITY OF CALIFORNIA DAVIS WHOLESALE 615 HOPKINS ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 94-6036494 501(C)(3) 6 243 PURCHASED SUPPLIES PATTENTS DAVIS CA 95616 0. DISCOVERY INSTITUTE DETOX AND SUPPORT TO US CLINICS & RESIDENTIAL TREATMENT FOR HEALTH CENTERS FOR ESTIMATED PHARMACEUTICALS ADDICTION - 80 CONOVER ROAD -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 22-2511830 501(C)(3) 6 229 PRICE SUPPLIES PATIENTS MARLBORO NJ 07746 0. CARING HEARTS FREE CLINIC OF ESTIMATED SUPPORT TO US CLINICS & PATRICK COUNTY - 835 WOODLAND WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR DRIVE, SUITE 101 - STUART, VA PRICE. MEDICAL LOW-INCOME, UNINSURED 24171 14-1909014 501(C)(3) 0. 6 224 PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & FAMILY CHRISTIAN HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 31 WEST 155TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED HARVEY, IL 60473 36-4346917 501(C)(3) 0. 6 224 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & NOAH - NEIGHBORHOOD OUTREACH WHOLESALE HEALTH CENTERS FOR ACCESS TO HEALTH - 7500 N. DREAMY PRICE. MEDICAL LOW-INCOME, UNINSURED 6,217. PURCHASED PATIENTS DRAW DRIVE - PHOENIX, AZ 85020 27-3188239 501(C)(3) 0. SUPPLIES PHYSICIAN'S AFFILIATE GROUP OF NEW SUPPORT TO US CLINICS & ESTIMATED YORK P.C. - CORPORATE OFFICE FOR WHOLESALE HEALTH CENTERS FOR SEVEN NY HOSPI - NEW YORK CITY NY PRICE MEDICAL LOW-INCOME UNINSURED 90-0603487 0 6,201, PURCHASED SUPPLIES PATTENTS 10027 ESTIMATED SUPPORT TO US CLINICS & ASCENSION ST. JOHN HOSPITAL WHOLESALE MEDICAL HEALTH CENTERS FOR 22101 MOROSS ROAD PRICE SUPPLIES LOW-INCOME UNINSURED DETROIT, MI 48236 38-1359063 501(C)(3) 0. 6,179, PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR UC IRVINE HEALTH EMERGENCY WHOLESALE DEPARTMENT - 101 THE CITY DR. S -PRICE MEDICAL LOW-INCOME, UNINSURED 0 6,171, PURCHASED SUPPLIES PATTENTS ORANGE, CA 92868 95-2540117 ESTIMATED SUPPORT TO US CLINICS & NEVADA HEALTH CENTERS CARSON CITY WHOLESALE MEDICAL HEALTH CENTERS FOR ADMINISTRATION - 3325 RESEARCH WAY PRICE SUPPLIES LOW-INCOME, UNINSURED 6,134. PURCHASED - CARSON CITY, NV 89706 94-3199117 501(C)(3) EQUIPMENT PATIENTS 0. CALIFORNIA PACIFIC MEDICAL CENTER ESTIMATED SUPPORT TO US CLINICS & CPMC VNC LOCATION SUTTER HEALTH -WHOLESALE HEALTH CENTERS FOR 1101 VAN NESS AVENUE - SAN PRICE MEDICAL LOW-INCOME, UNINSURED FRANCISCO, CA 94109 6,133. PURCHASED 94-2788907 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNICARE HEALTH CENTERS 2051 JOHN JONES ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 6 117 PURCHASED EOUIPMENT PATIENTS DAVIS, CA 95617-1260 20-0859263 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & NATIONAL BLACK NURSES ASSOCIATION WHOLESALE MEDICAL HEALTH CENTERS FOR 8630 FENTON STREET, #910 PRICE SUPPLIES LOW-INCOME, UNINSURED SILVER SPRING, MD 20910 23-7194995 501(C)(3) 0. 6 101 PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MUSLIM COMMUNITY AND HEALTH CENTER ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 803 W. LAYTON AVENUE LOW-INCOME, UNINSURED SUPPLIES. MILWAUKEE, WI 53221 45-2385629 501(C)(3) 0. 6 086 PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PREMIER COMMUNITY HEALTHCARE ADMINISTRATIVE OFFICE - 37912 WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CHURCH AVENUE - DADE CITY, FL PRICE MEDICAL LOW-INCOME, UNINSURED 33525 59-1964612 501(C)(3) 0. 6 081 PURCHASED SUPPLIES PATIENTS WAKE FOREST UNIVERSITY HEALTH SUPPORT TO US CLINICS & SCIENCES DELIVERING EOUAL ACCESS ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR TO CARE (DEAC) CL - 475 VINE WHOLESALE MEDICAL LOW-INCOME UNINSURED STREET - WINSTON-SALEM, NC 27101 22-3849199 501(C)(3) 0 6,050. PRICE SUPPLIES PATTENTS GOOD SAMARITAN SHELTER ESTIMATED SUPPORT TO US CLINICS & ADMINISTRATION - 245 E. INGER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR DRIVE, #103B - SANTA MARIA, CA PRICE MEDICAL LOW-INCOME UNINSURED 93458 77-0133375 501(C)(3) 0. 6,033, PURCHASED SUPPLIES PATIENTS CHAUTAUOUA OFFICES OF ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR PSYCHOTHERAPY & EVALUATION INC. WHOLESALE PHARMACEUTICALS DBA CHAUTAUOUA HEALTHCARE - 3686 PRICE MEDICAL LOW-INCOME, UNINSURED US HWY 331 SOUTH - DEFUNIAK 5,986, PURCHASED 59-1469145 501(C)(3) 0 SUPPLIES PATTENTS IBERIA COMPREHENSIVE COMMUNITY ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTER - 806 JEFFERSON WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR TERRACE BLVD - NEW IBERIA, LA PRICE MEDICAL LOW-INCOME, UNINSURED 58-2164455 501(C)(3) 5,960, PURCHASED SUPPLIES PATIENTS 70560 0. ESTIMATED SUPPORT TO US CLINICS & BARTON HEALTHCARE SYSTEM WHOLESALE HEALTH CENTERS FOR 2170 SOUTH AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED SOUTH LAKE TAHOE CA 96150 94-6050274 501(C)(3) 5 933 PURCHASED SUPPLIES PATTENTS 0. SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR PACIFIC PRIDE FOUNDATION ESTIMATED 608 ANACAPA STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 5 912 PRICE SUPPLIES PATIENTS SANTA BARBARA, CA 93101 95-3133613 501(C)(3) 0. PHARMACEUTICALS ADAMS COMPASSIONATE HEALTHCARE ESTIMATED SUPPORT TO US CLINICS & NETWORK - 4431 BROOKFIELD WHOLESALE MEDICAL HEALTH CENTERS FOR CORPORATE DRIVE - CHANTILLY, VA PRICE. SUPPLIES. LOW-INCOME, UNINSURED 20151 46-1959130 501(C)(3) 0. 5 909 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & HEALTHLINK DENTAL CENTER INC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1775 STREET ROAD PRICE MEDICAL LOW-INCOME, UNINSURED SOUTHAMPTON PA 18966 23-2998708 501(C)(3) 0. 5 906 PURCHASED SUPPLIES PATIENTS

Schedule I (Form 990)

Page 1

DIRECT RELIEF 95-1831116

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & ROCHESTER GENERAL HOSPITAL WHOLESALE HEALTH CENTERS FOR 1425 PORTLAND AVENUE PRICE. MEDICAL LOW-INCOME, UNINSURED 5,900. PURCHASED PATIENTS ROCHESTER, NY 14621 16-0743134 501(C)(3) 0. SUPPLIES SUPPORT TO US CLINICS & ESTIMATED HERALD CHRISTIAN HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 8841 GARVEY AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED ROSEMEAD, CA 91770 20-3492620 501(C)(3) 0 5,895, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PRIMARY HEALTH NETWORK WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 55 PITT STREET PRICE MEDICAL LOW-INCOME UNINSURED SHARON, PA 16146 25-1381800 501(C)(3) 0. 5,891, PURCHASED SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR UNITED MEDICAL CENTER WHOLESALE MEDICAL 1310 SOUTHERN AVENUE SE PRICE SUPPLIES LOW-INCOME, UNINSURED 5,878. PURCHASED WASHINGTON, DC 20032 27-3311896 0 EOUIPMENT PATTENTS SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR RIVERVIEW HEALTH SERVICES, INC. ESTIMATED 722 REYNOLDS AVENUE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 48-1072716 501(C)(3) KANSAS CITY, KS 66101 5,845. PRICE SUPPLIES PATIENTS 0. SUPPORT TO US CLINICS & PONCE MUNICIPALITY POLICE HEALTH CENTERS FOR DEPARTMENT - EDIFICIO PANCHO PURCHASED LOW-INCOME, UNINSURED COIMBRE - PONCE PR 00730 66-0433627 5,801. PRICE EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR NEIGHBORCARE HEALTH 6200 13TH AVENUE SOUTH PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS SEATTLE WA 98108 91-0893287 501(C)(3) 0. 5 797 PURCHASED SUPPORT TO US CLINICS & HEALTH CENTERS FOR DALLAS COUNTY HEALTH AND HUMAN ESTIMATED WHOLESALE SERVICES - 2377 NORTH STEMMONS LOW-INCOME, UNINSURED 5,750. PRICE FREEWAY - DALLAS, TX 75207 75-6000905 0. PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & FORT BEND COUNTY CLINICAL HEALTH ESTIMATED HEALTH CENTERS FOR WHOLESALE SERVICES - 4520 READING ROAD LOW-INCOME, UNINSURED ROSENBERG, TX 77471 5 750. PRICE PHARMACEUTICALS PATIENTS 0.

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & CITY OF LAREDO HEALTH DEPARTMENT ESTIMATED HEALTH CENTERS FOR 2600 CEDAR AVENUE WHOLESALE LOW-INCOME, UNINSURED 5,750. PRICE PHARMACEUTICALS PATIENTS LAREDO, TX 78040 0. SUPPORT TO US CLINICS & UNIVERSITY OF TEXAS HEALTH SCIENCE ESTIMATED HEALTH CENTERS FOR CENTER OF TYLER - 11937 U.S. HWY WHOLESALE LOW-INCOME UNINSURED 271 - TYLER, TX 75708 75-1396988 0 5,750. PRICE PHARMACEUTICALS PATTENTS ESTIMATED SUPPORT TO US CLINICS & VENTURA COUNTY MEDICAL CENTER WHOLESALE HEALTH CENTERS FOR 300 HILLMONT AVENUE MEDICAL PRICE LOW-INCOME UNINSURED VENTURA, CA 93003 47-1535937 0. 5,718, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR COMMUNITY HEALTH SYSTEMS, INC. DBA WHOLESALE ACCESS HEALTH - 252 RURAL ACRES PRICE SUPPLIES LOW-INCOME, UNINSURED DRIVE - BECKLEY, WV 25801 55-0490878 501(C)(3) 0 5,714, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & INICIATIVA COMUNITARIA DE WHOLESALE HEALTH CENTERS FOR INVESTIGACION, INC. - AVE. PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES QUISQUEYA #61 - HATO REY, PR 00918 66-0483960 501(C)(3) 5,671, PURCHASED PATIENTS 0. BEHAVIORAL HEALTH SERVICES FAMILY ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTER PACIFICA HOUSE -WHOLESALE MEDICAL HEALTH CENTERS FOR 2501 W. EL SEGUNDO BLVD. -PRICE SUPPLIES LOW-INCOME, UNINSURED 5,634. PURCHASED 95-2838006 501(C)(3) EOUIPMENT PATTENTS HAWTHORNE CA 90250 0. NORTHEAST VALLEY HEALTH ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR CORPORATION CORPORATE OFFICE -MEDICAL 1172 NORTH MACLAY AVE. - SAN PRICE SUPPLIES LOW-INCOME, UNINSURED 23-7120632 501(C)(3) 5 621 PURCHASED EOUIPMENT PATIENTS FERNANDO CA 91340 0. ESTIMATED SUPPORT TO US CLINICS & NORTHWEST FIRE DEPARTMENT WHOLESALE HEALTH CENTERS FOR 12820 TC JESTER BLVD. PRICE. MEDICAL LOW-INCOME, UNINSURED HOUSTON, TX 77038 74-1695633 501(C)(3) 0. 5 544 PURCHASED SUPPLIES PATTENTS RANDOLPH FAMILY HEALTH CARE AT PHARMACEUTICALS SUPPORT TO US CLINICS & MERCE MEDICAL RESOURCE CENTER FOR ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE RANDOLPH COUNTY - 1831 N LOW-INCOME, UNINSURED SUPPLIES. FAYETTEVILLE STREET - ASHEBORO NC 56-1799394 501(C)(3) 5 524 PRICE EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & ST. JOSEPHS EUREKA HOSPITAL WHOLESALE HEALTH CENTERS FOR HOSPITAL BASED SERVICES - 2700 PRICE. MEDICAL LOW-INCOME, UNINSURED 5,485. PURCHASED DOLBEER STREET - EUREKA, CA 95501 68-0413960 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED SCRIPPS MERCY HOSPITAL, SAN DIEGO WHOLESALE MEDICAL HEALTH CENTERS FOR 4077 5TH AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED SAN DIEGO, CA 92103 95-1684089 501(C)(3) 0 5,476, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & NORTHWEST COMMUNITY HEALTHCARE WHOLESALE HEALTH CENTERS FOR MEDICAL 800 WEST CENTRAL ROAD PRICE LOW-INCOME UNINSURED ARLINGTON HEIGHTS, IL 60005 36-3125209 0. 5,455, PURCHASED SUPPLIES PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR MISSION EAST DALLAS ESTIMATED PHARMACEUTICALS 4550 GUS THOMASSON ROAD WHOLESALE MEDICAL LOW-INCOME, UNINSURED 5,403.PRICE SUPPLIES MESQUITE, TX 75150 72-2935803 501(C)(3) 0 PATTENTS ESTIMATED SUPPORT TO US CLINICS & VA PALO ALTO HEALTH CARE SYSTEM WHOLESALE HEALTH CENTERS FOR 3801 MIRANDA AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED PALO ALTO, CA 94304 5,382, PURCHASED SUPPLIES PATIENTS 0. PHARMACEUTICALS SUPPORT TO US CLINICS & CAMP KANDU ESTIMATED MEDICAL HEALTH CENTERS FOR 800 AVERY BLVD, SUITE 100 (BACK OF WHOLESALE SUPPLIES LOW-INCOME, UNINSURED RIDGELAND, MS 39157 23-7262987 501(C)(3) 5,380. PRICE EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CHASE BREXTON HEALTH CENTER 1111 N. CHARLES STREET PRICE MEDICAL LOW-INCOME, UNINSURED 52-1638592 501(C)(3) 5 361, PURCHASED SUPPLIES PATIENTS BALTIMORE MD 21201 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CLINICAS DEL CAMINO REAL, INC. 200 SOUTH WELLS ROAD PRICE. SUPPLIES. LOW-INCOME, UNINSURED VENTURA, CA 93004 95-2977147 501(C)(3) 0. 5 340 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PIKEVILLE MEDICAL CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 911 BYPASS ROAD PRICE LOW-INCOME, UNINSURED SUPPLIES PIKEVILLE, KY 41501 61-0458376 5 282 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & FREE CLINICS OF IOWA WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 3200 GRAND AVENUE PRICE. MEDICAL LOW-INCOME, UNINSURED 5,280. PURCHASED PATIENTS DES MOINES, IA 50312 42-1428706 501(C)(3) 0. SUPPLIES SUPPORT TO US CLINICS & ESTIMATED ROBESON HEALTH CARE CORPORATION WHOLESALE MEDICAL HEALTH CENTERS FOR 60 COMMERCE PLAZA PRICE SUPPLIES LOW-INCOME UNINSURED PEMBROKE, NC 28372 58-1622664 501(C)(3) 0 5,260, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS HOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 518 HARRIET STREET PRICE SUPPLIES LOW-INCOME UNINSURED YPSILANTI, MI 48197 38-2469007 501(C)(3) 0. 5,243, PURCHASED EOUIPMENT PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR DIABETES YOUTH SERVICES ESTIMATED PHARMACEUTICALS 5871 MONCLOVA ROAD WHOLESALE MEDICAL LOW-INCOME, UNINSURED 5,172. PRICE MAUMEE, OH 43537 34-1967194 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR ADVANCE COMMUNITY HEALTH, INC 1011 ROCK OUARRY ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 56-1004791 501(C)(3) 5,158, PURCHASED RALEIGH, NC 27610 SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NEW HORIZON FAMILY HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 975 W. FARIS ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 5,134. PURCHASED GREENVILLE SC 29605 57-0932597 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR COUNTY OF SAN LUIS OBISPO 1200 MONTEREY STREET PRICE MEDICAL LOW-INCOME, UNINSURED SAN LUIS OBISPO, CA 93401 5 107, PURCHASED SUPPLIES PATIENTS 95-6000939 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & EL MILAGRO CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 901 EAST VERMONT AVENUE PRICE. SUPPLIES. LOW-INCOME, UNINSURED MCALLEN, TX 78503 74-2784427 501(C)(3) 0. 5 100 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & WEST PLAINS CHRISTIAN CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1115 ALASKA ST., SUITE 212 PRICE MEDICAL LOW-INCOME, UNINSURED WEST PLAINS, MO 65775 27-1307333 501(C)(3) 5 067 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR MOUNTAIN COMMUNITY HEALTH MEDICAL PARTNERSHIP - 86 N. MITCHELL PRICE. SUPPLIES. LOW-INCOME, UNINSURED 5,020. PURCHASED AVENUE - BAKERSVILLE, NC 28705 56-1084427 501(C)(3) 0. EQUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WAUKESHA FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 273 WISCONSIN AVENUE PRICE. SUPPLIES. LOW-INCOME, UNINSURED WAUKESHA, WI 53186 39-1273248 501(C)(3) 0. 5,001, PURCHASED EQUIPMENT PATIENTS

Page 1

Schedule I (Form 990) (2019)

DIRECT RELIEF

95-1831116

Page 2

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
RT I, LINE 2:					
CEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS	S WHERE THE TIMEL	INESS OF OUR			
SPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MI	EMORANDUMS OF UND	ERSTANDING			
·					
TLINING THE RESPONSIBILITIES OF DIRECT RELIES	F AND THE GRANTEE	. REPORTING			
THE GRANTEE VARIES BASED ON THE SIZE, SCOPE	, AND TYPE OF PRO	GRAM,			
NGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPO	ORTING, WITH A FI	NAL REPORT			
E UPON COMPLETION OF THE PROJECT. DIRECT REL	IEF ALSO HAS THE	RIGHT TO AND			
ES MAKE SITE VISITS TO GRANTEES TO ENSURE CO	MPLIANCE WITH THE	PROJECT			
OPOSAL: THIS IS ESPECIALLY THE CASE WHEN IT (

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS. PART II, LINE 1, COLUMN (G): NAME OF ORGANIZATION OR GOVERNMENT: NORTH JEFFERSON COUNTY CLINIC PHARMACY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO DEPARTMENT OF HEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: EXCELTH, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: DBA VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC VOLUNTEERS IN MEDICINE ALLI (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SOUTHEAST COMMUNITY HEALTH SYSTEMS MOBILE MEDICAL UNIT (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SAN JOSE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CAMILLUS HEALTH CONCERN, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SULZBACHER HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PANCARE OF FLORIDA, INC. CHC BAY COUNTY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CENTRO DE SALUD FAMILIAR DR. JULIO PALMIERI FERRI, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MIGRANT HEALTH CENTER WESTERN REGION, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CLAIBORNE COUNTY FAMILY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GULF COAST HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MED CENTRO, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ST. GABRIEL EASTSIDE COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: TREASURE COAST COMMUNITY HEALTH PHARMACY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

932291

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: COSTA SALUD COMMUNITY HEALTH CENTERS RINCN (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST COMMUNITY HEALTH SERVICES (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: J.C. LEWIS HEALTH CARE CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BROWNSVILLE COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMWELL HEALTH ADMINISTRATION OFFICE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CLINICA COMUNITARIA MAMEYES (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: RKM PRIMARY CARE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ST. THOMAS EAST END MEDICAL CENTER CORPORATION (STEEMCC) (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION CORPORATION OF SOUTH TEXAS ALICE HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FREDERIKSTED HEALTH CARE, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEW ORLEANS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: HEALTHCARE FOR THE HOMELESS CAROLINE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

932291

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: TAMPA FAMILY HEALTH CENTER PHARMACY/ADMINISTRATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BROAD STREET CLINIC FOUNDATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ACCESS HEALTH LOUISIANA ST. CHARLES COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL CITY FAMILY HEALTH CENTER DBA CARESOUTH MEDICAL & DENTAL (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FIRST CHOICE PRIMARY CARE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CARE SYSTEMS ADMINISTRATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

932291

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: TANDEM HEALTH SC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: LONE STAR COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CONCILIO DE SALUD INTEGRAL DE LOIZA (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MANNA MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: DIVERSITY HEALTH CENTER. INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL FLORIDA FAMILY HEALTH CENTER - TRUE HEALTH

932291 04-01-19

Schedule I	(Form 990) Supplemental Inf	DIRECT RELIEF		95-1831116	Page 2
Part IV	Supplemental Inf	ormation			
(G) DESC	RIPTION OF NON-CAS	ASSISTANCE: PHARMACEUTICALS, OTHER, ME	DICAL		
SUPPLIES	, EQUIPMENT				
NAME OF	ORGANIZATION OR GO	TERNMENT: CAMUY HEALTH SERVICES, INC.			
(G) DESC	RIPTION OF NON-CAS	ASSISTANCE: PHARMACEUTICALS, OTHER, ME	DICAL		
SUPPLIES	, EQUIPMENT				

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

e organization

DIRECT RELIEF

Questions Regarding Compensation

Employer identification number
95-1831116

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		<u>х</u>
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			х
a	The organization?	6a		X
D	Any related organization?	6b		A
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
Q	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	5 10 10 10 10 10 10 10 10 10 10 10 10 10	8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	r		
Ð	Regulations section 53.4958-6(c)?	9		
			1	

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)-(0)	reported as deferred on prior Form 990
(1) THOMAS E. TIGHE	(i)	507,533.	0.	0.	15,479.	41,622.	564,634.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH	(i)	388,928.	0.	0.	14,554.	15,022.	418,504.	0.
EXECUTIVE VP, SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0,
(3) DAWN LONG	(i)	248,333.	0.	0.	12,392.	8,639.	269,364.	0,
SENIOR VP, COO	(ii)	0.	0.	0.	0.	0.	0.	0,
(4) JONATHAN STEINER	(i)	213,860.	0.	0.	10,668.	28,745.	253,273.	0,
VP OF FINANCE, CFO	(ii)	0.	0.	0.	0.	0.	0.	0,
(5) ADAN GROUMAN	(i)	210,968.	0.	0.	6,410.	15,257.	232,635.	0,
DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD ROANE	(i)	204,436.	0.	0.	10,369.	31,101.	245,906.	0,
VP, CORPORATE ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREW SCHROEDER	(i)	193,221.	0.	0.	10,050.	24,714.	227,985.	0.
VP, RESEARCH AND ANALYTICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HEATHER BENNETT	(i)	184,700.	0.	0.	9,210.	8,028.	201,938.	0.
VP, PARTNERSHIPS AND PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUG FROELICH	(i)	156,758.	0.	0.	8,344.	34,051.	199,153.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

DIRECT RELIEF

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

Employer identification number 95-1831116

Par	t I Types of Property						
		(a)	(b) Number of	(c) Noncash contribution	(d)		
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		rs
		аррисави	items contributed	Form 990, Part VIII, line 1g	Tronodon continua		
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	145	1,179,341.	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	37	000	1 000 700 566	DOM THIST DOLL IN		
20	Drugs and medical supplies	Х	890	1,820,782,566.	EST. WHOLESALE VA	ALUE	
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other	X	1	6,306.	EM7		
25 26	· · · · · · · · · · · · · · · · · · ·	Α		0,300.	r i i v		
26 27	Other () Other ()						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions			
25	for which the organization completed Form 828	-	•			0	
	To Whom the organization completed from oze	50, i ait iv, i	sonee / toltrowiedg	Jernent		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	1.00	1,40
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•			30a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of				***************************************		
	contributions?		_			32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF
CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED
JUNE 30, 2020.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

DIRECT RELIEF

Employer identification number 95-1831116

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DIRECT RELIEF HAS AN INTERNAL POLICY TO TRANSFER ALL BOARD-DESIGNATED
UNRESTRICTED BEQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND
(BRIF) HELD BY DIRECT RELIEF FOUNDATION. THE PURPOSE OF THE BRIF IS TO
PROVIDE A RESERVE FOR FUTURE OPERATIONS.
EXPENSES \$ 1,320,044. INCLUDING GRANTS OF \$ 1,320,044. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 1:
THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD OF DIRECTORS
AND OTHER SUCH DIRECTORS AS DESIGNATED BY THE BOARD. THE EXECUTIVE
COMMITTEE HAS THE AUTHORITY OF THE BOARD EXCEPT FOR CERTAIN ACTS THAT ARE
RESERVED FOR THE FULL BOARD:
A. TAKE ANY FINAL ACTION ON ANY MATTER THAT, UNDER THE CALIFORNIA NONPROFIT
PUBLIC BENEFIT CORPORATION LAW, ALSO REQUIRES APPROVAL OF ALL OR A MAJORITY
OF THE DIRECTORS;
B. FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY
OF THE BOARD;
C. ESTABLISH OR FIX COMPENSATION, IF ANY, OF THE DIRECTORS FOR SERVING ON
THE BOARD OR ON ANY COMMITTEE;
D. AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW BYLAWS;
E. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS EXPRESS TERMS IS
NOT SO AMENDABLE OR REPEALABLE;
F. CREATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF
COMMITTEES OF THE BOARD;
G. APPROVE ANY SELF-DEALING TRANSACTION, EXCEPT AS PROVIDED IN SECTION
5233(D)(3) OF THE CALIFORNIA CORPORATIONS CODE (AND SET FORTH IN SECTION

Schedule O (Form 990 or 990-EZ) (2019)

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

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
5.17 ABOVE).	
FORM 990, PART VI, SECTION B, LINE 11B:	
DIRECT RELIEF'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL	
VERSION OF THE FORM 990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY	
REVIEW THE FORM 990 PRIOR TO FILING. THE BOARD MEMBERS ARE ASKED TO REVIEW	
AND ARE GIVEN AN OPPORTUNITY TO RAISE ISSUES AND REQUEST CLARIFICATIONS, IF	
ANY. ONCE THIS PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE FORM	
990 IS FILED. DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD, AS WELL AS	
THE BOARD MEMBERS' RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE	
CHIEF FINANCIAL OFFICER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR, ALL	
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 PERSON'S RECUSAL, AND THE VOTE OF THE	
OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR	

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
APPLICABLE BOARD OR OTHER 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 COMPENSATION	
COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES	
RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO	
EXECUTIVE STAFF (CEO, COO, CFO) 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 COMPENSATION ARE	
THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF,	
INCLUDING THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, OR 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, CHIEF OPERATING OFFICER, AND THE CHIEF FINANCIAL OFFICER	
WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE	
OF THE BOARD OF DIRECTORS IN SEPTEMBER 2020.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND	
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,	
WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL	

THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL

50 U.S. STATES, AS WELL AS THE FIRST AND ONLY NONPROFIT HUMANITARIAN

AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS A VERIFIED-ACCREDITED

WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF

PHARMACY, DIRECT RELIEF IS AMONG THE LARGEST-VOLUME PROVIDERS OF

MEDICAL DONATIONS TO ITS PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS

INVOLVE A WIDE RANGE OF FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED

EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY

LOCAL PROVIDERS OF HEALTH SERVICES IN SUCH AREAS; WORKING TO IDENTIFY

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
THE UNMET NEEDS OF PEOPLE IN THE AREAS; MOBILIZING ESSENTIAL MEDICINES,	
SUPPLIES, AND EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE	
CIRCUMSTANCES; AND MANAGING THE MANY DETAILS INHERENT IN STORING,	
TRANSPORTING, AND DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS	
IN THE MOST EFFICIENT MANNER POSSIBLE.	
WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS	
REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS	
OF MEDICINES, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES HAVE LONG BEEN AN	
INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN	
ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS	
RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT	
COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND	
PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC.	
SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN	
DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS:	
CONTRIBUTIONS OF U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED	
PHARMACEUTICALS, BRANDED AND GENERIC, ARE RECORDED AT ESTIMATED	
WHOLESALE VALUE, WHICH APPROXIMATES FAIR VALUE, ON THE DATE RECEIVED,	
BASED ON THE WHOLESALE ACQUISITION COST (WAC) AS PUBLISHED IN THE	
TRUVEN HEALTH ANALYTICS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND	
PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES.	
FOR THE YEAR ENDED JUNE 30TH, 2020 THE ORGANIZATION CONTINUED ITS	
POLICY OF USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK	
ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
HEALTH COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE	
FEDERAL UPPER LIMIT PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID	
PROGRAM. IF THE WHOLESALE VALUE IS NOT AVAILABLE IN THE ONLINE REDBOOK	
SOURCE, THE WHOLESALE VALUE OF THE CONTRIBUTION IS BASED ON OTHER	
APPROPRIATE INTERNET PRICING SOURCES.	
ALTERNATIVE METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER	
VALUATION. FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE	
(AWP), WHICH ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY	
PERCENT HIGHER THAN WAC FOR A PARTICULAR PRODUCT, ACCORDING TO THE	
REDBOOK, DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE	
MEASURE.	
BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PRODUCTS, IT	
IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES THE WAC VALUE TO EACH	
SPECIFIC PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC	
MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT	
BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET	
VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO	
HIGHER-PRICED BRANDED PRODUCT.	
FOR NON-FDA-APPROVED PHARMACEUTICALS, FOR EXAMPLE, PRODUCTS	
MANUFACTURED FOR USE IN NON-U.S. MARKETS, THE ORGANIZATION USES	
INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE	
PARTICULAR MANUFACTURER'S SPECIFIC FORMULATION. THE SOURCES OF SUCH	
PRICING INFORMATION VARY, BUT RELEVANT INFORMATION MAY INCLUDE THE	
PRICE PAID BY WHOLESALERS OR OTHER THIRD-PARTY BUYERS, A PRICE	
NEGOTIATED BY AN ORGANIZATION (SUCH AS THE CLINTON HEALTH ACCESS	

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
INITIATIVE) FOR A PARTICULAR DRUG, OR OTHER SUCH REASONABLE BASIS.	
CONTRIBUTIONS OF MEDICAL EQUIPMENT AND SUPPLIES ARE ALSO RECORDED AT	
ESTIMATED WHOLESALE VALUE BASED UPON APPROPRIATE PRICING INFORMATION ON	
THE SPECIFIC ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE	
INTERNET PRICING GUIDES, AND THROUGH ITS OWN PROCUREMENT HISTORY WHEN	
PURCHASING. SUCH VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN	
PUBLISHED RETAIL PRICES. THE ORGANIZATION VERIFIES THE REASONABLENESS	
OF THIS DISCOUNTING METHODOLOGY ON AN ANNUAL BASIS. CONTRIBUTED	
MATERIALS, PROVIDED TO THE ORGANIZATION'S PARTNERS AROUND THE WORLD,	
ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS THEY WERE	
RECOGNIZED UPON RECEIPT AS REVENUE.	
DIFFERENT PRICES OF SIMILAR PRODUCTS OR SERVICES IN DIFFERENT GEOGRAPHIC AREAS CAN CAUSE CONFUSION. THE SPECIFICS OF DIRECT RELIEF'S VALUATION METHODOLOGY ARE NOTED HERE IN RECOGNITION OF THE CONFUSION THAT CAN ARISE WITH REGARD TO THE VALUE OF CONTRIBUTED GOODS AND	
SERVICES.	
ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND	
THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE	
WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS,	
SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC	
EQUIVALENT FORMULATION EVEN WITHIN THE SAME MARKET, INCLUDING THE U.S.	
BECAUSE DIRECT RELIEF OPERATES ON A GLOBAL SCALE, SUCH DIFFERENCES MUST	
BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF	
CONTRIBUTIONS.	

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR	
OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR	
EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE	
PRICE THAT IS PAID FOR THE SAME COMPOUND, H2O, RANGES FROM FREE IN A	
PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED	
QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR	
SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORING PHENOMENA REFLECT	
THAT EVEN HIGHLY SKILLED SERVICESSURGERY, COMPUTER PROGRAMMING,	
RESEARCH CONDUCTED BY PH.D.SARE DONE AT VASTLY DIFFERENT PRICES IN	
DIFFERENT COUNTRIES.	
DIRECT RELIEF'S INTERNAL PROCESSES, INFORMATION SYSTEMS, AND PUBLIC	
DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND	_
THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY	
REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH	
DONATION.	
	_
IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION, ITS	
VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION. IF A MORE	_
EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS	
SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT.	
AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF	
NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF	
THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND,	
MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST,	
MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS,	
SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE	

PRIOR YEAR APPROVED TRANSFERS (A) \$2,116,313

CURRENT YEAR APPROVED TRANSFERS \$2,694,863

ACTUAL TRANSFERS TAKEN \$(2,379,674)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2020: \$2,431,502

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

YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

Schedule O (Form 990 or 990-EZ) (2019)

2019.05010 DIRECT RELIEF

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-1831116

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
DR PROPERTY 1, LLC - 81-3303673	OPERATES SOLELY AND				
6100 WALLACE BECKNELL ROAD	EXCLUSIVELY FOR THE BENEFIT				
SANTA BARBARA, CA 93117	OF DIRECT RELIEF	CALIFORNIA		37,782,555.	DIRECT RELIEF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
DIRECT RELIEF FOUNDATION - 20-5983698	OPERATES SOLELY AND						I
6100 WALLACE BECKNELL ROAD	EXCLUSIVELY FOR THE						I
SANTA BARBARA, CA 93117	BENEFIT OF DIRECT RELIEF	CALIFORNIA	501(C)(3)	LINE 12A, I	DIRECT RELIEF	х	<u> </u>
DIRECT RELIEF INTERNATIONAL SOUTH AFRICA	COORDINATION OF MEDICAL						1
52 CORLETT DRIVE WANDERERS OFFICE PARK	SUPPORT TO AFRICAN DOCTORS						I
ILLOVO, JOHANNESBURG, SOUTH AFRICA 2196	AND MEDICAL CLINICS	SOUTH AFRICA	501(C)(3)		DIRECT RELIEF	х	<u> </u>
DIRECT RELIEF MEXICO	COORDINATION OF MEDICAL						
JALAPA 100, OFICINA 10	SUPPORT TO MEXICAN DOCTORS						l
COL. ROMA NORTE, CUAUHTEMOC, MEXICO C.P.	AND MEDICAL CLINICS	MEXICO	501(C)(3)		DIRECT RELIEF	х	<u> </u>
							I
							I
							<u> </u>

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

DIRECT RELIEF

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

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

		.,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10
]										
	1										
	1										
	1										
	1		1	1				•	1		

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

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

Page 2

<u>Schedule R (Form 990) 2019</u> DIRECT RELIEF 95-1831116

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Pees Note Note				_	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from r	Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) h Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses f Polities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses f Other transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO THE TRANS TO THE TR	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?			
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) h Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses f Polities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses f Other transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO ther transfer of cash or property from related organization(s) 1 T X TO THE TRANS TO THE TR	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) li X Performance of services or membership or fundraising solicitations for related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses 10			1b	Х	
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets to related organization(s) f Purchase of assets from related organization(s) f Purchase of assets from related organization(s) f Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) m Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses f Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1s			1c	Х	
e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets to related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses 1			1d		Х
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) f Reimbursement paid to related organization(s) for expenses f Reimbursement paid to related organization(s) for expenses f Reimbursement paid by related organization(s) for expenses f Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s)			1e		Х
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets to related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses 1 p X r Other transfer of cash or property to related organization(s) 1 s X 3 S Other transfer of cash or property from related organization(s) 1 s X					
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) l Sharing of paid employees with related organization(s) l Description of paid employees with related organization(s) or expenses l Description of paid employees with related organization(s) or expenses l Description or expenses l Descriptio	f	Dividends from related organization(s)	1f		Х
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 10			1g		Х
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1 p			1h		Х
j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1 p	i	Exchange of assets with related organization(s)	1i		Х
k Lease of facilities, equipment, or other assets from related organization(s) 1k X I Performance of services or membership or fundraising solicitations for related organization(s) 1l X m Performance of services or membership or fundraising solicitations by related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X o Sharing of paid employees with related organization(s) 1o X p Reimbursement paid to related organization(s) for expenses 1p X q Reimbursement paid by related organization(s) for expenses 1q X r Other transfer of cash or property to related organization(s) 1r X s Other transfer of cash or property from related organization(s) 1s X	j		1j		Х
I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) n Reimbursement paid to related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 10					
I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 11	k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	1		11		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	m		1m		Х
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 10			1n	Х	
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1			10	Х	
q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 10					
r Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s)	р	Reimbursement paid to related organization(s) for expenses	1p		Х
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1r X X			1q	Х	
s Other transfer of cash or property from related organization(s)					
s Other transfer of cash or property from related organization(s)	r	Other transfer of cash or property to related organization(s)	1r		Х
	s	Other transfer of cash or property from related organization(s)	1s		Х
		If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII	В	30,000.	CASH VALUE
(2) DIRECT RELIEF MEXICO - SEE PART VII	В	573,109.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION - SEE PART VII	В	1,320,042.	CASH VALUE
(4) DIRECT RELIEF FOUNDATION - SEE PART VII	С	7,740,628.	CASH VALUE
(5) DIRECT RELIEF FOUNDATION - SEE PART VII	Q	31,580.	CASH VALUE
(6)			

Page 3

Schedule R (Form 990) 2019 DIRECT RELIEF 95-1831116 Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2019

FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER ALL OF

2019.05010 DIRECT RELIEF

EXTENDED TO MAY 17, 2021

Form 990-T	E	xempt Orga					x Return		OMB No. 1545-0047
	l	•	nd proxy tax unde		` ''		0 2020		2010
	For ca	endar year 2019 or other tax yea	r beginning JUL I, 20 .irs.gov/Form990T for ins					- •	ZU 19
Department of the Treasury Internal Revenue Service	>	Do not enter SSN numbe	rs on this form as it may	be ma	de public if your org	ganizatio		5	Open to Public Inspection for 601(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name ch	nanged	and see instruction	s.)		(Emplo	yer identification number byees' trust, see ctions.)
B Exempt under section	Print	DIRECT RELIEF						9	95-1831116
X 501(c)(3)	Or	Number, street, and room	or suite no. If a P.O. box	, see ir	structions.				ted business activity code structions.)
408(e) 220(e)	Type	6100 WALLACE BECH	NELL ROAD					<u> </u>	
408A 530(a) 529(a)		City or town, state or prov SANTA BARBARA, CA	, ,,	foreig	n postal code				
C Book value of all assets at end of year	•	F Group exemption numb	er (See instructions.)						
968,151,	460.	G Check organization type	e ► X 501(c) corp	oratior	501(c) ti	rust	401(a)	trust	Other trust
H Enter the number of the	organiza	tion's unrelated trades or b	usinesses.	1	Des	cribe th	e only (or first) un	related	
trade or business here	-				If only	one, co	mplete Parts I-V.	If more	than one,
describe the first in the b	lank spa	ce at the end of the previou	is sentence, complete Pai	rts I an	d II, complete a Sch	edule M	for each addition	al trade	or
business, then complete									
I During the tax year, was				t-subsi	diary controlled gro	up?	▶ L	Yes	s X No
		ifying number of the paren						05.06	4.4767
J The books are in care of		le or Business Inc			(A) Income	elephon I	e number > 80	- 1	(C) Net
		ic of Business inc	onic		(A) Illcolle		(B) Expenses)	(C) Net
1a Gross receipts or sale b Less returns and alloy			c Balance	1c					
		A, line 7)		2					
		om line 1c		3					
		h Schedule D)		4a					
		art II, line 17) (attach Form		4b					
		sts		4c					
		ship or an S corporation (at		5					
6 Rent income (Schedu			· ·	6					
,	, .	ne (Schedule E)		7					
		nd rents from a controlled of		8					
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					
10 Exploited exempt acti	vity inco	me (Schedule I)		10					
11 Advertising income (S	Schedule	: J)		11					
12 Other income (See in:	structior	s; attach schedule)		12					
13 Total. Combine lines	3 throu	gh 12		13		0.			
		ot Taken Elsewher be directly connected wi				ons.)			
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)					14	
								15	
								16	
								17	
		ee instructions)						18	
								19	
		562)						216	
		n Schedule A and elsewher						21b 22	
		mpensation plans						23	
		inpensation plans						24	
		chedule I)						25	
		hedule J)						26	
		edule)						27	
		14 through 27						28	0.
		ncome before net operating			. f			29	0.
		oss arising in tax years beg							
(see instructions)								30	0.
		ncome. Subtract line 30 fro						31	0.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

		DIDEGE DELIVE		0.5	-1831116		
Part		9) DIRECT RELIEF Total Unrelated Business Taxable Income		95	-1031110		Page 2
		of unrelated business taxable income computed from all unrelated trades or businesses (see	inetructione)	32			0.
			PMT 3	34			0.
35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		35			
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct		36			0.
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35					
		"				1	000.
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37	 7	. 30			
09		the emaller of zero or line 97	,	39			0.
Part		Tax Computation		33			
40		nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		▶ 40			0.
41		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount or		70			
71		Tax rate schedule or Schedule D (Form 1041)		4 1			
42	Provi			42			
43	Alteri	ratax. See instructions native minimum tax (trusts only)					
44	Tay	n Noncompliant Facility Income. See instructions		44			
45	Total	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
Part	V	Tax and Payments		. 40			
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a				
		credits (see instructions)	46b				
		ral business credit. Attach Form 3800					
d		t for prior year minimum tax (attach Form 8801 or 8827)					
		credits. Add lines 46a through 46d		46e			
		act line 46e from line 45					0.
48	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 Other (attach schedule	48			
49		tax. Add lines 47 and 48 (see instructions)					0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3					0.
		ents: A 2018 overpayment credited to 2019		. 30			
		estimated tax payments	51b	-			
		eposited with Form 8868	51c				
4	Forei	gn organizations: Tax paid or withheld at source (see instructions)		\dashv			
		up withholding (see instructions)	51e				
		t for small employer health insurance premiums (attach Form 8941)	51f				
		credits, adjustments, and payments: Form 2439	311	\dashv			
y		Form 4136 Other Total	51g				
52		Add Free Ede Househ Ede	· · · · · · · · · · · · · · · · · · ·	52			
53							
54		If line 50 is less than the total of lines 40, 50, and 50, anter apparent arred		<u>54</u>			
55		payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		► 55			
		the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	► 56			
Part		Statements Regarding Certain Activities and Other Information		1 00			
57	Δt an	y time during the 2019 calendar year, did the organization have an interest in or a signature or			v	es	No
0,		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	•				110
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	•				
	here	SEE STATEMENT 1	reigh country		2	,	
58		g the tax year, did the organization receive a distribution from, or was it the grantor of, or trar	referente a foreign truet?			\exists	Х
50			isierur tu, a iureigir trustr				
59		s," see instructions for other forms the organization may have to file.					
บช	Enter	the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state.	atements, and to the best of my know	wledge and be	elief it is true		
Sign		correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare		go and be			
Here		I'm AE ETY	NCE/CEO	-	discuss this retu		rith
		Signature of officer Date VP OF FINA	LIVEE/ CFU		shown below (solor)? X Yes	ee —	ا مرا
		- 9 7 1110			· 44 162		No

Sig Hei Check _____ if PTIN Print/Type preparer's name Preparer's signature Date self- employed **Paid** LAUREN A. HAVERLOCK LAUREN A. HAVERLOCK 12/15/20 P00545829 **Preparer** 91-0189318 Firm's name ► MOSS ADAMS LLP Firm's EIN **Use Only** 10960 WILSHIRE BLVD SUITE 1100 Firm's address > LOS ANGELES, CA 90024 310-477-0450

Form **990-T** (2019) 923711 01-27-20

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory va	aluation N/A				
1 Inventory at beginning of year				Inventory at end of year	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor				from line 5. Enter here				
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section				Yes No
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b				the organization?				
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property L	ease	d With Real Prope	rty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
` rent for personal property is more than \ ` of rent for				onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly cocolumns 2(a) and	onnected with the inc 2(b) (attach schedule	ome in
(1)				· · · · · · · · · · · · · · · · · · ·				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)				
			2	. Gross income from		3. Deductions directly conne to debt-finance		;
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable of (column 6 x total 3(a) and	al of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
- 1.7	ı			/0		nter here and on page 1, Part I, line 7, column (A).	Enter here and o	
Totale						0.		0.
Totals Total dividends-received deductions in					I	<u> </u>		0.

Form **990-T** (2019)

Schedule F - Interest, A		, and		Controlled O				- (300 1113	structions	∽ ,
Name of controlled organizat	identi	mployer fication mber		elated income instructions)	4. Tota paym	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	izations									
7. Taxable Income	8. Net unrelated incor (see instruction	me (loss) ns)	9. Total o	otal of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Dec with	ductions directly connected income in column 10	
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		1, Part I, A).	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals			=======================================		>			0.		0
Schedule G - Investme	ent Income of a	Section	501(c)(7), (9), or (⁻	17) Org	anization				
•	cription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						(attach sched	uie)			(coi. 3 pius coi. 4)
(2)										
(3)										
(4)										
			,	Enter here and o Part I, line 9, co	umn (A).					Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited	Exempt Activity	/ Income	e. Other	Than Adv	 ertisin	a Income				0
(see instru		,	,			3				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly co with pro of unro business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	from activity that is not unrelated		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										
(1) (2) (3)										
(3)										
(4)										
Table N	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	, Part I,							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisi	na Income (see	instruction								0
	Periodicals Rep		,	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(2) (3) (4)										
(4)										
Totals (carry to Part II, line (5))	▶	0.	0							0
										Form 990-T (2019

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 . Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2019)

DIRECT RELIEF 95-1831116

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 1
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

SOUTH AFRICA MEXICO

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR LOSS SUSTAINED		LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	2,138.	0.	2,138.	2,138.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,138.	2,138.

DIRECT RELIEF 95-1831116

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 3
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015	
FOR TAX	YEAR 2016 15,858 YEAR 2017 YEAR 2018	
TOTAL CARI	RYOVER 15, RENT YEAR 10% CONTRIBUTIONS	5,858
	PRIBUTIONS AVAILABLE 15,	0,858 0
EXCESS 100	% CONTRIBUTIONS	5,858 0 5,858
ALLOWABLE	CONTRIBUTIONS DEDUCTION	0
TOTAL CONT	TRIBUTION DEDUCTION	0

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automa	atic 6-Month Extension of Time. Only subn	nit oriain:	al (no copies needed).				
	rations required to file an income tax return other than F		,	nips, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file incom	ne tax retur	ns.	• ,			
Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpayer	Taxpayer identification number (TIN)		
print	DIRECT RELIEF				95-1831116		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 6100 WALLACE BECKNELL ROAD	see instruct	ions.	•			
instructions.	City, town or post office, state, and ZIP code. For a f SANTA BARBARA, CA 93117	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individua	l)		09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11 12	
Form 990	Form 990-T (trust other than above) 06 Form 8870						
	•		ER, VP OF FINANCE, CFO				
	ooks are in the care of 6100 WALLACE BECKNELL	ROAD -	SANTA BARBARA, CA 93117				
	one No. ▶ 805-964-4767		Fax No.				
	organization does not have an office or place of busines						
If this i	s for a Group Return, enter the organization's four digit	_		_			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs	of all member	ers the extension is	for.	
1 I re	quest an automatic 6-month extension of time until	MAY 1	7, 2021 , to	file the exem	npt organization retu	ırn for	
the	organization named above. The extension is for the org	janization's	return for:				
▶ļ	calendar year or						
►l	x tax year beginning JUL 1, 2019	, an	d ending <u>JUN</u> 30, 2020		_ ·		
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reaso	on: Initial return	Final return	n		
	Change in accounting period						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and				
	mated tax payments made. Include any prior year overp			3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by				
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawalns.	l (direct del	oit) with this Form 8868, see Form	8453-EO and	d Form 8879-EO for	payment	

923841 12-30-19

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

File by the

due date for filing your

return. See instructions.

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Type or Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN)

DIRECT RELIEF

DIRECT RELIEF

Number, street, and room or suite no. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

6100 WALLACE BECKNELL ROAD

SANTA BARBARA, CA 93117

Enter the Return Code for the return that this application is for (file	e a separat	e application for each return)	0	7
Application	Return	Application	Re	turn
Is For	Code	Is For	Co	ode
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	(07
Form 990-BL	02	Form 1041-A	(08
Form 4720 (individual)	03	Form 4720 (other than individual)	(09
Form 990-PF	04	Form 5227	1	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	1	11
Form 990-T (trust other than above)	06	Form 8870	1	12

Form	n 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	n 990-T (trust other than above)	06	Form 8870			12
	DIRECT RELIEF, JONATHA	AN STEIN	ER, VP OF FINANCE, CFO			
• T	he books are in the care of > 6100 WALLACE BECKNELL	ROAD -	SANTA BARBARA, CA 93117			
Te	elephone No. > 805-964-4767		Fax No.			
• If	the organization does not have an office or place of business	in the Uni	ted States, check this box		>	
• If	this is for a Group Return, enter the organization's four digit of	Group Exe	mption Number (GEN) If th	is is fo	r the whole group, cl	neck this
box	▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and TINs of all	memb	ers the extension is f	or.
2	I request an automatic 6-month extension of time until the organization named above. The extension is for the orga	anization's	d ending JUN 30, 2020	e exem		n for
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less	За	\$	0
h	any nonrefundable credits. See instructions.	ontor on	rofundable gradite and	- 3a	Φ	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	•		26	.	0
	estimated tax payments made. Include any prior year overpa			3b	\$	- 0
С	Balance due. Subtract line 3b from line 3a. Include your par	yment with	n this form, if required, by	1		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)